

**Certificate of Need
Certificates
February 2016**

| County | Project ID | Facility | FID | Facility Type | Project Description | Decision Date | Certificate Issue Date | Approved Capital Expenditure |
|-------------|-------------|---|--------|---------------|---|---------------|------------------------|------------------------------|
| Caswell | G-008548-10 | Dan River Manor | 100776 | ACH | Develop a new 64-bed adult care home by relocating and replacing the beds from Dogwood Forrest #2, Blackwell Rest Home and the Ronald David Home. | 12/22/2010 | 2/25/2016 | \$4,807,752 |
| Edgecombe | L-011093-15 | BMA EAST ROCKY MOUNT | 970528 | ESRD | Add six dialysis stations for a total of 30 dialysis stations upon completion of this project and Project ID #L-11011-15 (relocate 6 stations to FMC Tarboro) | 1/15/2016 | 2/16/2016 | \$0 |
| Edgecombe | L-011011-15 | FMC Tarboro | 150155 | ESRD | Develop a new 10-station dialysis facility in Tarboro (Edgecombe County) by relocating six stations from BMA East Rocky Mount (Edgecombe County) and four stations from Greenville Dialysis Center (Pit County) | 8/28/2015 | 2/9/2016 | \$1,673,480 |
| Forsyth | G-011051-15 | Novant Health Forsyth Medical Center | 923174 | HOSPITAL | Replace and convert an existing PET/CT scanner to a mobile PET/CT scanner pursuant to Policy TE-1 in the 2015 SMFP | 9/2/2015 | 2/24/2016 | \$2,548,643 |
| Forsyth | G-011024-15 | Old Vineyard Youth Services | 923094 | MHH | Relocate 60 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 for a total of 52 child/adolescent inpatient psychiatric beds and 104 adult inpatient psychiatric beds upon project completion | 7/14/2015 | 2/9/2016 | \$13,782,834 |
| Mecklenburg | F-011078-15 | Mint Hill Dialysis Center | 070389 | ESRD | Add 4 dialysis stations for a total of 16 dialysis stations upon completion of this project and Project ID #F-11020-15 (add 1 station) | 1/8/2016 | 2/9/2016 | \$79,941 |
| New Hanover | O-011082-15 | Southeastern Dialysis Center-Wilmington | 956055 | ESRD | Add 2 dialysis stations for a total of 34 stations upon completion of this project and Project ID #O-10324-14 (relocate 10 stations), Project ID #O-10346-14 (add 10 stations), and Project ID #O-11018-15 (add 3 stations) | 12/18/2015 | 2/2/2016 | \$20,733 |
| Person | K-011087-15 | Roxboro Dialysis Center | 120225 | ESRD | Add two dialysis stations for a total of 37 stations upon project completion | 1/8/2016 | 2/9/2016 | \$33,858 |
| Robeson | N-10284-14 | Community Outreach Youth Services | 140145 | CTDD | Develop a new 8-bed non-medical child/adolescent chemical dependency residential treatment facility | 9/26/2014 | 2/4/2016 | \$250,000 |
| Robeson | N-010321-14 | Maxton Dialysis | 140332 | ESRD | Relocate St Pauls Dialysis Center and change the name to Maxton Dialysis | 10/29/2014 | 2/9/2016 | \$1,701,984 |
| Rockingham | G-011083-15 | Dialysis Care of Rockingham County | 955844 | ESRD | Add no more than two dialysis stations for a total of no more than 25 stations upon project completion | 1/26/2016 | 2/27/2016 | \$33,698 |
| Vance | K-011081-15 | Vance County Dialysis | 944655 | ESRD | Add 2 dialysis stations for a total of 35 stations upon completion of this project and Project ID #K-10124-13 (relocate 16 stations) | 1/8/2016 | 2/9/2016 | \$0 |
| Total | 12 | | | | | | | |

STATE OF NORTH CAROLINA

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

CORRECTED

CERTIFICATE OF NEED

for

Project ID #: G-8548-10

FID #: 100776

**ISSUED TO: Caswell AL Investors, LLC, Elon AL Holdings I, LLC,
Elon AL Holdings II, LLC, and Elon AL Holdings III, LLC
4423 Pheasant Ridge Road, S. W. Suite 301
Roanoke, VA 24014**

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 64 existing, licensed adult care home beds to a new facility in Pelham,
with a dedicated 32-bed Special Care Unit / Caswell County**

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Dan River Manor
1030 NC Highway 700
Pelham, NC 27311**

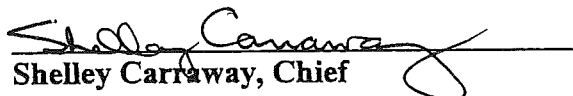
MAXIMUM CAPITAL EXPENDITURE: \$4,807,752

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2011

This certificate is effective as of the 25th day of January, 2011

This certificate is corrected as of the 25th day of February, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Caswell AL Investors, LLC, Elon AL Holdings I, LLC, Elon AL Holdings II, LLC, and Elon A. Holdings III, LLC shall materially comply with all representations made in the certificate of need application.
2. Caswell AL Investors, LLC, Elon AL Holdings I, LLC, Elon AL Holdings II, LLC, and Elon A. Holdings III, LLC shall develop and operate no more than 64 adult care home beds, including a dedicated Alzheimer's Special Care Unit of 32 beds, as part of this project.
3. For the first two years of operation following completion of the project, the actual private pay charges for the facility shall not exceed the projected private pay charges provided in Section IX of the application by more than 5%, without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
4. Caswell AL Investors, LLC, Elon AL Holdings I, LLC, Elon AL Holdings II, LLC, and Elon A. Holdings III, LLC 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 13, 2011.

TIMETABLE:

| | | |
|--|-------|------------------|
| Preliminary Drawings Submitted to Construction, DHSR | _____ | May 1, 2011 |
| Contract Awarded | _____ | July 15, 2011 |
| 25% Completion of Construction | _____ | January 15, 2012 |
| 50% Completion of Construction | _____ | April 15, 2012 |
| 75% Completion of Construction | _____ | June 1, 2012 |
| Completion of Construction | _____ | August 15, 2012 |
| Licensure of Facility | _____ | October 1, 2012 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: L-11093-15

FID #: 970528

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA East Rocky Mount
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 six dialysis stations for a total of no more than 30 dialysis stations upon completion of this project and Project ID #L-11011-15 (relocate six stations to BMA East Rocky Mount)/ Edgecombe County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: BMA East Rocky Mount
2330 S. Fairview Road
Rocky Mount, NC 28655**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 31, 2016

This certificate is effective as of the 16th day of February, 2016


Shelley Carraway, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount shall materially comply with all representations made in the certificate of need application.**
2. **The certificate of need for Project I.D. #L-11093-15 shall not be issued until the certificate of need is issued for Project I.D. #L-11011-15.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount shall develop no more than six additional stations for a total of no more than 30 certified stations upon completion of this project, which shall include any home hemodialysis or isolation stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount 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 28, 2016.

TIMETABLE:

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 #: L-11011-15

FID #: 150155

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

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

SCOPE: Develop a new 10-station dialysis facility in Tarboro by relocating 6 existing dialysis stations from BMA East Rocky Mount (Edgecombe County) and 4 stations from Greenville Dialysis Center (Pitt County)/ Edgecombe County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC Tarboro
123 Hospital Lane
Tarboro, NC 27803**

MAXIMUM CAPITAL EXPENDITURE: \$1,673,480

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2016

This certificate is effective as of the 9th day of February, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Tarboro 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 Tarboro shall develop and operate no more than ten dialysis stations at FMC Tarboro which shall include any home hemodialysis or isolation stations.
3. Bio-Medical Application of North Carolina, Inc. d/b/a FMC Tarboro shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations which shall include any home hemodialysis or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify six stations at BMA East Rocky Mount for a total of no more than twenty-four certified dialysis stations at BMA East Rocky Mount upon project completion.
5. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify four stations at Greenville Dialysis for a total of no more than forty-one certified dialysis stations at Greenville Dialysis upon completion of Project I.D. # Q-10315-14 and this project.
7. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Tarboro 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 10, 2015.

TIMETABLE:

| | |
|---|-------------------|
| Completion of Final Drawings and Specifications _____ | August 15, 2016 |
| 25% Completion of Construction _____ | November 30, 2016 |
| 75% Completion of Construction _____ | March 31, 2017 |
| Completion of Construction _____ | May 31, 2017 |
| Occupancy/Offering of Service _____ | June 30, 2017 |
| Certification of Stations _____ | June 30, 2017 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11051-15

FID #: 923174

**ISSUED TO: Forsyth Memorial Hospital, Inc.
3600 Country Club Road, Suite 200
Winston-Salem, NC 27103**

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

SCOPE: Replace and convert an existing PET/CT scanner to a mobile PET/CT scanner pursuant to Policy TE-1 in the 2015 SMFP/ Forsyth County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Novant Health Forsyth Medical Center
3333 Silas Creek Parkway
Winston-Salem, NC 27103**

MAXIMUM CAPITAL EXPENDITURE: \$2,548,643

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 15, 2016

This certificate is effective as of the 24th day of February, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall materially comply with all representations made in the certificate of need application.
2. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall replace an existing fixed PET scanner with a mobile PET/CT scanner with transporting equipment to initially serve seven host sites, as designated in the CON application. The mobile PET/CT scanner shall be moved each week to provide PET/CT services to host sites and shall not, at any time, serve less than two host sites each week.
3. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall not change or add host sites unless it first obtains a determination from the Healthcare Planning and Certificate of Need Section authorizing the change in location of the equipment.
4. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall not convert the mobile PET/CT scanner to a fixed PET/CT scanner unless it first obtains a determination from the Healthcare Planning and Certificate of Need Section authorizing the conversion. If converted to fixed, the fixed PET/CT must be located in Forsyth County.
5. The acquisition of the mobile PET/CT scanner shall constitute development of one mobile diagnostic program. The acquisition of the mobile PET/CT scanner shall not result in the creation of a diagnostic center located at any of the host sites or any other facility owned, operated or otherwise affiliated with Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center.
6. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall not acquire, as part of the project, any equipment that is not included in the proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
7. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth 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 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 18, 2015.

TIMETABLE:

| | |
|------------------------------|----------------|
| Ordering of Equipment _____ | August 1, 2016 |
| Operation of Equipment _____ | March 1, 2017 |

STATE OF NORTH CAROLINA

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

CORRECTED

CERTIFICATE OF NEED

for

Project ID #: G-11024-15

FID #: 923094

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

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

SCOPE: Relocate no more than 60 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 for a total of no more than 52 child/adolescent inpatient psychiatric beds, 104 adult inpatient psychiatric beds, and 8 inpatient substance abuse beds (4 adult, 4 child/adolescent) upon project completion/ Forsyth County

CONDITIONS: See Reverse Side

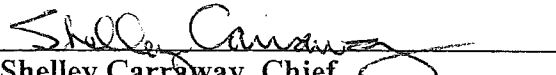
**PHYSICAL LOCATION: Old Vineyard Behavioral Health Services
3637 Old Vineyard Road
Winston-Salem, NC 27104**

MAXIMUM CAPITAL EXPENDITURE: \$13,782,834

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 31, 2016

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


Shelley Carraway, Chief

CONDITIONS:

1. Keystone WSNC, LLC and Universal Health Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. Keystone WSNC, LLC and Universal Health Services, Inc. shall relocate no more than 60 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 to Old Vineyard Behavioral Health Services for a total licensed bed complement of no more than 52 adolescent inpatient psychiatric beds and 104 adult inpatient psychiatric beds.
3. Keystone WSNC, LLC and Universal Health Services, Inc. shall accept patients requiring involuntary admission for adult inpatient psychiatric services at Old Vineyard Behavioral Health Services.
4. Keystone WSNC, LLC and Universal Health Services, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. Keystone WSNC, LLC and Universal Health Services, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by Agency on July 20, 2015.

TIMETABLE:

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

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11078-15

FID #: 070389

ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Mint Hill 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 four dialysis stations for a total of no more than 16 stations upon completion of this project and Project ID #F-11020-15 (add one station)/ Mecklenburg County

CONDITIONS: See Reverse Side

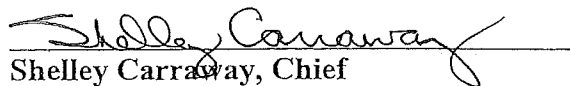
PHYSICAL LOCATION: Mint Hill Dialysis Center
11308 Hawthorne Drive
Mint Hill, NC 28227

MAXIMUM CAPITAL EXPENDITURE: \$79,941

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE:

This certificate is effective as of the 9th day of February, 2016


Shelley Carraway, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis Center shall develop and operate no more than four additional dialysis stations for a total of no more than 16 certified stations upon completion of this project and Project I.D. #F-11020-15 (add one station) which shall include any isolation or home hemodialysis stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis Center shall install plumbing and electrical wiring through the walls for no more than 16 certified dialysis stations upon completion of this project and Project I.D. #F-11020-15 (add one station) which shall include any home hemodialysis training or isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill 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 February 4, 2016.

TIMETABLE:

| | | |
|--------------------------------|-------|------------------|
| Ordering of Medical Equipment | _____ | August 15, 2016 |
| Operation of Medical Equipment | _____ | November 1, 2016 |
| Certification | _____ | 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-11082-15

FID #: 956055

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

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

SCOPE: Add no more than two dialysis stations for a total of no more than 34 certified dialysis stations upon completion of this project, Project ID #O-10324-14 (relocate 10 stations), Project ID #O-10346-14 (add 10 stations) and Project ID #O-11018-15 (add 3 stations)/ New Hanover County

CONDITIONS: See Reverse Side

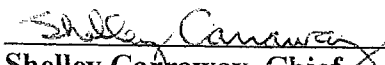
**PHYSICAL LOCATION: Southeastern Dialysis Center-Wilmington
2215 Yaupon Drive
Wilmington, NC 28401**

MAXIMUM CAPITAL EXPENDITURE: \$20,733

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 15, 2016

This certificate is effective as of the 2nd day of February, 2016



Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall add no more than two dialysis stations at Southeastern Dialysis Center-Wilmington for a total of no more than 34 certified dialysis stations which shall include any home hemodialysis training or isolation stations.
3. Prior to issuance of the certificate of need, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall submit a letter documenting that the funds necessary for the capital costs of the project will be committed to development of the project.
4. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter documenting that funds necessary for the capital costs of the project have been committed to the project was received by the Agency on January 16, 2016.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 2, 2016.

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 #: K-11087-15

FID #: 120225

**ISSUED TO: DVA Renal Healthcare, Inc.
d/b/a Roxboro 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 two dialysis stations for a total of no more than 37 dialysis stations upon completion of this project/ Person County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Roxboro Dialysis Center
718 Ridge Road
Roxboro, NC 27573**

MAXIMUM CAPITAL EXPENDITURE: \$33,858

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2016

This certificate is effective as of the 9th day of February, 2016



Shelley Carraway, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Roxboro Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Roxboro Dialysis shall add no more than two dialysis stations at Roxboro Dialysis for a total of no more than 37 certified dialysis stations which shall include any home hemodialysis training or isolation stations upon project completion.
3. DVA Renal Healthcare, Inc. d/b/a Roxboro 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 February 4, 2016.

TIMETABLE:

| | |
|-------------------------------------|------------------|
| Operation of Equipment _____ | November 1, 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 #: N-10284-14

FID #: 140145

ISSUED TO: Community Outreach Youth Services, Inc.
7935 Highway 74 West
Rowland, NC 28383

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 8 child/adolescent chemical dependency treatment beds pursuant to the need determination in the 2014 State Medical Facilities Plan/ Robeson County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Community Outreach Youth Services
177 Cardinal Avenue
Lumberton, NC 28360

MAXIMUM CAPITAL EXPENDITURE: \$250,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2016

This certificate is effective as of the 4th day of February, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Community Outreach Youth Services, LLC shall materially comply with all representations made in the application and the supplemental materials received on November 18, 2015. In those instances where representations conflict, Community Outreach Youth Services, LLC shall materially comply with the last made representation.
2. Community Outreach Youth Services, LLC shall develop no more than 8 child/adolescent chemical dependency treatment beds pursuant to the need determination in the 2014 State Medical Facilities Plan.
3. The total approved capital expenditure shall be \$250,000.
4. The proposed facility will be licensed pursuant to 10A NCAC 27G .3400.

TIMETABLE:

Submit Plans to the Construction Section, DHSR _____ March 31, 2016
Submit License Applications to the
Mental Health Licensure and Certification Section, DHSR _____ June 30, 2016
Licensure of Facility _____ September 30, 2016
Occupancy/Offering of Service _____ October 31, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: N-10321-14

FID #: 140332

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 St. Pauls Dialysis Center, a 10-station dialysis facility, to Maxton and rename it Maxton Dialysis/ Robeson County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Maxton Dialysis
102 Pine Street
Maxton, NC 28364

MAXIMUM CAPITAL EXPENDITURE: \$1,701,984

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 9, 2016

This certificate is effective as of the 9th day of February, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Maxton Dialysis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Maxton Dialysis shall develop and operate no more than ten dialysis stations at Maxton Dialysis which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Maxton Dialysis shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations which shall include any home hemodialysis training or isolation stations.
4. After certification of the ten (10) relocated dialysis stations at Maxton Dialysis, Total Renal Care of North Carolina, LLC d/b/a St. Pauls Dialysis shall take steps to decertify ten (10) stations at St. Pauls Dialysis upon completion of this project.
5. Total Renal Care of North Carolina, LLC d/b/a Maxton Dialysis 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 17, 2014.

TIMETABLE:

| | |
|--|-------------------|
| Final Drawings Submitted to Construction Section, DHSR | August 15, 2016 |
| Construction Contract Awarded | September 1, 2016 |
| 25% Completion of Construction | October 15, 2016 |
| Ordering Equipment | November 15, 2016 |
| 50% Completion of Construction | December 1, 2016 |
| 75% Completion of Construction | January 15, 2017 |
| Arrival of Equipment | January 15, 2017 |
| Completion of Construction | March 1, 2017 |
| Occupancy/Offering of Services | March 20, 2017 |
| Certification of Stations | April 1, 2018 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11083-15

FID #: 955844

**ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Dialysis Care of Rockingham County
2321 West Morehead Street
Charlotte, NC 28208**

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

SCOPE: Add no more than two dialysis stations for a total of no more than 25 stations upon project completion/ Rockingham County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Dialysis Care of Rockingham County
251 W. Kings Highway
Eden, NC 27288**

MAXIMUM CAPITAL EXPENDITURE: \$33,698

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2016

This certificate is effective as of the 27th day of February, 2016

Martha J. Frusone for
Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rockingham County shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rockingham County shall develop and operate no more than two additional dialysis stations for a total of no more than 25 certified stations upon project completion which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rockingham County 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 February 4, 2016.

TIMETABLE:

| | |
|--------------------------------------|------------------|
| Ordering of Medical Equipment _____ | August 15, 2016 |
| Operation of Medical Equipment _____ | November 1, 2016 |
| Occupancy/Offering of Services _____ | January 1, 2017 |
| Certification _____ | January 1, 2017 |

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: K-11081-15

FID #: 944655

**ISSUED TO: DVA Renal Healthcare, Inc.
d/b/a Vance County Dialysis
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 two dialysis stations for a total of no more than 35 dialysis stations upon completion of this project and Project ID #K-10124-13 (relocate 16 existing stations from Vance County Dialysis to develop Kerr Lake Dialysis)/ Vance County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Vance County Dialysis
854 S. Beckford Drive
Henderson, NC 27536**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2017

This certificate is effective as of the 9th day of February, 2016



Shelley Carraway, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Vance County Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Vance County Dialysis shall add no more than two dialysis stations at Vance County Dialysis for a total of no more than 35 certified dialysis stations upon completion of Project I.D. # K-10124-13 (relocate 16 stations from Vance County Dialysis to develop Kerr Lake Dialysis) and this project, which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. d/b/a Vance County 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 February 4, 2016.

TIMETABLE:

| | |
|-------------------------------------|-----------------|
| Occupancy/Offering of Service _____ | January 1, 2017 |
| Certification of Stations _____ | January 1, 2017 |