

**Certificate of Need
Certificates Issued
October 2015**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Durham	J-011045-15	Croasdaile Village	956223	NH	Add 34 adult care home beds for a total of 64 adult care home beds upon project completion	9/4/2015	10/6/2015	\$15,645,000
Guilford	G-011055-15	Fresenius Medical Care High Point	150332	ESRD	Develop a new 10-station dialysis facility by relocating 10 dialysis stations from BMA South Greensboro	9/4/2015	10/6/2015	\$1,346,376
Mecklenburg	F-011038-15	St Margaret's of Trevi Village	150254	NH	Develop a new CCRC with 160 independent living units, 52 adult care home beds, including a 20-bed special care unit	9/8/2015	10/9/2015	\$10,154,221
New Hanover	O-010366-14	Liberty Commons Rehabilitation Center	943308	NH	Relocate 72 adult care home beds within the same county to an existing combination nursing facility for a total of 100 nursing facility and 112 adult care home beds upon project completion	4/29/2015	10/22/2015	\$11,680,651
New Hanover	O-011042-15	New Hanover Regional Medical Center	943372	HOSPITAL	Develop the 31 acute care beds in the 2015 SMFP for a total of 678 acute care beds	9/11/2015	10/13/2015	\$39,234,000
Orange	J-011035-15	University of North Carolina Hospitals-Hillsborough	090274	HOSPITAL	Relocate one existing linear accelerator from the Chapel Hill campus to the Hillsborough campus	8/28/2015	10/1/2015	\$2,839,864
Pitt	Q-011027-15	Vidant Medical Center	933410	HOSPITAL	Add 85 acute care beds for a total of 1059 acute care beds upon completion of this project and Project ID #Q-10068-12 (add 65 acute care beds)	8/31/2015	10/1/2015	\$43,159,073
Robeson	N-010194-13	FRESENIUS MEDICAL CARE PEMBROKE	971335	ESRD	Add six dialysis stations for a total of 19 dialysis stations upon completion	1/17/2014	10/30/2015	\$273,600

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Wake	J-011044-15	Waltonwood Lake Boone	150152 ACH	Relocate 40 ACH beds from James Rest Home to a newly constructed 40-bed facility, which will include a 19-bed special memory care unit	9/28/2015	10/29/2015	\$4,880,721
Wake	J-011048-15	Pinnacle Health Services of North Carolina, LLC	090950 DXCTR	Replace existing 2D digital mammography machine which will result in the development of a new diagnostic center	9/4/2015	10/6/2015	\$415,339
Total			10				

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11045-15

FID #: 956223

ISSUED TO: The United Methodist Retirement Homes, Incorporated
400 Locust Street, Suite 820
Des Moines, IW 50309-2334

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 34 adult care home beds for a total of no more than 64 adult care home beds upon project completion/ Durham County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Croasdaile Village Retirement Community
2600 Croasdaile Farm Parkway
Durham, NC 27705

MAXIMUM CAPITAL EXPENDITURE: \$15,645,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 29, 2016

This certificate is effective as of the 6th day of October, 2015


Shelley Carraway, Chief

CONDITIONS:

1. The United Methodist Retirement Homes, Incorporated shall materially comply with all representations made in the certificate of need application and in supplemental information provided. In those instances where representations conflict, The United Methodist Retirement Homes, Incorporated shall materially comply with the last made representation.
2. The United Methodist Retirement Homes, Incorporated shall add no more than 34 adult care home beds pursuant to Policy LTC-1.
3. The 34 additional adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
4. The 34 additional adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 34 new adult care home beds shall be developed on the existing site of Croasdaile Village.
6. The United Methodist Retirement Homes, Incorporated 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 21, 2015.

TIMETABLE:

Contract Award _____	November 15, 2016
50% Completion of Construction _____	October 1, 2017
Completion of Construction _____	October 1, 2018
Licensure of Beds _____	November 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11055-15

FID #: 150332

**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: Develop a new 10-station dialysis facility by relocating 10 dialysis stations from BMA South Greensboro/ Guilford County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Fresenius Medical Care High Point
1628 S. Main Street
High Point, NC 27260**

MAXIMUM CAPITAL EXPENDITURE: \$1,346,376

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 15, 2016

This certificate is effective as of the 6th day of October, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care High Point shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care High Point shall relocate no more than 10 dialysis stations from BMA South Greensboro.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care High Point 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 10 dialysis stations at BMA South Greensboro for a total of no more than 49 dialysis stations at BMA South Greensboro upon project completion.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care High Point 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 September 14, 2015.

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR _____	April 2, 2016
25% Completion of Construction _____	July 1, 2016
50% Completion of Construction _____	August 30, 2016
75% Completion of Construction _____	October 14, 2016
Completion of Construction _____	November 28, 2016
Occupancy/Offering of Service/Operation of Equipment _____	December 31, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #F-11038-15

FID #150254

ISSUED TO: Trevi Village SL LLC
d/b/a St. Margaret's of Trevi Village
1000 Urban Center Drive, Suite 675
Birmingham, AL 35242

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 continuing care retirement community (CCRC) with no more than 52 adult care home beds, including a 20-bed memory care special care unit/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: St. Margaret's of Trevi Village
12300 Highway 29
Charlotte NC 28262

MAXIMUM CAPITAL EXPENDITURE: \$10,154,221

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2016

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


Shelley Carraway, Chief

CONDITIONS:

1. Trevi Village SL LLC shall materially comply with all representations made in the certificate of need application.
2. Trevi Village SL LLC shall not shall not construct or operate more than 52 adult care home beds.
3. The adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
4. The adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 52 new adult care home beds shall be developed on the same site with the independent living units.
6. Trevi Village SL 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 September 28, 2015.

TIMETABLE:

Approval of Site by the Construction Section, DHSR	February 1, 2016
Construction Contract Award	September 1, 2016
25% Completion of Construction	January 15, 2017
50% Completion of Construction	May 1, 2017
Completion of Construction	December 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-10366-14

FID #: 943308

ISSUED TO: Liberty Commons Nursing Center, Inc.
Port City Assisted Living Properties, LLC
and S&R Properties, I, LLC
2334 South 41st Street
Wilmington, NC 28403

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

SCOPE: Relocate no more than 72 adult care home beds within the same county to an existing combination nursing facility for a total of no more than 100 nursing facility and 112 adult care home beds upon project completion/ New Hanover County

CONDITIONS: See Reverse Side

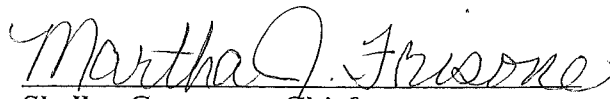
PHYSICAL LOCATION: Liberty Commons Rehabilitation Center
121 Racine Drive
Wilmington, NC 28403

MAXIMUM CAPITAL EXPENDITURE: \$11,680,651

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2016

This certificate is effective as of the 22nd day of October, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Liberty Commons Nursing Center, Inc., Port City Assisted Living Properties, LLC and S&R Properties, I, LLC shall materially comply with all representations made in their certificate of need application and the provided supplemental information. In those instances where representations conflict, Liberty Commons Nursing Center, Inc., Port City Assisted Living Properties, LLC and S&R Properties, I, LLC shall materially comply with the last made representation.
2. Liberty Commons Nursing Center, Inc., Port City Assisted Living Properties, LLC and S&R Properties, I, LLC shall relocate no more than 72 Adult Care Home beds from an acquired facility, known as Port South and licensed to Eakes-PS, LLC, located on Covil Avenue, Wilmington, NC (the "Existing Facility") to Liberty Commons, located at 121 Racine Drive, Wilmington, NC for a total licensed bed complement of no more than 112 ACH beds upon completion of the project.
3. Liberty Commons Nursing Center, Inc., Port City Assisted Living Properties, LLC and S&R Properties, I, LLC shall take the necessary steps to ensure that the 72 beds at the Existing Facility, consistent with representations made in the CON application, are de-licensed no later than the dates those beds are fully relocated to the Liberty Commons facility at 121 Racine Drive, Wilmington, NC.
4. Liberty Commons Nursing Center, Inc., Port City Assisted Living Properties, LLC and S&R Properties, I, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application and in the supplemental information materials submitted their appeal [sic].
5. Liberty Commons Nursing Center, Inc., Port City Assisted Living Properties, LLC and S&R Properties, I, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina Building Codes.
6. For the first two years of operation following completion of the project, Liberty Commons Nursing Center, Inc., Port City Assisted Living Properties, LLC and S&R Properties, I, 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 made in the certificate of need application and in the supplemental information materials submitted their appeal [sic].

TIMETABLE:

Preliminary Drawings Submitted to the Construction Section, DHSR _____	July 1, 2016
Final Drawings Submitted to the Construction Section, DHSR _____	January 1, 2017
Final Drawings Approved by the Construction Section, DHSR _____	May 1, 2017
Final Drawings Approved by the Department of Insurance _____	May 1, 2017
Construction Contract Awarded _____	October 1, 2017
Building Permit Obtained _____	January 1, 2018
Site Preparation _____	May 1, 2018
Footings/Foundation Poured _____	September 1, 2018
25% Completion of Construction _____	January 1, 2019
50% Completion of Construction _____	May 1, 2019
75% Completion of Construction _____	September 1, 2019
Completion of Construction _____	January 1, 2020
Licensure of Facility _____	March 1, 2020

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11042-15

FID #: 943372

ISSUED TO: New Hanover Regional Medical Center
2131 South 17th Street
Wilmington, NC 28402

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 31 acute care beds from the 2015 SMFP for a total of no more than 678 acute care beds/ New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: New Hanover Regional Medical Center
2131 South 17th Street
Wilmington, NC 28402

MAXIMUM CAPITAL EXPENDITURE: \$39,234,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 30, 2016

This certificate is effective as of the 13th day of October, 2015

Martha J. Trisone for
Shelley Carraway, Chief

CONDITIONS:

1. New Hanover Regional Medical Center shall materially comply with all representations made in the certificate of need application.
2. New Hanover Regional Medical Center 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. New Hanover Regional Medical Center shall add no more than 31 new acute care beds and relocate no more than 9 existing acute care beds to the new 40-bed acute care bed unit, for a total of no more than 678 acute care beds upon project completion.
4. Prior to issuance of the certificate of need, New Hanover Regional Medical 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.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 8, 2015.

TIMETABLE:

Completion of Final Drawings and Specification _____	July 15, 2016
Approval of Final Drawings and Specification by the Construction Section, DHSR _____	November 1, 2016
Contract Award _____	December 1, 2016
25% Completion of Construction _____	July 1, 2017
50% Completion of Construction _____	December 1, 2017
75% Completion of Construction _____	April 1, 2018
Completion of Construction _____	September 1, 2018
Occupancy/Offering of Service(s) _____	October 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11035-15

FID #: 090274

**ISSUED TO: University of North Carolina Hospitals at Chapel Hill
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: Relocate one existing linear accelerator from the main campus in Chapel Hill to the Hillsborough campus, which is a change in scope for Project ID #J-8330-09/ Orange County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: UNC Hospitals Radiation Oncology, Hillsborough Campus
460 Waterstone Drive
Hillsborough, NC 27278**

MAXIMUM CAPITAL EXPENDITURE: \$2,839,864

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 31, 2016

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


Shelley Carraway, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill (“UNC Hospitals”) shall materially comply with all representations made in its certificate of need application, identified as Project I.D. No. J-11035-15, and the supplemental information submitted on September 24, 2015. In those instances in which any of these representations conflict, UNC Hospitals shall materially comply with the last-made representation.
2. UNC Hospitals shall not acquire, as part of this project, any equipment that would otherwise require a certificate of need.
3. UNC Hospitals shall relocate no more than one linear accelerator from UNC Hospitals main campus to its Hillsborough campus.

TIMETABLE:

Contract Award _____	2/1/2016
50% completion of construction _____	7/15/2016
Completion of construction _____	12/1/2016
Occupancy/offering of services _____	1/1/2017
Licensure of Facility _____	1/1/2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: Q-11027-15

FID #: 933410

ISSUED TO: Pitt County Memorial Hospital Inc.
d/b/a Vidant Medical Center
PO Box 6028
Greenville, NC 27835-6028

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 85 acute care beds for a total of no more than 932 acute care beds upon completion of this project and Project I.D. #Q-10068-12 (add 65 acute care beds)

CONDITIONS: See Reverse Side

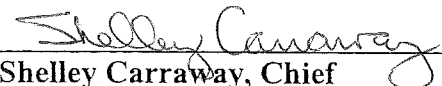
PHYSICAL LOCATION: Vidant Medical Center
2100 Stantonsburg Road
Greenville, NC 27835

MAXIMUM CAPITAL EXPENDITURE: \$43,159,073

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2016

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


Shelley Carraway, Chief

CONDITIONS:

1. Pitt County Memorial Hospital, Incorporated d/b/a Vidant Medical Center shall materially comply with all representations made in the certificate of need application.
2. Pitt County Memorial Hospital, Incorporated d/b/a Vidant Medical Center 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. Pitt County Memorial Hospital, Incorporated d/b/a Vidant Medical Center shall add no more than 85 acute care beds (12 intensive care and 73 general acute care) for a total of no more than 932 licensed acute care beds upon completion of Project Q-10068-12 (add 65 acute care beds) and this project.
4. Pitt County Memorial Hospital, Incorporated d/b/a Vidant Medical Center shall submit a plan of energy efficiency and water conservation to the Construction Section, Division of Health Service Regulation (DHSR) that conforms to the rules, codes and standards implemented by the Construction Section, DHSR.
5. Prior to issuance of the certificate of need, Pitt County Memorial Hospital, Incorporated d/b/a Vidant Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Agency.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency September 16, 2015.

TIMETABLE:

25% Completion of Construction	_____	January 1, 2019
50% Completion of Construction	_____	April 1, 2019
Completion of Construction	_____	September 1, 2019
Occupancy/Offering of Services	_____	October 1, 2019
Operation of Equipment	_____	October 1, 2019
Certification of Beds	_____	October 1, 2019

STATE OF NORTH CAROLINA

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

CORRECTED

CERTIFICATE OF NEED

for

Project Identification Number #N-10194-13

FID #971335

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

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

SCOPE: Add no more than 2 dialysis stations for a total of no more than 15 stations upon project completion/ Robeson County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC Pembroke
1327 Harry West Lane
Pembroke, NC 28371-7353**

MAXIMUM CAPITAL EXPENDITURE: \$273,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2014

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

This certificate is corrected as of the 30th day of October, 2015

Martha J. Trusone for
Shelley Caraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pembroke 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 Pembroke shall develop and operate no more than two additional stations for a total of no more than 15 certified in-center dialysis stations, which shall include any isolation or home hemodialysis stations following completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pembroke shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of no more than 15 dialysis stations which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pembroke shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pembroke shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 27, 2014.

TIMETABLE:

Completion of Preliminary Drawings	August 2, 2014
Completion of Final Drawings and Specifications	October 31, 2014
Contract Award	February 28, 2015
25% Completion of Construction	May 14, 2015
50% Completion of Construction	July 28, 2015
75% Completion of Construction	October 11, 2015
Occupancy/Offering of Service	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-11044-15

FID #150152

ISSUED TO: Waltonwood Lake Boone II, LLC
2601 Weston Parkway, Suite 203
Cary, North Carolina 27513

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 40 ACH beds from James Rest Home to a newly constructed 40-bed facility, which may include a 19-bed special memory care unit/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Waltonwood Lake Boone
3550 Horton Street
Raleigh, North Carolina 27607

MAXIMUM CAPITAL EXPENDITURE: \$4,880,721

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2016

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

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Waltonwood Lake Boone II, LLC shall materially comply with all representations made in the certificate of need application.
2. Waltonwood Lake Boone II, LLC shall relocate no more than 40 ACH beds from James Rest Home to its proposed Waltonwood Lake Boone facility, for a facility total of no more than 40 ACH beds which may include a 19-bed memory care unit.
3. For the first two years of operation following completion of the project, Waltonwood Lake Boone II, 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. Waltonwood Lake Boone II, LLC shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in Section VI. 2.
5. Waltonwood Lake Boone II, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation on October 6, 2015.

TIMETABLE:

Final Drawings Approved by the Construction Section, DHSR _____	November 1, 2015
25% Completion of Construction _____	January 7, 2016
50% Completion of Construction _____	September 14, 2016
75% Completion of Construction _____	March 24, 2017
Completion of Construction _____	August 2, 2017
Licensure/Operation of Facility _____	October 1, 2017
Certification of Beds _____	December 30, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #J-11048-15

FID #090950

ISSUED TO: Pinnacle Health Services of North Carolina, LLC
d/b/a Raleigh Radiology Wake Forest
5029 Falls of the Neuse Road, Suite 210
Raleigh, NC 27609

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: Acquire 3D mammography equipment to replace existing mammography equipment and establish a new diagnostic center/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Raleigh Radiology Wake Forest
839 Durham Road, Suite A
Wake Forest NC 27587

MAXIMUM CAPITAL EXPENDITURE: \$415,339

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2016

This certificate is effective as of the 6th day of October, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Pinnacle Health Services of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pinnacle Health Services of North Carolina, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.
3. Pinnacle Health Services of North Carolina, 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 September 15, 2015.

TIMETABLE:

Occupancy/Offering of Service _____ January 1, 2016