

**Certificate of Need
Certificates Issued during
January 2016**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Cabarrus	F-011105-15	Levine Cancer Institute-Concord	150434	HOSPITAL	Expand and renovate the Levine Cancer Institute outpatient infusion clinic and develop a Phase I clinical trials unit	12/4/2015	1/5/2016	\$4,973,780
Davidson	G-011074-15	Lexington Dialysis Center	944660	ESRD	Relocate 4 dialysis stations from Piedmont Dialysis Center for a total of 37 dialysis stations upon completion of this project and Project ID #G-11004-15 (add 3 stations)	12/14/2015	1/14/2016	\$0
Durham	J-011084-15	Durham Dialysis	955621	ESRD	Add 3 dialysis stations for a total of 25 stations upon completion of this project and Project ID #J-10319-14 (relocate 7 stations)	12/4/2015	1/5/2016	\$0
Guilford	G-011075-15	High Point Kidney Center	945262	ESRD	Add 8 dialysis stations for a total of 40 dialysis stations upon completion of this project and Project ID #G-10262-14 (relocate 10 stations from High Point Kidney Center)	12/14/2015	1/14/2016	\$133,600
Mecklenburg	F-011076-15	North Charlotte Dialysis Center	060083	ESRD	Add no more than 10 dialysis stations for a total of no more than 37 stations upon completion of this project, Project ID #F-10210-13 (relocate 10 stations) and Project ID #F-11019-15 (relocate 4 stations)	12/29/2015	1/30/2016	\$0
New Hanover	O-011063-15	Wilmington Health	943565	ASC	Acquire one fixed MRI scanner	12/4/2015	1/5/2016	\$2,141,992
New Hanover	O-011070-15	Carolina Bay of Wilmington at Autumn Hall	130064	NH	Change of scope for Project ID #O-10088-13 (Develop 30 Policy NH-2 beds) by developing 12 Policy NH-2 beds and developing 18 Policy LTC-1 beds	12/4/2015	1/5/2016	\$0
Pender	O-011086-15	Southeastern Dialysis Center, Inc. - Burgaw	945252	ESRD	Relocate 3 dialysis stations from Wallace Dialysis Center for a total of 18 stations upon completion of this project and Project ID #O-10348-14 (add 3 stations) and Project ID #O-10125-13 (transfer 10 stations)	12/18/2015	1/20/2016	\$0
Wake	J-011090-15	Wake Forest Dialysis Center	041181	ESRD	Add 2 dialysis stations for a total of 22 stations upon project completion	12/18/2015	1/20/2016	\$63,858
Wake	J-011095-15	Fresenius Medical Care Eastern Wake	061335	ESRD	Add three dialysis stations for a total of 17 stations upon completion of this project and Project ID #K-10099-13 (relocate 7 stations to FMC Tar River) and Project ID #J-10343-14 (add three stations)	12/18/2015	1/20/2016	\$13,000
Total	10							

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #F-11105-15

FID #150434

**ISSUED TO: The Charlotte Mecklenburg Hospital Authority
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217**

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: Expand and renovate the Levine Cancer Institute outpatient infusion clinic and develop a Phase I clinical trials unit/ Cabarrus County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Levine Cancer Institute Concord
100 Medical Park Drive, Suite 110
Concord, NC 28025**

MAXIMUM CAPITAL EXPENDITURE: \$4,973,780

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2016

This certificate is effective as of the 5th day of January, 2016



Shelley Carraway, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas 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 that would otherwise require a certificate of need.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center 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 15, 2015.

TIMETABLE:

Approval of Final Drawings & Specifications by the Construction Section, DHSR	_____	June 15, 2016
25% Completion of Construction	_____	August 15, 2016
50% Completion of Construction	_____	October 1, 2016
75% Completion of Construction	_____	November 15, 2016
Completion of Construction	_____	December 15, 2016
Occupancy/Offering of Service(s)	_____	January 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11074-15

FID #: 944660

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

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

SCOPE: Relocate 4 dialysis stations from Piedmont Dialysis Center for a total of 37 dialysis stations upon completion of this project and Project ID #G-11004-15/ Guilford County

CONDITIONS: See Reverse Side

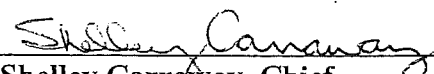
PHYSICAL LOCATION: Lexington Dialysis Center of Wake Forest
233 Anna Lewis Drive
Lexington, NC 27292

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2016

This certificate is effective as of the 14th day of January, 2016


Shelley Caraway, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Wake Forest University Health Sciences shall relocate no more than four (4) certified dialysis stations to Lexington Dialysis Center of Wake Forest University for a total of no more than 37 certified dialysis stations, which shall include any home hemodialysis training or isolation stations, upon completion of this project and Project ID #G-11004-15.
3. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than four (4) additional dialysis stations for a total of 37 dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. Wake Forest University Health Sciences shall take the necessary steps to decertify four (4) dialysis stations at Piedmont Dialysis Center for a total of no more than 58 dialysis stations at Piedmont Dialysis Center upon project completion.
5. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall acknowledge acceptance of and agree to comply with all conditions stated herein to the 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 January 5, 2016.

TIMETABLE:

Arrival of Equipment _____ March 30, 2016
Occupancy/Certification _____ June 30, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #J-11084-15

FID #955621

**ISSUED TO: DVA Renal Healthcare, Inc.
2321 W. 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 dialysis stations for a total of no more than 25 dialysis stations upon completion of this project and Project I.D. # J-10319-14 (develop a new facility by relocating seven stations from Durham Dialysis and three stations from Durham West Dialysis)/ Durham County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Durham Dialysis
201 Hood Street
Durham, NC 27701-3715**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2016

This certificate is effective as of the 5th day of January, 2016


Shelley Carraway, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Durham Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Durham Dialysis shall add no more than three dialysis stations at Durham Dialysis for a total of no more than 25 certified dialysis stations upon completion of Project I.D. # J-10319-14 (relocate seven stations from Durham Dialysis and three station from Durham West Dialysis to develop East Durham Dialysis) and this project, which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. d/b/a Durham 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 December 28, 2015.

TIMETABLE:

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 #: G-11075-15

FID #: 945262

ISSUED TO: Wake Forest University Health Sciences
High Point Center of Wake Forest University
1804 King Road
Tifton, GA 31793

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

SCOPE: Add 8 dialysis stations for a total of 40 dialysis stations upon completion of this project and Project ID #G-10262-14 (relocate 10 stations from High Point Kidney Center)/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: High Point Kidney Center
1900 Westchester Drive
High Point, NC 27262

MAXIMUM CAPITAL EXPENDITURE: \$133,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2016

This certificate is effective as of the 14th day of January, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall develop and operate no more than eight (8) additional dialysis stations for a total of 40 certified stations upon completion of this project and Project ID #G-10262-14 (relocate 10 stations to develop North Randolph Dialysis Center) which shall include any home hemodialysis training or isolation stations.
3. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University 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 January 5, 2016.

TIMETABLE:

Order Equipment _____ February 14, 2016
Occupancy/Offering of Service/ Certification _____ June 30, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11076-15

FID #: 060083

**ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a North Charlotte Dialysis Center
2321 West Morehead Street
Charlotte, NC 28208**

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

SCOPE: Add no more than 10 dialysis stations for a total of no more than 37 stations upon completion of this project, Project ID #F-10210-13 (relocate 10 stations) and Project ID #F-11019-15 (relocate 4 stations)/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: North Charlotte Dialysis Center
6620 Old Statesville Road
Charlotte, NC 28269**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2016

This certificate is effective as of the 30th day of January, 2016


Shelley Carraway, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall develop and operate no more than 10 additional dialysis stations for a total of no more than 37 certified stations upon completion of this project, Project I.D. #F-10219-13 (relocate 10 stations), and Project I.D. #F-11019-15 (relocate 4 stations) which shall include any isolation or home hemodialysis stations.
3. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 5, 2016.

TIMETABLE:

Occupancy/Offering of Service(s) _____	January 1, 2017
Certification of Facility _____	January 1, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #O-11063-15

FID #943565

**ISSUED TO: Wilmington Health, PLLC
1202 Medical Center Drive
Wilmington NC 28401**

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

**SCOPE: Acquire no more than one fixed MRI scanner and develop a diagnostic center/
New Hanover County**

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Wilmington Health
1202 Medical Center Drive
Wilmington NC 28401**

MAXIMUM CAPITAL EXPENDITURE: \$2,141,992

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1 2016

This certificate is effective as of the 5th day of January, 2016



Shelley Carraway, Chief

CONDITIONS:

1. Wilmington Health, PLLC shall materially comply with all representations made in the certificate of need application.
2. Wilmington Health, PLLC shall acquire no more than one fixed MRI scanner as part of this project.
3. Wilmington Health, PLLC 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. Wilmington Health, PLLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 30, 2015.

TIMETABLE:

Approval of Final Drawings & Specifications by the Construction Section, DHSR _____	May 1, 2016
50% Completion of Construction _____	September 1, 2016
Occupancy/Offering of Service(s) _____	January 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11070-15

FID #: 130064

ISSUED TO: Carolina Bay of Wilmington, LLC
Carolina Bay Properties of Wilmington, LLC
Carolina Bay Healthcare Center of Wilmington
2334 S. 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: Change of scope for Project ID #O-10088-13 (develop 30 policy NH-2 beds) by developing no more than 12 Policy NH-2 beds and developing no more than 18 Policy LTC-1 beds/ New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolina Bay of Wilmington at Autumn Hall
630 Carolina Bay Drive
Wilmington, NC 28403

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2016

This certificate is effective as of the 5th day of January, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Carolina Bay of Wilmington, LLC, Carolina Bay Properties of Wilmington, LLC, and Carolina Bay Healthcare Center of Wilmington, LLC shall materially comply with all representations made in the certificate of need application and supplemental information received November 10, 2015. In those instances where representations conflict, Carolina Bay of Wilmington, LLC, Carolina Bay Properties of Wilmington, LLC, and Carolina Bay Healthcare Center of Wilmington, LLC shall materially comply with the last made representation.
2. Carolina Bay of Wilmington, LLC, Carolina Bay Properties of Wilmington, LLC, and Carolina Bay Healthcare Center of Wilmington, LLC shall not construct or operate more than 12 Policy NH-2 nursing facility beds and 18 Policy LTC-1 adult care home beds as part of this project.
3. The 12 Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
4. The 12 Policy NH-2 nursing facility 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 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 nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 18 Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
6. The 18 Policy LTC-1 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.
7. The 12 new Policy NH-2 nursing facility beds and 18 new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
8. Carolina Bay of Wilmington, LLC, Carolina Bay Properties of Wilmington, LLC, and Carolina Bay Healthcare Center of Wilmington, 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:

Completion of Construction _____ February 1, 2016
Licensure of Facility _____ April 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11086-15

FID #: 945252

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 3 existing dialysis stations from Wallace Dialysis Center in Duplin County to Southeastern Dialysis Center-Burgaw for a total of 13 dialysis stations at Wallace Dialysis Center and 18 dialysis stations at Southeastern Dialysis Center-Burgaw upon completion of this project and Project ID #O-10125-13 (relocate 10 stations to establish a new facility) and Project ID #O-10348-14 (add 3 stations)/ Pender County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Southeastern Dialysis Center-Burgaw
704 South Dickerson Street
Burgaw, NC 28425

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2016

This certificate is effective as of the 20th day of January, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Burgaw 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-Burgaw shall add no more than three dialysis stations at Southeastern Dialysis Center-Burgaw for a total of no more than 18 certified dialysis stations which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Burgaw shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Burgaw 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:

Occupancy/Offering of Service _____ 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-11090-15

FID #041181

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

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

SCOPE: Add no more than 2 dialysis stations for a total of no more than 22 certified stations upon completion of this project/ Wake County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Wake Forest Dialysis Center
11001 Ingleside Place
Raleigh, NC 27614**

MAXIMUM CAPITAL EXPENDITURE: \$63,858

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2016

This certificate is effective as of the 20th day of January, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Wake Forest 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 Wake Forest Dialysis Center shall develop and operate no more than two additional dialysis stations for a total of no more than 22 certified stations upon completion of the project, which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 28, 2015.

TIMETABLE:

Occupancy/Offering of Service _____ 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-11095-15

FID #061335

**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 17 stations upon completion of this project, Project I.D. #K-10099-13 (relocate 3 stations to FMC Tar River), and Project I.D. #J-10343-14 (add 3 stations to FMC Eastern Wake)/ Wake County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: \$13,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2016

This certificate is effective as of the 20th day of January, 2016



Shelley Carraway, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Eastern 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 Eastern Wake shall develop and operate no more than three additional dialysis stations for a total of no more than 17 certified stations upon completion of this project, Project I.D. #K-10099-13, and Project I.D. #J-10343-14, which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Eastern Wake 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 31, 2015.

TIMETABLE:

Contract Award	_____	May 20, 2016
50% Completion of Construction	_____	September 17, 2016
Occupancy/Offering of Service	_____	December 31, 2016