

**Certificate of Need  
Certificates Issued  
December 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>
Alamance	G-011100-15	Carolina Dialysis - Mebane	100545	ESRD	Add eight dialysis stations for a total of 20 dialysis stations upon project completion	11/5/2015	12/8/2015	\$29,900
Burke	E-011094-15	BMA OF BURKE COUNTY	955785	ESRD	Add two dialysis stations for a total of 33 stations upon completion of this project and Project ID #E-11009-15 (relocate facility and add six dialysis stations)	11/24/2015	12/29/2015	\$9,000
Cabarrus	F-011088-15	Harrisburg Dialysis Center	070392	ESRD	Add six dialysis stations for a total of 25 dialysis stations upon project completion	11/20/2015	12/28/2015	\$396,918
Chatham	J-011064-15	Coventry House of Siler City	030840	ACH	Add 20 ACH beds by relocating 20 existing ACH beds from Careview Rest Home for a total of 86 ACH beds upon completion	11/20/2015	12/22/2015	\$1,414,912
Durham	J-011059-15	Duke Sports Science Institute	150393	DXCTR	Develop a diagnostic center by acquiring two digital radiography machines	10/29/2015	12/1/2015	\$638,388
Gaston	F-011096-15	BMA Kings Mountain	960921	ESRD	Add two dialysis stations for a total of 16 dialysis stations upon completion of this project	11/20/2015	12/22/2015	\$9,000
Guilford	G-011053-15	KC Greensboro Expansion	150329	ACH	Relocate 22 ACH beds from Bell House to a new 22-bed ACH facility on Abbotswood at Irving Park campus	10/29/2015	12/1/2015	\$4,955,000
Harnett	M-011062-15	Central Harnett Hospital	050926	HOSPITAL	Acquire one linear accelerator and one CT simulator to develop a comprehensive cancer center	11/13/2015	12/15/2015	\$11,999,000

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County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Henderson	B-011047-15	Winchester House	140293	ACH	Relocate beds from Nana's Assisted Living in Buncombe County to the previously approved Winchester House in Henderson County	11/24/2015	12/29/2015	\$3,025,240
Mecklenburg	F-011091-15	Carolinas Medical Center Mercy/Pineville	923352	HOSPITAL	Cost overrun for Project ID #F-10215-13 (develop 34 additional acute care beds on the Mercy Campus)	11/20/2015	12/22/2015	\$1,821,214
Wake	J-011097-15	Wake Dialysis Clinic, Inc	956094	ESRD	Add three dialysis stations for a total of 50 stations upon completion of this project and Project ID #J-10152-13 (relocate 10 stations to FMC Northern Wake), Project ID #J-10183-13 (add 10 stations to BMA Wake), and Project ID #J-11068-15 (relocate 3 stations to FMC Northern Wake)	11/20/2015	12/22/2015	\$0
Wake	J-011057-15	Duke Cancer Center Macon Pond	050382	HOSPITAL	Renovate patient care space, including radiology services, at the Duke Cancer Center Macon Pond	11/13/2015	12/15/2015	\$4,257,903
Wake	J-011068-15	FMC Northern Wake	130278	ESRD	Relocate three dialysis stations from Wake Dialysis Clinic to FMC Northern Wake for a total of 16 dialysis stations upon completion of project	10/27/2015	12/1/2015	\$13,150
<b>Total</b>	<b>13</b>							

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11100-15**

**FID #: 100545**

**ISSUED TO:** Carolina Dialysis Mebane, LLC  
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 eight dialysis stations for a total of no more than 20 dialysis stations upon project completion/ Alamance County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carolina Dialysis-Mebane  
1410 South Third Street  
Mebane, NC 27302

**MAXIMUM CAPITAL EXPENDITURE:** \$29,900

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 8<sup>th</sup> day of December, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Carolina Dialysis Mebane, LLC d/b/a Carolina Dialysis-Mebane shall materially comply with all representations made in the certificate of need application.
2. Carolina Dialysis Mebane, LLC d/b/a Carolina Dialysis-Mebane shall develop and operate no more than eight additional dialysis stations for a total of 20 certified stations which shall include any home hemodialysis training or isolation stations.
3. Carolina Dialysis Mebane, LLC d/b/a Carolina Dialysis-Mebane shall install plumbing and electrical wiring through the walls for no more than 8 additional dialysis stations for a total of 20 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Carolina Dialysis Mebane, LLC d/b/a Carolina Dialysis-Mebane 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 November 19, 2015.

**TIMETABLE:**

Contract Award _____	May 31, 2016
25% Completion of Construction _____	July 30, 2016
50% Completion of Construction _____	September 28, 2016
75% Completion of Construction _____	November 12, 2016
Completion of Construction _____	December 12, 2016
Occupancy/Offering of Service/Certification _____	December 31, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #E-11094-15**

**FID #955785**

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

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

**SCOPE: Add no more than 2 dialysis stations for a total of no more than 33 dialysis stations upon completion of this project and Project I.D. #E-11009-15 (relocate existing facility and add 6 stations)/ Burke County**

**CONDITIONS: See Reverse Side**

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

**MAXIMUM CAPITAL EXPENDITURE: \$9,000**

**TIMETABLE: See Reverse Side**

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

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Burke County shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Burke County shall develop and operate no more than two additional dialysis stations for a total of no more than 33 certified stations following completion of this project and Project I.D. E-11009-15 (relocate existing facility and add six stations), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Burke County shall install plumbing and electrical wiring through the walls for no more than 33 dialysis stations at the replacement facility, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Burke County shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 4, 2015.

**TIMETABLE:**

Final Drawings and Specifications Sent to the Construction Section, DHSR	_____	March 2, 2016
Construction Contract Executed	_____	March 16, 2016
25% Completion of Construction	_____	May 15, 2016
50% Completion of Construction	_____	July 14, 2016
75% Completion of Construction	_____	September 12, 2016
Ordering of Medical Equipment	_____	October 17, 2016
Completion of Construction	_____	November 11, 2016
Operation of Medical Equipment	_____	December 22, 2016
Occupancy/Offering of Services	_____	December 31, 2016
Certification	_____	December 31, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #F-11088-15**

**FID #070392**

**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 6 dialysis stations for a total of no more than 25 dialysis stations upon project completion/ Cabarrus County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Harrisburg Dialysis Center  
3310 Perry Street NW  
Concord, NC 28027**

**MAXIMUM CAPITAL EXPENDITURE: \$396,918**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: March 28, 2016**

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Harrisburg 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 Harrisburg Dialysis Center shall add no more than six dialysis stations at Harrisburg Dialysis Center for a total of no more than 25 certified dialysis stations which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Harrisburg Dialysis Center shall install plumbing and electrical wiring through the walls for no more than six additional dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Harrisburg 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 December 28, 2015.

**TIMETABLE:**

Completion of Construction _____	November 15, 2016
Occupancy/Offering of Service _____	January 1, 2017
Certification of Stations _____	January 1, 2017



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #J-11064-15**

**FID #030840**

**ISSUED TO:** Siler City Health Investors, LLC (Lessor)  
Coventry House of Siler City, LLC (Lessee)  
260 Village Lake Road  
POB 707  
Siler City, NC 27344

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 20 ACH beds by relocating 20 existing ACH beds from Careview Rest Home for a total of no more than 86 ACH beds upon completion/ Chatham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Coventry House of Siler City  
260 Village Lake Road  
Siler City, NC 27344

**MAXIMUM CAPITAL EXPENDITURE:** \$1,414,912

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 28, 2016

This certificate is effective as of the 22<sup>nd</sup> day of December, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Siler City Health Investors, LLC (Lessor) and Coventry House of Siler City, LLC (Lessee) shall materially comply with all representations made in the certificate of need application and subsequent supplemental information submitted. In those instances where representations conflict, Siler City Health Investors, LLC (Lessor) and Coventry House of Siler City, LLC (Lessee) shall materially comply with the last made representation.
2. Siler City Health Investors, LLC (Lessor) and Coventry House of Siler City, LLC (Lessee) shall relocate no more than 20 ACH beds from Careview Rest Home to Coventry House of Siler City, for a facility total of no more than 86 ACH beds.
3. For the first two years of operation following completion of the project, Siler City Health Investors, LLC (Lessor) and Coventry House of Siler City, LLC (Lessee) 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. Siler City Health Investors, LLC (Lessor) and Coventry House of Siler City, LLC (Lessee) shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in Section VI. 2.
5. Siler City Health Investors, LLC (Lessor) and Coventry House of Siler City, LLC (Lessee) shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation (Agency) on December 7, 2015.

**TIMETABLE:**

Final Drawings Approved by the Construction Section, DHSR _____	March 15, 2016
Final Drawings Approved by the Department of Insurance _____	April 1, 2016
25% Completion of Construction _____	July 15, 2016
Licensure of Facility (additional 20 beds) _____	October 1, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project ID #: J-11059-15

FID #: 150393

**ISSUED TO:** Private Diagnostic Clinic, PLLC  
2200 W. 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:** Develop a diagnostic center by acquiring two digital radiography machines/  
Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke Sports Science Institute  
3475 Erwin Road  
Durham, NC 27710

**MAXIMUM CAPITAL EXPENDITURE:** \$638,388

**TIMETABLE:** See Reverse Side

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

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

*Martha J. Frisone for*  
Shelley Carraway, Chief

CONDITIONS:

1. Private Diagnostic Clinic, PLLC shall materially comply with the representations made in the certificate of need application.
2. Private Diagnostic Clinic, PLLC shall acquire no more than two digital diagnostic radiography systems.
3. Private Diagnostic Clinic, PLLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
4. Private Diagnostic Clinic, PLLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 24, 2015.

TIMETABLE:

Obtain Funds \_\_\_\_\_ December 1, 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-11096-15**

**FID #960921**

**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: Add no more than 2 dialysis stations for a total of no more than 16 dialysis stations upon completion of this project/ Gaston County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA Kings Mountain  
508 Canterbury Road  
Kings Mountain, NC 28202**

**MAXIMUM CAPITAL EXPENDITURE: \$9,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: March 28, 2016**

This certificate is effective as of the 22<sup>nd</sup> day of December, 2015

  
Shelley Cartaway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Kings Mountain shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Kings Mountain shall develop and operate no more than two additional dialysis stations at BMA Kings Mountain for a total of no more than 16 certified dialysis stations which shall include any isolation or home hemodialysis training stations upon completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Kings Mountain shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Kings Mountain 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 December 3, 2015.

**TIMETABLE:**

Operation of Equipment _____	December 22 2016
Certification of Stations _____	December 31, 2016
Occupancy/Offering of Service _____	December 31, 2016

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: G-11053-15

FID #: 150329

**ISSUED TO:** KC Greensboro Expansion, LLC  
235 N. Edgeworth Street  
Greensboro, NC 27401

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:** Replace and relocate 72 adult care home beds from Bell House to a new 22 bed facility/ Guilford County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Abbotswood at Irving Park  
3504 Flint Street  
Greensboro, NC 27405

**MAXIMUM CAPITAL EXPENDITURE:** \$4,955,000

**TIMETABLE:** See Reverse Side

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

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

*Martha J. Frisone for*  
Shelley Carraway, Chief

**CONDITIONS:**

1. KC Greensboro Expansion, LLC shall materially comply with all representations made in the certificate of need application and in supplemental information provided. In those instances where representations conflict, KC Greensboro Expansion, LLC, shall materially comply with the last made representation.
2. KC Greensboro Expansion, LLC shall construct a replacement adult care home facility which shall be licensed for no more than 22 adult care home beds upon completion of the proposed project.
3. For the first two years of operation following completion of the project, KC Greensboro Expansion, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section IX 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 made in the certificate of need application.
4. KC Greensboro Expansion, 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 Agency on November 23, 2015.

**TIMETABLE:**

Final Drawings Submitted to the Construction Section, DHSR _____	February 15, 2016
Final Drawings Submitted Approved by the Construction Section, DHSR ____	April 1, 2016
Approval of Site by the Construction Section, DHSR _____	April 15, 2016
Building Permit Obtained _____	May 15, 2016
25% Completion of Construction _____	September 1, 2016
50% Completion of Construction _____	December 1, 2016
75% Completion of Construction _____	March 1, 2017
Completion of Construction _____	June 15, 2017
Licensure of Facility _____	July 1, 2017



# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project ID #: M-11062-15

FID #: 050926

**ISSUED TO:** Harnett Health System, Inc.  
800 Tilghman Drive  
Dunn, NC 28334

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 one linear accelerator and one CT simulator to develop a comprehensive cancer center/ Harnett County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Central Harnett Hospital  
215 Brightwater Drive  
Lillington, NC 27546

**MAXIMUM CAPITAL EXPENDITURE:** \$11,999,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2017

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

*Martha J. Frisone for*  
Shelley Carraway, Chief

**CONDITIONS:**

1. Harnett Health System, Inc. shall materially comply with all representations made in the certificate of need application.
2. Harnett Health System, Inc. shall acquire no more than one linear accelerator and one CT simulator as part of this project.
3. Harnett Health System, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VII of the application and that would otherwise require a certificate of need.
4. Harnett Health System, 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 as described in paragraph one of Policy GEN-4.
5. Harnett Health System, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 1, 2015.

**TIMETABLE:**

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

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #B-11047-15**

**FID #140293**

**ISSUED TO: Hendersonco, LLC, Hendersonville AL Holdings, LLC  
P.O. Box 2568  
Hickory, NC 28603**

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 15 adult care home beds from Country Meadows Rest Home (Henderson County) and no more than 25 adult care home beds from Nana's Assisted Living (Buncombe County) to the previously approved Winchester House for a total of no more than 80 adult care home beds upon completion of this project and Project I.D. #B-10312-14/ Henderson County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Winchester House  
4145 Haywood Road  
Mills River, NC 28759**

**MAXIMUM CAPITAL EXPENDITURE: \$3,025,240**

**TIMETABLE: See Reverse Side**

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

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Hendersonco, LLC and Henderson AL Holdings, LLC shall materially comply with all representations made in the certificate of need application and supplemental information received October 8, 2015, November 10, 2015, and November 23, 2015. In those instances where representations conflict, Hendersonco, LLC and Henderson AL Holdings, LLC shall materially comply with the last made representation.
2. Hendersonco, LLC and Henderson AL Holdings, LLC shall add no more than 40 adult care home beds for a total of no more than 80 adult care home beds upon project completion and completion of Project I.D. #B-10312-14, by relocating 15 adult care home beds from Country Meadow Rest Home and 25 from Nana's Assisted Living.
3. Hendersonco, LLC and Henderson AL Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
4. For the first two years of operation following completion of the project, Hendersonco, LLC and Henderson AL 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.
5. Hendersonco, LLC and Henderson AL Holdings, 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 Agency on December 17, 2015.

**TIMETABLE:**

Acquisition of Land/Facility _____	December 18, 2015
Final Drawings and Specifications Submitted to the Construction Section, DHSR _____	January 15, 2016
Construction Contract Executed _____	February 6, 2016
25% Completion of Construction _____	April 29, 2016
50% Completion of Construction _____	May 27, 2016
75% Completion of Construction _____	July 1, 2016
Completion of Construction _____	August 31, 2016
Occupancy/Offering of Services _____	October 1, 2016
Licensure/Certification _____	October 1, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #F-11091-15**

**FID #923352**

**ISSUED TO: Charlotte-Mecklenburg Hospital Authority  
d/b/a Carolinas Medical Center-Mercy  
1000 Blythe Boulevard  
Charlotte, NC 28203**

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. #F-10215-13 (add 34 acute care beds)/Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Carolinas Medical Center-Mercy  
2001 Vail Avenue  
Charlotte, NC, 28207**

**MAXIMUM CAPITAL EXPENDITURE: \$1,821,214**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 22<sup>nd</sup> day of December, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Mercy shall materially comply with all conditions of approval on the certificate of need for Project I.D. # F-10215-13 except as specifically modified by the conditions of approval for this application, F-11091-15.
2. The total approved capital expenditure for Project I.D. # F-10215-13 and Project I.D. # F-11091-15 is \$3,820,989.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Mercy 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 that would otherwise require a certificate of need.
4. Prior to issuance of the certificate of need, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Mercy 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 December 4, 2015.

**TIMETABLE:**

Approval of Final Drawings and Specifications by The Construction Section, DHSR _____	March 30, 2016
25% Completion of Construction _____	May 13, 2016
75% Completion of Construction _____	August 5, 2016
Completion of Construction _____	September 1, 2016
Occupancy/Offering of Service(s) _____	October 1, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #J-11097-15**

**FID #956094**

**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: Add no more than 3 dialysis stations for a total of no more than 50 stations upon completion of this project, Project I.D. #J-10152-13 (relocate 10 stations to FMC Northern Wake), Project I.D. #J-10183-13 (add 10 stations to BMA Wake Dialysis), and Project I.D. #J-11068-15 (relocate 3 stations to FMC Northern Wake)/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA Wake Dialysis**  
**3604 Bush Street**  
**Raleigh NC 27609**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 22<sup>nd</sup> day of December, 2015

  
**Shelley Carraway, Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Wake Dialysis shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Wake Dialysis shall develop and operate no more than three additional dialysis stations for a total of no more than 50 certified stations upon completion of this project, Project I.D. #J-10152-13, Project I.D. #J-10183-13, and Project I.D. #J-11068-15, which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Wake 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 December 3, 2015.**

**TIMETABLE:**

**Certifications of Stations \_\_\_\_\_ March 31, 2016**



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project ID #J-11057-15

FID #050382

**ISSUED TO:** Duke University Health System  
3100 Tower Blvd., Suite 1300  
Durham, NC 27707

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:** Renovate patient care space and acquire imaging equipment/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke Cancer Center Macon Pond  
4101 Macon Pond Road  
Raleigh, NC 27607

**MAXIMUM CAPITAL EXPENDITURE:** \$4,257,903

**TIMETABLE:** See Reverse Side

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

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

*Martha J. Trisone for*  
Shelley Carraway, Chief

**CONDITIONS:**

1. Duke University Health System d/b/a Duke Raleigh Hospital shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System d/b/a Duke Raleigh Hospital 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. Duke University Health System d/b/a/ Duke Raleigh Hospital 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.
4. Duke University Health System d/b/a Duke Raleigh Hospital 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 December 1, 2015.

**TIMETABLE:**

Ordering Equipment _____	January 4, 2016
25% Completion of Construction _____	February 5, 2016
50% Completion of Construction _____	March 25, 2016
Operation of Equipment _____	April 25, 2016
75% Completion of Construction _____	May 13, 2016
Completion of Construction _____	July 1, 2016
Occupancy/Offering of Service(s) _____	July 1, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project ID #J-11068-15

FID #130278

**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: Relocate no more than 3 dialysis stations from Wake Dialysis Clinic to FMC Northern Wake for a total of no more than 16 dialysis stations at FMC Northern Wake upon completion of this project and Project I.D. #J-10152-13 (develop a 13-station dialysis facility)/ Wake County**

**CONDITIONS: See Reverse Side**

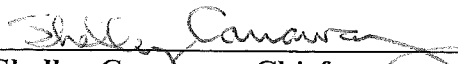
**PHYSICAL LOCATION: FMC Northern Wake  
4888 Leeland Ridge Road  
Wake Forest, NC 27587**

**MAXIMUM CAPITAL EXPENDITURE: \$13,150**

**TIMETABLE: See Reverse Side**

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

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Northern Wake 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 Northern Wake shall relocate no more than three dialysis stations from Wake Dialysis Clinic, for a total of no more than 16 certified dialysis stations which shall include any isolation or home hemodialysis stations upon completion of this project and Project ID #J-10152-13.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Northern Wake shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of 16 certified 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 three dialysis stations at Wake Dialysis Clinic for a total of no more than 47 dialysis stations at Wake Dialysis Clinic upon project completion.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Northern Wake 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 November 10, 2015.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	February 3, 2016
25% Completion of Construction _____	March 4, 2016
50% Completion of Construction _____	March 9, 2016
75% Completion of Construction _____	March 14, 2016
Completion of Construction _____	March 19, 2016
Occupancy/Offering of Service _____	March 31, 2016