

**Certificate of Need
Certificates
March 2016**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Alamance	G-011089-15	North Burlington Dialysis	100785	ESRD	Add 6 dialysis stations for a total of 22 stations upon completion of this project and Project ID #G-10265-14 (relocate 2 stations) and Project ID #G-11015-15 (add 2 stations)	2/19/2016	3/22/2016	\$851,000
Burke	E-011102-15	Burkeview Manor	150436	ACH	Relocate and replace 63 ACH beds from Longview Assisted Living	2/5/2016	3/8/2016	\$7,941,044
Cabarrus	F-011101-15	Cabarrus Manor	140292	ACH	Change of scope for Project ID #s F-10311-14 (relocate and replace 48 ACH beds) and F-10263-14 (relocate and replace 60 ACH beds) by relocating and replacing 25 ACH beds for a total of 133 ACH beds upon completion of all three projects	2/26/2016	3/29/2016	\$4,897,132
Edgecombe	L-11067-15	FMS ENA Home, LLC	150397	ESRD	Develop a new freestanding home dialysis training and support program for peritoneal dialysis patients	1/28/2016	3/28/2016	\$618,726
Gaston	F-011107-15	BMA Kings Mountain	150476	ESRD	Relocate the facility and add space for home training upon completion of this project and Project ID #F-11096-15 for a total of 16 stations	2/26/2016	3/29/2016	\$1,999,933
Guilford	G-011104-15	Cone Health	943494	HOSPITAL	Relocate the acute care beds and operating rooms from Women's Hospital to the Cone Campus on Elm Street. As part of this project, 23 acute care beds and 4 ORs will be de-licensed. Upon completion of this project and Project ID# G-11103-15, the hospital (all campuses) will be licensed for 754 acute care beds and 46 ORs (4 dedicated IP, 29 shared and 13 dedicated OP)	2/5/2016	3/8/2016	\$134,460,190
Guilford	G-011103-15	Wesley Long Community Hospital, Inc.	933540	HOSPITAL	Renovate existing space and construct space for a surgical suite, post anesthesia care unit (PACU) with surgical support space. Four ORs will be de-licensed as part of this project. Upon completion of this project and Project ID# G-11104-15, the hospital (all campuses) will be licensed for 46 ORs (4 dedicated IP, 29 shared and 13 dedicated OP)	1/29/2016	3/1/2016	\$38,528,414
Hertford	Q-011114-15	Vidant Roanoke-Chowan Hospital Radiation Oncology Center	150507	HOSPITAL	Replace existing linear accelerator	1/29/2016	3/1/2016	\$2,123,129
Lenoir	P-011117-15	Lenoir Memorial Hospital, Inc.	933304	HOSPITAL	Replace existing linear accelerator	2/9/2016	3/11/2016	\$3,438,692

**Certificate of Need
Certificates
March 2016**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-011099-15	Fresenius Medical Care Aldersgate	150435	ESRD	Develop a new 10-station dialysis facility by relocating four dialysis stations from BMA West Charlotte and six stations from FMC Charlotte	2/26/2016	3/29/2016	\$1,634,575
Mecklenburg	F-011109-15	Brookshire Dialysis	150477	ESRD	Develop a new dialysis facility by relocating 10 stations from Charlotte Dialysis	2/26/2016	3/29/2016	\$3,491,776
Mecklenburg	F-011079-15	Charlotte East Dialysis Center	001554	ESRD	Add eight dialysis stations for a total of 34 dialysis stations upon completion of project	1/29/2016	3/1/2016	\$134,032
Pitt	Q-011111-15	Carolina Breast Imaging Specialist	150501	DXCTR	Develop a new diagnostic center by upgrading the existing 2D mammography system to a 3D mammography system	2/18/2016	3/22/2016	\$100,196
Pitt	Q-011116-15	Leo Jenkins Cancer Center	100878	LINAC	Replace existing linear accelerator	2/17/2016	3/21/2016	\$3,571,646
Richmond	H-011080-15	Dialysis Care of Richmond County	955843	ESRD	Add 3 stations (develop one new dialysis station via facility need and relocate two existing stations from Dialysis Care of Moore County and) for a total of 30 dialysis stations upon completion	2/5/2016	3/8/2016	\$0
Robeson	N-011077-15	Maxton Dialysis	140332	ESRD	Relocate 4 dialysis stations from DC Hoke County for a total of 14 stations upon completion of this project and Project ID #N-10321-14 (relocate St. Pauls to Maxton Dialysis)	2/5/2016	3/8/2016	\$71,016
Robeson	N-011098-15	Fresenius Medical Care St Pauls	060514	ESRD	Add five dialysis stations for a total of 20 dialysis stations upon completion of this project	2/5/2016	3/8/2016	\$1,694,575
Total	17							

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #G-11089-15

FID #100785

**ISSUED TO: Total Renal Care Inc.
d/b/a North Burlington Dialysis
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 6 dialysis stations for a total of no more than 22 dialysis stations upon completion of this project, and all the following projects: I.D. #G-10265-14 (relocate 2 existing stations to Graham Dialysis), I.D. #G-10352-14 (add 3 stations) and I.D. #G-11015-15 (add 2 stations)/ Alamance County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: North Burlington Dialysis
2019 N. Church Street
Burlington, NC 27217**

MAXIMUM CAPITAL EXPENDITURE: \$851,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2016

This certificate is effective as of the 22nd day of March, 2016



Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care, Inc. d/b/a North Burlington Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care, Inc. d/b/a North Burlington Dialysis Center shall add no more than 6 dialysis stations for a total of no more than 22 certified dialysis stations upon completion of Project I.D. #G-10265-14 (relocate 2 stations), Project I.D. #G-10352-14 (add 3 stations), Project I.D. #G-11015-15 (add 2 stations) and this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care, Inc. d/b/a North Burlington 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 March 1, 2016.

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 #: E-11102-15

FID #: 150436

ISSUED TO: Burkeview, LLC
Morganton Opco Holdings, LLC
PO 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: Replace and relocate 63 adult care home beds from Longview Assisted Living to a new location/ Burke County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Burkeview Manor
401 Bost Road
Morganton, NC 28655

MAXIMUM CAPITAL EXPENDITURE: \$7,941,044

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2016

This certificate is effective as of the 8th day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. **Burkeview, LLC, and Morganton Opco Holdings, LLC shall materially comply with all representations made in the certificate of need application and supplemental information received January 5, 2016, and January 19, 2016. In those instances where representations conflict, Burkeview, LLC, and Morganton Opco Holdings, LLC shall materially comply with the last made representation.**
2. **Burkeview, LLC, and Morganton Opco Holdings, LLC shall construct a replacement adult care home facility which shall be licensed for no more than 63 adult care home beds upon completion of the proposed project.**
3. **Burkeview, LLC, and Morganton Opco Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application and supplemental information received January 5, 2016, and January 19, 2016.**
4. **For the first two years of operation following completion of the project, Burkeview, LLC, and Morganton Opco Holdings, 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 in the certificate of need application.**
5. **Burkeview, LLC, and Morganton Opco Holdings, LLC, shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
6. **Burkeview, LLC, and Morganton Opco 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 February 18, 2016.

TIMETABLE:

Construction Contract Awarded _____	May 20, 2016
Final Drawings and Specifications sent to Construction, DHSR _____	June 29, 2016
Acquisition of Land/Facility _____	August 9, 2016
25% Completion of Construction _____	December 30, 2016
50% Completion of Construction _____	April 28, 2017
75% Completion of Construction _____	June 30, 2017
Completion of Construction _____	August 18, 2017
Occupancy/Offering of Services _____	October 1, 2017
Licensure _____	October 1, 2017
Certification _____	October 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11101-15

FID #: 140292

ISSUED TO: Cabarrusco, LLC
Cabarrus AL Holdings, LLC
PO 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: Change of scope for Project ID #F-10311-14 (relocate and replace 48 ACH beds from Concord House) and Project ID #F-10263-14 (relocate and replace 60 ACH beds from Kannapolis Village) by relocating and replacing the 25 ACH beds at St. Andrews to Cabarrus Manor. Upon completion of all three projects Cabarrus Manor will be licensed for 133 ACH beds/ Cabarrus County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Cabarrus Manor
4821 Kannapolis Parkway
Kannapolis, NC 28081

MAXIMUM CAPITAL EXPENDITURE: \$4,897,132

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2016

This certificate is effective as of the 29th day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Cabarrusco, LLC and Cabarrus AL Holdings, LLC shall materially comply with all representations made in the certificate of need application.
2. Upon completion of this project (relocate and replace 25 ACH beds), Project ID# F-10263-14 (relocate and replace 60 ACH beds) and Project ID F-10311-14 (relocate and replace 48 ACH beds) Cabarrus Manor shall be licensed for no more than 133 ACH beds.
3. For the first two years of operation following completion of the project, Cabarrus Manor 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.
4. Cabarrus Manor shall provide care to recipients of State/County Special Assistance with Medicaid for the facility, commensurate with representations made in Section VI. 2 and Exhibit L.
5. The total capital cost for this project shall be \$4,897,132.
6. Cabarrusco, LLC and Cabarrus AL Holdings, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicants' representations in the written statement as described in paragraph one of Policy GEN-4.
7. Cabarrusco, LLC and Cabarrus AL Holdings, 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 Agency on March 14, 2016.

TIMETABLE:

Construction Contract Awarded _____	May 20, 2016
Preliminary Drawings Submitted to the Construction Section, DHSR _____	May 31, 2016
Final Drawings Approved by the Construction Section, DHSR _____	July 29, 2016
Building Permit Obtained _____	August 12, 2016
Site Preparation _____	September 5, 2016
25% Completion of Construction _____	December 30, 2016
50% Completion of Construction _____	April 28, 2017
75% Completion of Construction _____	June 30, 2017
Completion of Construction _____	August 18, 2017
Licensure of Facility/Medicare/Medicaid Certification _____	October 1, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #L-11067-15

FID #150397

ISSUED TO: FMS ENA Home, LLC
2800 Breezewood Avenue, Suite 200
Fayetteville, NC 28303

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 freestanding home dialysis training and support program for peritoneal dialysis patients/ Edgecombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMS ENA Home, LLC
123 Hospital Lane
Tarboro, NC 27803

MAXIMUM CAPITAL EXPENDITURE: \$618,726

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2016

This certificate is effective as of the 28th day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. FMS ENA Home, LLC shall materially comply with all representations made in the certificate of need application and in the supplemental materials submitted on February 29, 2016. In those instances where representations conflict, FMS ENA Home, LLC shall materially comply with the last made representation.
2. FMS ENA Home, LLC shall establish a kidney disease treatment center to provide only home peritoneal dialysis (PD) training and support services.

TIMETABLE:

Completion of Drawings and Specifications _____	June 2, 2016
Contract Award _____	July 2, 2016
50% of Construction Completed _____	September 30, 2016
Construction Complete _____	November 29, 2016
Occupancy /Offering 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-11107-15

FID #: 150476

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA Kings Mountain
2800 Breezewood Avenue
Fayetteville, NC 28303**

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

SCOPE: Relocate the facility to a new location and add space for home peritoneal dialysis and home hemodialysis training and support for a total of 16 dialysis stations and a home therapies program upon completion of this project and Project ID #F-11096-15 (add 2 dialysis stations for a total of 16 dialysis stations)/ Gaston County

CONDITIONS: See Reverse Side

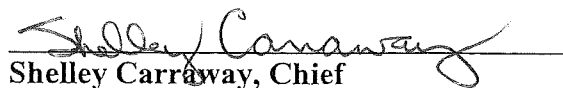
**PHYSICAL LOCATION: BMA Kings Mountain
01 Canterbury Road
Kings Mountain, NC 28086**

MAXIMUM CAPITAL EXPENDITURE: \$1,999,933

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2016

This certificate is effective as of the 29th day of March, 2016


Shelley Carraway, 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 and in supplemental information provided. In those instances where representations conflict, Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Kings Mountain shall materially comply with the last made representation.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Kings Mountain shall develop and operate no more than 16 certified dialysis stations in the replacement facility which includes the two stations approved in Project ID #F-11096-15, including any home hemodialysis training or isolation stations.
3. 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 March 9, 2016.

TIMETABLE:

Contract Award _____	April 30, 2016
25% Completion of Construction _____	July 14, 2016
50% Completion of Construction _____	September 12, 2016
75% Completion of Construction _____	October 27, 2016
Completion of Construction _____	November 26, 2016
Occupancy/Offering of Service _____	December 31, 2016
Certification of Stations _____	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-11104-15

FID #: 943494

ISSUED TO: The Moses H. Cone Memorial Hospital
The Moses H. Cone Memorial Hospital Operating Corporation
1200 North Elm 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: Relocate the acute care beds and operating rooms from Women's Hospital to the Cone Campus on Elm Street (See conditions 2 and 3 for the number of beds and ORs upon project completion)/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cone Health
1200 North Elm Street
Greensboro, NC 27401

MAXIMUM CAPITAL EXPENDITURE: \$134,460,190

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2017

This certificate is effective as of the 8th day of March, 2016

Martha J. Frisore for
Shelley Carraway, Chief

CONDITIONS:

1. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application and the clarifying information received on January 28, 2016. In those instances where representations conflict, The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with the last-made representation.
2. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall de-license 23 acute care beds and 4 operating rooms from The Moses H. Cone Memorial Hospital/Women's Hospital at project completion.
3. At completion of this project and the concurrently filed Project ID #G-11103-15, Cone Health, License #H0159, will be licensed for a total of no more than 754 acute care beds and 46 operating rooms, shown as follows.

**Cone Health-Greensboro
Licensed Acute Care Beds and Operating Rooms**

	Moses Cone	Wesley Long	Moses Cone Surgery Center	Wesley Long Surgery Center	Total
Acute Care Beds	579	175	0	0	754
Operating Rooms*	18	10	8	5	41
Excluded Operating Rooms**	5	0	0	0	5
Total Operating Rooms**	23	10	8	5	46

* Excludes open heart and trauma

**Includes four dedicated open heart ORs and one trauma OR

4. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 that would otherwise require a certificate of need.
5. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 applicants' representations in the written statement as described in paragraph one of Policy GEN-4.
6. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 February 29, 2016.

TIMETABLE:

Contract Award	August 1, 2017
Approval of Final Drawings by the Construction Section, DHSR	November 30, 2017
25% Completion of Construction	March 30, 2018
50% Completion of Construction	January 31, 2019
75% Completion of Construction	July 31, 2019
Completion of Construction	May 29, 2020
Occupancy/Offering of Service/Operation of Equipment	September 30, 2020

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11103-15

FID #: 933540

ISSUED TO: The Moses H. Cone Memorial Hospital
and The Moses H. Cone Memorial Hospital Operating Corporation
1200 North Elm 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: Renovate existing space and construct space for a surgical suite, post anesthesia care unit (PACU) with surgical support space. Four ORs will be de-licensed as part of this project. Upon completion of this project and project ID #G-11104-15, the hospital (all campuses) will be licensed for 46 ORs (4 dedicated IP, 29 shared and 13 dedicated OP)/ Guilford County

CONDITIONS: See Reverse Side

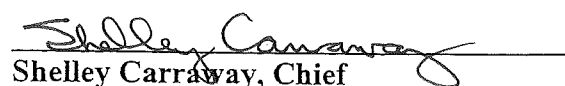
PHYSICAL LOCATION: Wesley Long Community Hospital, Inc.
501 N. Elam Avenue
Greensboro, NC 27403

MAXIMUM CAPITAL EXPENDITURE: \$38,528,414

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2016

This certificate is effective as of the 1st day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application.
2. Upon completion of this project, Wesley Long shall be licensed for 10 operating rooms and one procedure room. At completion of this project and Project I.D. #G-11104-15, Cone Health, License #HO159, shall be licensed for 46 operating rooms, as shown below.

**Cone Health-Greensboro
Licensed Operating Rooms**

	Moses Cone	Wesley Long	Moses Cone Surgery Center	Wesley Long Surgery Center	Total
Operating Rooms*	18	10	8	5	41
Excluded Operating Rooms**	5	0	0	0	5
Total Operating Rooms**	23	10	8	5	46

* Excludes open heart and trauma

**Includes four dedicated open heart ORs and one trauma OR

3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall not perform gastrointestinal endoscopy procedures in the procedure room.
4. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 that would otherwise require a certificate of need.
5. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 applicants' representations in the written statement as described in paragraph one of Policy GEN-4.
6. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 February 29, 2016.

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR _____ October 31, 2016

PHASE I – New Construction

25% Completion of Construction _____ December 31, 2016

50% Completion of Construction _____ April 30, 2017

75% Completion of Construction _____ September 30, 2017

Completion of Construction _____ December 31, 2017

Occupancy/Offering of Service/Licensure of Facility _____ February 1, 2018

PHASE II - Renovations

25% Completion of Construction _____ April 30, 2018

50% Completion of Construction _____ August 31, 2018

75% Completion of Construction _____ December 31, 2018

Completion of Construction _____ March 31, 2019

Occupancy/Offering of Service/ Licensure of Facility _____ September 30, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: Q-11114-15

FID #: 150507

ISSUED TO: East Carolina Health
d/b/a Vidant Roanoke-Chowan Hospital Radiation Oncology Center and
Radiation Services of North Carolina, LLC
PO Box 6028
Greenville, NC 27835-6028

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

SCOPE: Replace existing linear accelerator/ Hertford County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Vidant Roanoke-Chowan Hospital Radiation Oncology Center
310 S. Academy Street
Ahoskie, NC 27910

MAXIMUM CAPITAL EXPENDITURE: \$2,123,129

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2016

This certificate is effective as of the 1st day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. East Carolina Health d/b/a Vidant Roanoke-Chowan Hospital Radiation Oncology Center and Radiation Services of North Carolina, LLC shall materially comply with all representations made in the certificate of need application and the clarifying supplemental information dated January 5, 2016. In those instances where representations conflict, East Carolina Health d/b/a Vidant Roanoke-Chowan Hospital Radiation Oncology Center and Radiation Services of North Carolina, LLC shall materially comply with the last-made representation.
2. East Carolina Health d/b/a Vidant Roanoke-Chowan Hospital Radiation Oncology Center and Radiation Services of North Carolina, LLC shall acquire no more than one linear accelerator to replace the existing linear accelerator located at Vidant Roanoke-Chowan Hospital Radiation Oncology Center.
3. East Carolina Health d/b/a Vidant Roanoke-Chowan Hospital Radiation Oncology Center and Radiation Services of North Carolina, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
4. East Carolina Health d/b/a Vidant Roanoke-Chowan Hospital Radiation Oncology Center and Radiation Services of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 23, 2016.

TIMETABLE:

Contract Award	October 5, 2016
25% Completion of Construction	October 24, 2016
50% Completion of Construction	November 9, 2016
75% Completion of Construction	November 28, 2016
Completion of Construction	December 14, 2016
Occupancy/Offering of Services/Operation of Equipment	February 8, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: P-11117-15

FID #: 933304

ISSUED TO: Lenoir Memorial Hospital, Inc.
100 Airport Road
Kinston, NC 28501

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 existing linear accelerator/ Lenoir County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Lenoir Memorial Hospital, Inc.
100 Airport Road
Kinston, NC 2850128211

MAXIMUM CAPITAL EXPENDITURE: \$3,438,692

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 31, 2016

This certificate is effective as of the 11th day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Lenoir Memorial Hospital, Inc. shall materially comply with all representations made in the certificate of need application.
2. Lenoir Memorial Hospital, Inc. shall acquire no more than one linear accelerator to replace the existing linear accelerator located at Lenoir Memorial Cancer Center. Upon project completion, Lenoir Memorial Hospital shall own and operate no more than one linear accelerator.
3. Lenoir Memorial Hospital, Inc. shall dispose of the existing Lenoir Memorial Hospital linear accelerator by removing it from North Carolina.
4. Lenoir Memorial Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application, and that would otherwise require a certificate of need.
5. Lenoir Memorial Hospital, Inc. 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 23, 2016.

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR _____	June 15, 2016
25% Completion of Construction _____	July 15, 2016
50% Completion of Construction _____	August 1, 2016
75% Completion of Construction _____	August 15, 2016
Completion of Construction _____	September 1, 2016
Occupancy/Offering of Service/Operation of Equipment _____	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-11099-15

FID #: 150435

ISSUED TO: Bio-Medical Applications of North Carolina, Inc
d/b/a Fresenius Medical Care Aldersgate
2800 Breezewood Avenue, Suite 200
Fayetteville, NC 28303

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

SCOPE: Develop a new 10-station dialysis facility by relocating four dialysis stations from BMA West Charlotte and six dialysis stations from FMC Charlotte/Mecklenburg County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Fresenius Medical Care Aldersgate
3201 Bishops Way Lane
Charlotte, NC 28215

MAXIMUM CAPITAL EXPENDITURE: \$1,634,575

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2016

This certificate is effective as of the 29th day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Aldersgate shall materially comply with all representations made in the certificate of need application and supplemental responses. In those instances where representations conflict, Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Aldersgate shall materially comply with the last-made representation.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Aldersgate shall relocate no more than four dialysis stations from BMA West Charlotte and six dialysis stations from FMC Charlotte for a total of no more than 10 certified stations, which shall include any home hemodialysis or isolation stations, upon completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Aldersgate shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify four dialysis stations at BMA West Charlotte and six stations at FMC Charlotte, for a total of no more than 25 dialysis stations at BMA West Charlotte and 37 stations at FMC Charlotte upon project completion.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Aldersgate 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 March 9, 2016.

TIMETABLE:

Completion of Final Drawings and Specifications _____	June 1, 2016
25% Completion of Construction _____	October 29, 2016
50% Completion of Construction _____	January 12, 2017
75% Completion of Construction _____	March 28, 2017
Completion of Construction _____	June 11, 2017
Occupancy/Offering of Service _____	June 30, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11109-15

FID #: 150477

ISSUED TO: DVA Healthcare Renal Care, Inc.
2321 West Morehead Street
Charlotte, NC 28208

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

SCOPE: Develop a new dialysis facility by relocating 10 stations from Charlotte Dialysis/Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Brookshire Dialysis
3401 Brookshire Boulevard
Charlotte, NC 28216

MAXIMUM CAPITAL EXPENDITURE: \$3,491,776

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 31, 2016

This certificate is effective as of the 29th day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. (DVA) d/b/a Brookshire Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. (DVA) d/b/a Brookshire Dialysis shall relocate no more than 10 dialysis stations from Charlotte Dialysis.
3. DVA Healthcare Renal Care, Inc. (DVA) d/b/a Brookshire Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. DVA Healthcare Renal Care, Inc. (DVA) d/b/a Brookshire Dialysis shall take the necessary steps to decertify 10 dialysis stations at Charlotte Dialysis for a total of no more than 26 dialysis stations at Charlotte Dialysis upon project completion.
5. DVA Healthcare Renal Care, Inc. (DVA) d/b/a Brookshire 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 March 25, 2016.

TIMETABLE:

Contract Award _____	April 1, 2017
50% Completion of Construction _____	July 16, 2017
Completion of Construction _____	September 30, 2017
Occupancy/Offering of Service _____	January 1, 2018

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: F-11079-15

FID #: 001554

**ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Charlotte East 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 eight dialysis stations for a total of no more than 34 stations upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Charlotte East Dialysis Center
5627 Albemarle Road
Charlotte, NC 28212**

MAXIMUM CAPITAL EXPENDITURE: \$134,032

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2016

This certificate is effective as of the 1st day of March, 2016

Martha Q. Frusone for
Shelley Carraway, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall develop and operate no more than eight additional dialysis stations for a total of no more than 34 certified stations which shall include any isolation or home hemodialysis stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East 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 March 1, 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 #Q-11111-15

FID #150501

ISSUED TO: Carolina Breast Imaging, LLC
990 Johns Hopkins Drive
Greenville, NC 27834

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 diagnostic center by upgrading an existing 2D mammography system to a 3D mammography system/ Pitt County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Carolina Breast Imaging Specialists
990 Johns Hopkins Drive
Greenville, NC 27834

MAXIMUM CAPITAL EXPENDITURE: \$100,196

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2016

This certificate is effective as of the 22nd day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Carolina Breast Imaging, LLC shall materially comply with all representations made in the certificate of need application.
2. Carolina Breast Imaging, LLC 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.
3. Carolina Breast Imaging, 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 Agency on February 26, 2016.

TIMETABLE:

Operation of Equipment _____ May 19, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #Q-11116-15

FID #100878

ISSUED TO: NewCo Cancer Services, LLC AND Vidant Radiation Oncology, LLC
600 Moye Boulevard 2270 Colonial Boulevard
Greenville NC 27834 Fort Myers, FL 33907

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 a linear accelerator / Pitt County

CONDITIONS: See Reverse Side

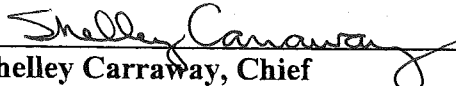
PHYSICAL LOCATION: Leo Jenkins Cancer Center
600 Moye Boulevard
Greenville NC 27834

MAXIMUM CAPITAL EXPENDITURE: \$3,571,646

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2016

This certificate is effective as of the 19th day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Vidant Radiation Oncology, LLC and NewCo Cancer Services, LLC d/b/a Leo Jenkins Cancer Center shall materially comply with all representations made in the certificate of need application.
2. Vidant Radiation Oncology, LLC and NewCo Cancer Services, LLC d/b/a Leo Jenkins Cancer Center shall acquire no more than one linear accelerator to replace the existing linear accelerator for a total of no more than two linear accelerators upon project completion. The applicants shall dispose of the existing linear accelerator by removing it from North Carolina.
3. Vidant Radiation Oncology, LLC and NewCo Cancer Services, LLC d/b/a Leo Jenkins Cancer Center 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. Vidant Radiation Oncology, LLC and NewCo Cancer Services, LLC d/b/a Leo Jenkins Cancer 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 March 1, 2016.

TIMETABLE:

Contract Award	_____	July 1, 2016
Occupancy/Offering	_____	October 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #H-11080-15

FID #955843

ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Dialysis Care of Richmond County
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: Relocate no more than 2 dialysis stations from Dialysis Care of Moore County and add no more than 1 station for a total of no more than 30 dialysis stations upon project completion/ Richmond County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Dialysis Care of Richmond County
771 Cheraw Road
Hamlet, NC 28345

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2016

This certificate is effective as of the 8th day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond 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 Richmond County shall relocate no more than two existing dialysis stations from Dialysis Care of Moore County and add no more than one new dialysis station at Dialysis Care of Richmond County for a total of no more than 30 certified dialysis stations which shall include any home hemodialysis training or isolation stations upon project completion.
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond 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 March 1, 2016.

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 #N-11077-15

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: Add no more than 4 dialysis stations by relocating no more than 4 stations from Dialysis Care of Hoke County for a total of no more than 14 stations upon completion of this project and Project I.D. # N-10321-14/ Robeson County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: \$71,016

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2016

This certificate is effective as of the 8th day of March, 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 four additional dialysis stations for a total of no more than 14 certified stations upon completion of this project and Project I.D. # N-10321-14, which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify four stations at Dialysis Care of Hoke County for a total of no more than 24 stations upon completion of this project.
4. 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 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 March 1, 2016.

TIMETABLE:

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-11098-15

FID #060514

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 5 dialysis stations for a total of no more than 20 stations/
Robeson County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: FMC St. Pauls
153 E. McLean Street
St. Pauls, NC 28384

MAXIMUM CAPITAL EXPENDITURE: \$1,694,575

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2016

This certificate is effective as of the 8th day of March, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC St. Pauls 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 St. Pauls shall develop and operate no more than five additional dialysis stations for a total of no more than 20 certified stations upon completion of the project, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC St. Pauls 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 16, 2016.

TIMETABLE:

Contract Award	_____	June 21, 2016
50% Completion of Construction	_____	October 4, 2016
Certification of Stations	_____	December 31, 2016