

**Certificate of Need  
Certificates Issued  
September 2015**

<b>County</b>	<b>Project ID</b>	<b>Facility</b>	<b>FID</b>	<b>Facility Type</b>	<b>Project Description</b>	<b>Decision Date</b>	<b>Certificate Issue Date</b>	<b>Approved Capital Expenditure</b>
Buncombe	B-011037-15	South Buncombe County Dialysis	150248	ESRD	Develop a new dialysis facility by relocating 10 stations from Swannanoa Dialysis	8/28/2015	9/29/2015	\$1,272,525
Burke	E-011040-15	Burke Hospice and Palliative Care Ctr.	060619	HOSPICE	Develop 3 additional hospice inpatient beds by converting 3 residential beds for a total of 11 inpatient beds and 3 residential beds	8/28/2015	9/29/2015	\$40,000
Cherokee	A-011013-15	Smoky Mountain Dialysis Center	050254	ESRD	Add no more than three dialysis stations for a total of 13 stations upon project completion	7/31/2015	9/1/2015	\$34,756
Davidson	G-011043-15	Grayson Creek of Welcome	090508	ACH	Relocate 15 ACH beds from Hilltop Living Center (Davidson County) and 5 ACH beds from Heritage Center (Rowan County) to Grayson Creek of Welcome for a total of 75 ACH beds upon project completion	8/12/2015	9/12/2015	\$292,500
Franklin	K-10099-13	FMC Tar River	130122	ESRD	Develop a new 10-station dialysis facility in Louisburg by relocating 7 stations from BMA Zebulon and 3 stations from FMC Eastern Wake	8/27/2013	9/28/2015	\$2,098,407
Halifax	L-008094-08	Halifax Regional Medical Center, Inc.	923223	HOSPITAL	Convert angiography equipment to fixed shared cardiac cath equipment and update HVAC system	7/28/2008	9/15/2015	\$930,713
Halifax	L-007763-06	Woodhaven Rest Home #1	061339	ACH	Relocate 60 existing adult care home beds from Enfield to a new facility in Roanoke Rapids	4/27/2007	9/8/2015	\$3,868,220

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County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-008765-11	Presbyterian Orthopaedic Hospital	110881	HOSPITAL	Develop 50 additional acute care beds from the 2011 SMFP and relocate the hospital across the street for a total of 64 acute care beds upon completion of this project and Project I.D. #F-7646-06 (relocate 50 acute care beds to Mint Hill).	3/29/2012	9/21/2015	\$84,107,759
Mecklenburg	F-011020-15	Mint Hill Dialysis Center	070389	ESRD	Relocate 1 dialysis station from South Charlotte Dialysis for a total of no more than 12 stations upon project completion	8/6/2015	9/9/2015	\$18,098
Mecklenburg	F-011041-15	BMA OF NORTH CHARLOTTE	955788	ESRD	Cost overrun for Project ID #F-10333-14 (add four dialysis stations)	8/13/2015	9/15/2015	\$198,311
New Hanover	O-011018-15	Southeastern Dialysis Center-Wilmington	956055	ESRD	Add no more than 3 dialysis stations for a total of no more than 32 stations upon completion of this project and Project ID #O-10324-14 (relocate 10 stations to New Hanover Dialysis Center)	7/31/2015	9/1/2015	\$11,493
Orange	J-011028-15	University of North Carolina Hospitals	923517	HOSPITAL	Cost overrun for Project ID #J-8812-12 (add 27 acute care beds)	8/17/2015	9/17/2015	\$3,912,040
Vance	K-011029-15	Maria Parham Medical Center	943326	HOSPITAL	Add 11 acute care beds for a total of 102 acute care beds upon project completion	7/31/2015	9/1/2015	\$3,372,144
Wake	J-010343-14	Fresenius Medical Care Eastern Wake	061335	ESRD	Add three dialysis stations for a total of 14 dialysis stations upon completion of this project and Project ID #K-10099-13	1/16/2015	9/28/2015	\$0
<b>Total</b>	<b>14</b>							

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #B-11037-15**

**FID #150248**

**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: Relocate the 10-station Swannanoa Dialysis Center to Arden and change the name to South Buncombe County Dialysis/ Buncombe County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: South Buncombe County Dialysis  
360 Airport Road  
Arden, NC 28704**

**MAXIMUM CAPITAL EXPENDITURE: \$1,272,525**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: July 1, 2016**

This certificate is effective as of the 29<sup>th</sup> day of September, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a South Buncombe County Dialysis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a South Buncombe County Dialysis shall relocate the 10-station Swannanoa Dialysis Center to Arden and change the name of the facility.
3. Total Renal Care of North Carolina, LLC d/b/a South Buncombe County Dialysis shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a South Buncombe County Dialysis 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 September 2, 2015.

**TIMETABLE:**

Contract Award	_____	May 15, 2017
25% Completion of Construction	_____	July 15, 2017
50% Completion of Construction	_____	September 1, 2017
75% Completion of Construction	_____	October 15, 2017
Occupancy/Offering of Service	_____	December 1, 2017
Certification of Stations	_____	January 1, 2018

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: E-11040-15

FID #: 060619

**ISSUED TO:** Burke Hospice and Palliative Care, Inc.  
1721 Enon Road  
Valdese, NC 28690

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 3 hospice residential beds to 3 hospice inpatient beds for a total of 11 hospice inpatient beds and 3 hospice residential beds/ Burke County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Burke Palliative Care Center  
1715 Enon Road  
Valdese, NC 28690

**MAXIMUM CAPITAL EXPENDITURE:** \$40,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 1, 2016

This certificate is effective as of the 29<sup>th</sup> day of September, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Burke Hospice and Palliative Care, Inc. shall materially comply with all representations made in the certificate of need application and the supplemental information received August 10, 2015, August 14, 2015, and August 25, 2015. In those instances where representations conflict, Burke Hospice and Palliative Care, Inc. shall materially comply with the last made representation.
2. Burke Hospice and Palliative Care, Inc. shall convert no more than 3 hospice residential beds to 3 hospice inpatient beds for a total of not more than 11 hospice inpatient beds and 3 hospice residential beds upon completion of the project.
3. Burke 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 September 4, 2015.

**TIMETABLE:**

Obtained Funds for the Project \_\_\_\_\_ January 1, 2016  
Final Drawings and Specifications sent to  
Construction Section, DHSR \_\_\_\_\_ June 1, 2016  
Final Drawings Approved by Construction Section, DHSR \_\_\_\_\_ September 1, 2016  
Occupancy/Offering of Services \_\_\_\_\_ October 1, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project ID #: A-11013-15

FID #: 050254

**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 3 stations for a total of no more than 13 stations/ Cherokee County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Smoky Mountain Dialysis Center  
1611 Andrews Road  
Murphy, NC 28906

**MAXIMUM CAPITAL EXPENDITURE:** \$34,756

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2016

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Smoky Mountain 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 Smoky Mountain Dialysis Center shall develop no more than three additional stations for a total of no more than 13 certified stations upon completion of this project, which shall include any home hemodialysis or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Smoky Mountain Dialysis Center shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of no more than 13 dialysis stations upon completion of this project, which shall include any home hemodialysis or isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Smoky Mountain 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 August 4, 2015.

**TIMETABLE:**

Operation of Equipment _____	December 15, 2015
Occupancy/Offering of Services _____	January 1, 2016
Certification of Facility _____	January 1, 2016



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project ID #: G-11043-15

FID #: 090508

**ISSUED TO:** Landmark Assisted Living, LLC (Lessee)  
and McCubbins Real Estate, LLC (Lessor)  
3781 Old US Highway 52  
Lexington, NC 27292

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 15 ACH beds from Hilltop Living Center (Davidson County) and 5 ACH beds from Heritage Center (Rowan County) to Grayson Creek of Welcome for a total of 75 ACH beds upon project completion/ Davidson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Grayson Creek of Welcome  
6781 Old US Highway 52  
Lexington, NC 27292

**MAXIMUM CAPITAL EXPENDITURE:** \$292,500

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 12<sup>th</sup> day of September, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. McCubbins Real Estate, LLC and Landmark Assisted Living, LLC shall materially comply with all representations made in the certificate of need application.
2. McCubbins Real Estate, LLC and Landmark Assisted Living, LLC shall add no more than 20 adult care home beds for a total of no more than 75 upon project completion, by relocating 15 adult care home beds from Hilltop Living Center and five from Heritage Center. Upon the relocation and licensing of the beds at Grayson Creek, Hilltop Living Center and Heritage Center will take steps to de-license 15 and five adult care home beds, respectively.
3. For the first two years of operation following completion of the project, McCubbins Real Estate, LLC and Landmark Assisted Living, 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. McCubbins Real Estate, LLC and Landmark Assisted Living, LLC shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in Section VI. 2.
5. McCubbins Real Estate, LLC and Landmark Assisted Living, 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 Agency on August 21, 2015.

**TIMETABLE:**

Approval of Final Drawings by the Construction Section, DHSR \_\_\_\_\_ August 1, 2016  
Licensure of Facility \_\_\_\_\_ October 1, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project ID #: K-10099-13

FID #130122

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.**  
d/b/a FMC Tar River  
3717 National Drive, Suite 206  
Raleigh NC 27612

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

**SCOPE: Develop a new 10-station dialysis facility in Louisburg by relocating 7 stations from BMA Zebulon and 3 stations from FMC Eastern Wake/ Franklin County**

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** FMC Tar River  
N. Main Street and Smoke Tree Way  
Louisburg NC 27549

**MAXIMUM CAPITAL EXPENDITURE:** \$2,098,407

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2016

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

  
Shelley Caraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Tar River 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 Tar River shall relocate no more than 10 dialysis stations to FMC Tar River, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Tar River shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify seven dialysis stations at BMA Zebulon for a total of no more than 23 dialysis stations at BMA Zebulon.
5. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify three dialysis stations at FMC Eastern Wake for a total of no more than 11 dialysis stations at FMC Eastern Wake.
6. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Tar River 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 Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation on September 3, 2013.

TIMETABLE:

Completion of Preliminary Drawings _____	January 1, 2016
Contract Award _____	April 16, 2016
50% Completion of Construction _____	August 14, 2016
Completion of Construction _____	November 12, 2016
Certification of Stations _____	December 31, 2016

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

**REISSUED**

**CERTIFICATE OF NEED**

for

**Project I.D. #L-8094-08**

**FID #923223**

**ISSUED TO:** **Halifax Regional Medical Center, Inc.**  
**250 Smith Church Road**  
**Roanoke Rapids, NC 27870**

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 angiography equipment to fixed shared cardiac catheterization equipment and upgrade HVAC system/ Halifax County**

**CONDITIONS:** **See Reverse Side**

**PHYSICAL LOCATION:** **Halifax Regional Medical Center**  
**250 Smith Church Road**  
**Roanoke Rapids, NC 27870**

**MAXIMUM CAPITAL EXPENDITURE:** **\$930,713**

**TIMETABLE:** **See Reverse Side**

**FIRST PROGRESS REPORT DUE:** **January 2, 2009**

This certificate is effective as of the 29<sup>th</sup> day of August, 2008  
Reissued certificate is effective as of the 15<sup>th</sup> of September, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Halifax Regional Medical Center, Inc. shall materially comply with all representations made in the certificate of need application except as modified by the letters dated June 16, 2015 and September 11, 2015. In those instances in which representations conflict, the certificate holder shall materially comply with the last made representation.
2. Halifax Regional Medical Center, Inc. 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. Halifax Regional Medical Center, Inc. shall submit a report to the Healthcare Planning and Certificate of Need Section annually, due by December 31<sup>st</sup>, 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.

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

REVISED

## CERTIFICATE OF NEED

for

Project ID #L-7763-06

FID #061339

ISSUED TO: Halifax Propco Holdings, LLC  
Halifax Opco Holdings, LLC  
1270 25<sup>th</sup> Street Place, SE  
Hickory, NC 28602

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 60 existing adult care home beds from Enfield and construct a new 60-bed Adult Care Home in Roanoke Rapids/ Halifax County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: 200 Zoo Road  
Roanoke Rapids, NC

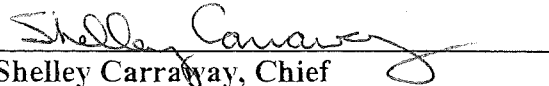
MAXIMUM CAPITAL EXPENDITURE: \$3,868,220

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2007

This certificate is effective as of the 30<sup>th</sup> day of May, 2007

The revised certificate is effective as of the 8<sup>th</sup> day of September, 2015

  
Shelley Carraway, Chief

CONDITIONS: (effective 9/8/15)

1. Halifax Propco Holdings, LLC and Halifax Opco Holdings, LLC shall materially comply with all representations made in the certificate of need application.
2. Halifax Propco Holdings, LLC and Halifax Opco Holdings, LLC shall relocate and operate no more than 60 adult care beds upon completion of the project.
3. For the first two years of operation following completion of the project, Halifax Propco Holdings, LLC and Halifax Opco Holdings, 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 Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.

TIMETABLE:

Final Drawings Submitted to the Construction Section, DHSR _____	February, 2017
Loan Agreement Executed _____	February, 2017
Construction Contract Finalized (Written Notice to Proceed) _____	April, 2017
50% Completion of Construction _____	September, 2017
100% Completion of Construction _____	December, 2017
Facility Licensed _____	February, 2018



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

REVISED (CORRECTED)

**CERTIFICATE OF NEED**

for

Project ID #: F-8765-11

FID #: 943501

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

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

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

**CONDITIONS:** See Reverse Side

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

**MAXIMUM CAPITAL EXPENDITURE:** \$84,107,759


**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2012

This certificate is effective as of the 1<sup>st</sup> day of May, 2012

This certificate is revised as of the 19th day of May, 2015

This certificate is correct as of the 21st day of September, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. shall materially comply with all representations made in this application.
2. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. shall construct addition onto Novant Health Charlotte Orthopaedic Hospital.
3. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. shall develop no more than 50 additional acute care beds.
4. Upon completion, the Novant Health Charlotte Orthopaedic Hospital campus shall consist of no more than 32 acute care beds, 16 nursing care (transitional care unit) beds and 7 operating rooms.
5. Upon completion of this project, the Novant Health Charlotte Orthopaedic Hospital campus shall be licensed as part of Novant Health Presbyterian Medical Center.
6. Upon completion of this project, Project ID #F-7648-06 (relocate 50 acute care beds and 5 operating rooms to Mint Hill), Project ID #F-10213-13 (relocate 20 acute care beds to Novant Health Matthews Medical Center), Project ID #F-10214-13 (relocate 16 acute care beds to Novant Health Huntersville Medical Center) and Project ID #F-8606-10 (add 15 psychiatric beds), Novant Health Presbyterian Medical Center shall be licensed for no more than 567 acute care beds, 16 nursing care (transitional care unit) beds, 75 psychiatric beds, and 41 operating rooms, including 6 dedicated ambulatory surgery operating rooms, 3 dedicated C-section operating rooms, 3 open-heart surgery operating rooms, and 29 shared operating rooms.
7. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
8. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representations in the written statement described in paragraph one of Policy GEN-4.
9. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need section in writing prior to the issuance of the certificate of need.

**TIMETABLE:**

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

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: F-11020-15

FID #: 070389

ISSUED TO: DVA Healthcare Renal Care, Inc.  
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 no more than one (1) dialysis station from South Charlotte Dialysis for a total of no more than 12 stations upon project completion/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Mint Hill Dialysis Center  
11308 Hawthorne Drive  
Mint Hill, NC 28227

**MAXIMUM CAPITAL EXPENDITURE:** \$18,098

**TIMETABLE:** See Reverse Side

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

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis shall relocate no more than one (1) certified dialysis station to Mint Hill Dialysis for a total of no more than 12 certified dialysis stations, which shall include any isolation or home hemodialysis stations, upon the completion of the project.
3. Prior to the issuance of the certificate of need, DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis shall submit documentation of an invitation to a health professional training program in Mecklenburg County or an adjacent county to use the facility for training students.
4. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis shall install plumbing and electrical wiring through the walls for no more than one (1) additional dialysis station.
5. After certification of the relocated dialysis station at Mint Hill Dialysis, DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis shall take the necessary steps to decertify one (1) dialysis station at South Charlotte Dialysis for a total of no more than 22 certified dialysis stations at South Charlotte Dialysis upon completion of this project and Project I.D. #F-10349-14 (add three stations).
6. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 13, 2015.

**TIMETABLE:**

Operation of Equipment \_\_\_\_\_ December 15, 2015  
Occupancy/Offering of Service \_\_\_\_\_ January 1, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11041-15**

**FID #: 955788**

**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 ID #F-10333-14 (add 4 dialysis stations)/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA of North Charlotte  
5220 North Tryon Road  
Charlotte, NC 28213**

**MAXIMUM CAPITAL EXPENDITURE: \$198,311**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 15<sup>th</sup> day of September, 2015

  
Shelley Caraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall comply with all conditions of approval on the certificates of need for Project I.D. #F-10333-14, Project I.D. #F-10249-14, and Project I.D. #F-10091-13 except as specifically modified by the conditions of approval for this application, Project I.D. #F-11041-15.
2. The total combined capital expenditure for Project I.D. #F-10333-14, Project I.D. #F-10249-14, Project I.D. #F-10091-13, and Project I.D. #F-11041-15 shall be \$815,190.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte 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 North 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 Agency on September 2, 2015.

**TIMETABLE:**

50% Completion of Construction _____	October 13, 2015
Completion of Construction _____	December 3, 2015
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 #: O-11018-15

FID #: 956055

**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 3 stations for a total of no more than 32 stations upon completion of this project, Project ID #O-10324-14 (relocate 10 stations to New Hanover Dialysis Center), and Project ID #O-10346-14 (add 10 dialysis stations)/ New Hanover County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** Southeastern Dialysis Center - Wilmington  
2215 Yaupon Drive  
Wilmington, NC 28401

**MAXIMUM CAPITAL EXPENDITURE:** \$11,493

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2016

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

  
Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center – Wilmington 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 – Wilmington shall develop and operate no more than three additional dialysis stations for a total of no more than 32 certified dialysis stations upon completion of this project, completion of Project I.D. #O-10324-14 (relocate 10 stations to develop New Hanover Dialysis), and completion of Project I.D. #O-10346-14 (add ten dialysis stations).
3. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center – Wilmington shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of no more than 32 dialysis stations upon completion of this project, Project I.D. #O-10324-14, and Project I.D. #O-10346-14, which shall include any home hemodialysis or isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center – Wilmington 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 August 4, 2015.

TIMETABLE:

Operation of Equipment _____	December 1, 2015
Occupancy/Offering of Services _____	January 1, 2016
Certification of Facility _____	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-11028-15**

**FID #: 923517**

**ISSUED TO: University of North Carolina Hospitals at Chapel Hill  
Hedrick Office Building  
211 Friday Center Drive, Suite G015  
Chapel Hill, NC 27514**

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 ID #J-8812-12 [develop 27 acute care beds for a total of 756 acute care beds upon completion of that project and Project ID #J-8501-10 (develop 36 acute care beds on the hospital main campus)]/ Orange County**

**CONDITIONS: See Reverse Side**

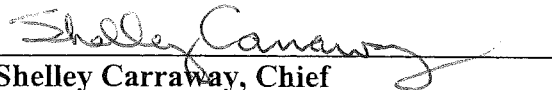
**PHYSICAL LOCATION: University of North Carolina Hospital  
101 Manning Drive  
Chapel Hill, NC 27514**

**MAXIMUM CAPITAL EXPENDITURE: \$3,912,040**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 17<sup>th</sup> day of September, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with the representations made in Project I.D. #J-8812-12, this certificate of need application, Project I.D. #J-11028-15, and the supplemental information received July 30, 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 comply with all conditions of approval on the certificate of need for Project I.D. #J-8812-12, except as specifically modified by the conditions of approval for this application, Project I.D. #J-11028-15.
3. The total capital expenditure for both projects combined shall be \$20,090,800.
4. University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency September 9, 2015.

**TIMETABLE:**

Completion of Construction _____	February 15, 2016
Operation of Medical Equipment _____	February 15, 2016
Occupancy/Offering of Services _____	March 1, 2016
Licensure of Facility _____	March 1, 2016
Certification of Beds _____	March 1, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #K-11029-15**

**FID #943326**

**ISSUED TO: DLP Maria Parham Medical Center, LLC**  
**566 Ruin Creek Road**  
**Henderson, NC 27536**

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 11 acute care beds pursuant to the need determination in the 2015 State Medical Facilities Plan for a total of no more than 102 acute care beds/ Vance County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Maria Parham Medical Center**  
**566 Ruin Creek Road**  
**Henderson, NC 27536**

**MAXIMUM CAPITAL EXPENDITURE: \$3,372,144**

**TIMETABLE: See Reverse Side**

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

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. DLP Maria Parham Medical Center, LLC shall materially comply with all representations made in the certificate of need application.
2. DLP Maria Parham Medical Center, LLC 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. DLP Maria Parham Medical Center, LLC shall add no more than 11 acute care beds for a total of no more than 102 acute care beds upon project completion.
4. Prior to issuance of the certificate of need, DLP Maria Parham Medical Center, 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 13, 2015.

**TIMETABLE:**

25% Completion of Construction _____	March 15, 2016
75% Completion of Construction _____	August 10, 2016
Completion of Construction _____	October 23, 2016
Occupancy/Offering of Service _____	January 1, 2017

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

CORRECTED

## CERTIFICATE OF NEED

for

Project ID #J-10343-14

FID #061335

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC Eastern Wake  
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 3 dialysis stations for a total of no more than 14 certified stations upon completion of this project and Project I.D. # K-10099-13/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FMC Eastern Wake  
670 Granite Vista Drive  
Rolesville NC 27571

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2016

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

  
Shelley Carraway, Chief