

**Certificate of Need
Certificates Issued
June 2016**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Bladen	N-011130-16	Bladenboro Dialysis	160065	ESRD	Develop a new dialysis facility by relocating 10 stations from Southeastern Dialysis Center-Elizabethtown	5/10/2016	6/10/2016	\$1,664,359
Caswell	G-011145-16	Renal Care Group-Caswell	960925	ESRD	Add one dialysis station for a total of 11 dialysis stations upon project completion	5/10/2016	6/10/2016	\$5,200
Davidson	G-011134-16	Thomasville Dialysis Center	020758	ESRD	Add 8 dialysis stations (4 based on facility need methodology and 4 relocated from High Point Kidney Center) for a total of 32 dialysis stations upon project completion	5/12/2016	6/14/2016	\$862,000
Durham	J-011128-16	Veritas Collaborative	140239	MHH	Relocate existing child/adolescent psychiatric hospital to another location within the county	5/6/2016	6/7/2016	\$9,066,066
Duplin	P-011157-16	Wallace Dialysis Center	060249	ESRD	Add two dialysis stations for a total of 15 stations upon completion of this project and Project I.D. #O-011086-15 (relocate 3 stations)			
Forsyth	G-010291-14	Salemtowne	140416	NH	Replace nursing facility and develop 16 additional nursing facility beds pursuant to Policy NH-2 and 20 memory support adult care home beds pursuant to Policy LTC-1	7/31/2014	6/8/2016	\$41,928,010
Gaston	F-011138-16	BMA Kings Mountain	150476	ESRD	Add 2 dialysis stations for a total of 18 dialysis stations upon completion of this project and Project ID# F-11107-15 (relocate facility and add home training)	5/24/2016	6/24/2016	\$13,600
Guilford	G-011118-16	Solis Mammography Greensboro	160013	DXCTR	Develop a diagnostic center by acquiring three mammography units and one biopsy system, to be added to the existing mammography and diagnostic imaging equipment	4/29/2016	6/15/2016	\$1,061,849

**Certificate of Need
Certificates Issued
June 2016**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-011144-16	BMA-West Charlotte	955792	ESRD	Add 2 dialysis stations for a total of 27 dialysis stations upon completion of this project and CON Project I.D. #F-11099-15 (relocate 4 stations to FMC Aldersgate).	5/3/2016	6/3/2016	\$0
Nash	L-011142-16	FMC of Spring Hope	020870	ESRD	Add 1 dialysis station for a total of 16 stations upon project completion	5/26/2016	6/28/2016	\$5,200
Robeson	N-011136-16	BMA of Red Springs	980754	ESRD	Add three dialysis stations for a total of 15 stations upon completion of this project	5/27/2016	6/28/2016	\$13,600
Wake	J-011030-15	Strategic Behavioral Center-Garner	120089	MHH	Relocate 24 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 in the 2015 SMFP for a total of 24 adult inpatient psychiatric beds, 32 child/adolescent inpatient psychiatric beds and 36 PRTF beds upon project completion	7/15/2015	6/23/2016	\$10,500
Wake	J-011129-16	Triangle Springs	150205	MHH	Develop 22 adult chemical dependency beds pursuant to the need determination in the 2016 SMFP for a total of 34 chemical dependency beds upon completion of this project, Project ID #J-11036-15 and Project ID #J-11049-15	5/5/2016	6/7/2016	\$1,092,115
Wilson	L-011132-16	Sharpsburg Dialysis	160066	ESRD	Develop a new dialysis facility by relocating 10 stations (5 stations from Wilson Dialysis and 5 stations from Forest Hills Dialysis)	5/12/2016	6/14/2016	\$2,129,039
Total	14							

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: N-11130-16

FID #: 160065

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: Develop a new 10-station dialysis facility by relocating 10 dialysis stations from Southeastern Dialysis Center – Elizabethtown/ Bladen County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Bladenboro Dialysis
112 East Railroad Street
Bladenboro, NC 28320

MAXIMUM CAPITAL EXPENDITURE: \$1,664,359

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2016

This certificate is effective as of the 10th day of June, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Bladenboro 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 Bladenboro Dialysis shall relocate no more than 10 dialysis stations from Southeastern Dialysis Center – Elizabethtown.
3. Total Renal Care of North Carolina, LLC d/b/a Bladenboro 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. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify 10 dialysis stations at Southeastern Dialysis Center – Elizabethtown for a total of no more than 16 dialysis stations at Southeastern Dialysis Center – Elizabethtown upon project completion.
5. Total Renal Care of North Carolina, LLC d/b/a Bladenboro 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 May 16, 2016.

TIMETABLE:

Final Drawings and Specifications to Construction Section, DHSR _____	December 1, 2016
Contract Award _____	January 31, 2017
25% Completion of Construction _____	April 1, 2017
50% Completion of Construction _____	June 1, 2017
75% Completion of Construction _____	August 1, 2017
Order Equipment _____	September 1, 2017
Completion of Construction _____	October 1, 2017
Operation of Equipment _____	December 1, 2017
Occupancy/Offering of Services _____	January 1, 2018
Certification of Facility _____	January 1, 2018

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: G-11145-16

FID #: 960925

ISSUED TO: Renal Care Group of the South, Inc.
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: Add one dialysis station for a total of 11 stations upon project completion/
Caswell County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Renal Care Group-Caswell
1402 NC Highway 86 North
Yanceyville, NC 27379

MAXIMUM CAPITAL EXPENDITURE: \$5,200

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2016

This certificate is effective as of the 10th day of June, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Renal Care Group of the South, Inc. d/b/a Renal Care Group Caswell shall materially comply with all representations made in the certificate of need application.
2. Renal Care Group of the South, Inc. d/b/a Renal Care Group Caswell shall develop and operate no more than one additional dialysis station for a total of no more than 11 certified stations which shall include any isolation or home hemodialysis stations.
3. Renal Care Group of the South, Inc. d/b/a Renal Care Group Caswell shall install plumbing and electrical wiring through the walls for no more than 11 dialysis stations which shall include any isolation stations.
4. Renal Care Group of the South, Inc. d/b/a Renal Care Group Caswell 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 May 31, 2016.

TIMETABLE:

Ordering of Medical Equipment	October 17, 2016
Construction Contract Executed	October 27, 2016
25% Completion of Construction	November 10, 2016
50% Completion of Construction	November 20, 2016
75% Completion of Construction	November 30, 2016
Completion of Construction	December 7, 2016
Operation of Medical Equipment	December 22, 2016
Occupancy/Offering of Services	December 31, 2016
Certification	December 31, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #G-11134-16

FID #020758

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

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

SCOPE: Add no more than 4 dialysis stations and relocate no more than 4 existing dialysis stations from High Point Kidney Center for a total of no more than 32 stations upon project completion/ Davidson County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Thomasville Dialysis Center of Wake Forest University
854 S Beckford Drive
Henderson, NC 27536

MAXIMUM CAPITAL EXPENDITURE: \$862,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2016

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


Shelley Carraway, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall add no more than four additional dialysis stations and relocate no more than four dialysis stations from High Point Kidney Center to Thomasville Dialysis Center of Wake Forest for a total of no more than 32 dialysis stations, which shall include any home hemodialysis training or isolation stations, upon project completion.
3. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 32 stations, which shall include any home hemodialysis training or isolation stations, upon projection completion.
4. After certification of the four stations relocated to Thomasville Dialysis Center of Wake Forest University, Wake Forest University Health Sciences shall take the necessary steps to decertify four stations at High Point Kidney Center for a total of no more than 36 dialysis stations at High Point Kidney Center following completion of Project I.D. # G-10262-14 (relocate 10 stations to North Randolph Dialysis Center to develop a new facility), Project I.D. # G-11075-15 (add eight stations to High Point Kidney Center for a total of 40 stations upon project completion) and this project.
5. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 25, 2016.

TIMETABLE:

50% Completion of Construction	_____	April 15, 2017
Completion of Construction	_____	November 30, 2017
Occupancy/Offering of Service	_____	December 31, 2017
Certification of Stations	_____	December 31, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11157-16

FID #: 060249

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

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

SCOPE: Add no more than 2 dialysis stations for a total of no more than 15 stations upon completion of this project and Project ID #P-11086-15 (relocate 3 stations)/ Duplin County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Wallace Dialysis Center
5650 South NC 41 Highway
Wallace, NC 28466**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2016

This certificate is effective as of the 23rd day of June, 2016



Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care, LLC d/b/a Wallace Dialysis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care, LLC d/b/a Wallace Dialysis shall add no more than two dialysis stations for a total of no more than 15 certified dialysis stations upon completion of Project I.D. # O-11086-15 (relocate three stations) and this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care, LLC d/b/a Wallace 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 June 16, 2016.

TIMETABLE:

Completion of Final Drawings and Specifications _____	October 1, 2016
Occupancy/Offering of Service(s) _____	January 1, 2018
Certification of Stations _____	January 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11128-16

FID #110280

ISSUED TO: Veritas Collaborative, LLC
615 Douglas Street
Durham, NC 27705

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

SCOPE: Relocate existing child/adolescent psychiatric hospital to another location within Durham County/ Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Veritas Collaborative
4024 Stirrup Creek Drive
Durham, NC 27703

MAXIMUM CAPITAL EXPENDITURE: \$9,066,066

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2016

This certificate is effective as of the 7th day of June, 2016

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Veritas Collaborative, LLC shall materially comply with all representations made in the certificate of need application and in the clarifying information materials submitted during the review. In those instances where representations conflict, Veritas Collaborative, LLC shall materially comply with the last made representation.
2. Veritas Collaborative, LLC shall accept patients requiring involuntary admission for inpatient psychiatric services.
3. Veritas Collaborative, LLC shall submit to the Certificate of Need Section an annual report for each of the three full calendar years following the issuance of the certificate of need to document that at least 3.42% of annual gross revenue amounts to charity / indigent care as that term was defined by Veritas Collaborative, LLC. The report shall be submitted to the Certificate of Need Section no later than April 15th of the following year and shall contain at least the following information:
 - a) The total number of patient days of care by level (i.e., inpatient psychiatric, psychiatric residential treatment, outpatient).
 - b) The total number of patients served by level.
 - c) Total gross revenue.
 - d) The total dollar amount of charity care.
 - e) The total dollar amount of indigent care.
4. Veritas Collaborative, 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 applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
5. Veritas Collaborative, 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 May 26, 2016.

TIMETABLE:

Final Drawings Approved by the Construction Section, DHSR _____	September 1, 2016
25% Completion of Construction _____	November 1, 2016
Completion of Construction _____	December 15, 2016
Occupancy/Offering of Service(s) _____	January 1, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CORRECTED

CERTIFICATE OF NEED

for

Project Identification Number #G-10291-14

FID #140416

ISSUED TO: Moravian Home, Inc.
d/b/a Salemtowne
1000 Salemtowne Drive
Winston-Salem, NC 27106

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

SCOPE: Replace nursing facility and develop 16 additional nursing facility beds pursuant to Policy NH-1 and 20 memory support adult care home beds pursuant to Policy LTC-1/ Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Salemtowne
1550 Babcock Drive
Winston-Salem, NC 27106

MAXIMUM CAPITAL EXPENDITURE: \$41,928,010

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 31, 2015

This certificate is effective as of the 3rd day of September, 2014

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

Martha J. Frisone for
Shelley Caraway, Chief

CONDITIONS:

1. Moravian Home, Inc. d/b/a Salemtowne shall materially comply with all representations made in its certificate of need application.
2. Moravian Home, Inc. d/b/a Salemtowne shall develop no more than 16 additional nursing facility beds and 20 additional adult care home beds for a total of 100 NF and 20 ACH beds upon completion of this project and the exempt relocation/replacement and separate licensing of the 46 existing ACH beds.
3. Moravian Home, Inc. d/b/a Salemtowne shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building codes. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
4. The 16 new nursing facility beds shall not be certified for participation in the Medicaid program.
5. The 16 new nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
6. The 20 new adult care home beds shall not be certified for participation in the Medicaid program or serve State-County Special Assistance recipients.
7. The 20 new adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
8. The 16 new nursing facility beds and 20 new adult care home beds shall be developed on the same site with the independent living units.
9. Moravian Home, Inc. d/b/a Salemtowne 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 August 11, 2014.

TIMETABLE:

Completion of Final Drawings and Specifications _____	January 31, 2015
Contract Award _____	October 15, 2015
25% Completion of Construction _____	May 15, 2016
50% Completion of Construction _____	September 15, 2016
75% Completion of Construction _____	January 15, 2017
Completion of Construction _____	April 28, 2017
Licensure of Facility _____	May 28, 2017
Certification of Beds _____	June 28, 2017
Occupancy/Offering of Service _____	July 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11138-16

FID #: 150476

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
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: Add two dialysis stations for a total of 18 dialysis stations upon completion of this project/ Gaston County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: \$13,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2016

This certificate is effective as of the 24th day of June, 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.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Kings Mountain shall develop and operate no more than two additional dialysis stations at BMA Kings Mountain for a total of no more than 18 certified dialysis stations which shall include any isolation or home hemodialysis training stations upon completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Kings Mountain shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Kings Mountain shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 31, 2016.

TIMETABLE:

Completion of Final drawings and Specifications _____	September 3, 2016
25% Completion of Construction _____	October 9, 2016
Order Equipment _____	October 17, 2016
50% Completion of Construction _____	October 30, 2016
75% Completion of Construction _____	November 14, 2016
Completion of Construction _____	November 29, 2016
Occupancy/Offering of Service/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-11118-16

FID #: 160013

ISSUED TO: Solis North Carolina Diagnostic Imaging & Breast Cancer
Management, Inc.
15601 Dallas Parkway, Suite 500
Addison, TX 75001

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

SCOPE: Develop a diagnostic center by acquiring three mammography units and one biopsy system, to replace existing mammography and diagnostic imaging equipment/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Solis Mammography Greensboro
1126 N. Church Street, Suite 200
Greensboro, NC 27401

MAXIMUM CAPITAL EXPENDITURE: \$1,061,849

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2016

This certificate is effective as of the 15th day of June, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Solis North Carolina Diagnostic Imaging & Breast Cancer Management, Inc. shall materially comply with all representations made in the certificate of need application and in supplemental information provided. In those instances where representations conflict, Solis North Carolina Diagnostic Imaging & Breast Cancer Management, Inc. shall materially comply with the last made representation.
2. Solis North Carolina Diagnostic Imaging & Breast Cancer Management, Inc. shall acquire no more than three Hologic Selenia Mammography Systems and one Hologic Biopsy System.
3. Solis North Carolina Diagnostic Imaging & Breast Cancer Management, 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 or that would otherwise require a certificate of need.
4. Solis North Carolina Diagnostic Imaging & Breast Cancer Management, 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 the Agency on June 15, 2016.

TIMETABLE:

Operation of Equipment _____ June 15, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: F-11144-16

FID #: 955792

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
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: Add two dialysis stations for a total of 27 dialysis stations upon completion of this project and Project ID #F-11099-15 (relocate four stations to FMC Aldersgate)/ Mecklenburg County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: BMA West Charlotte
3057 Freedom Drive
Charlotte, NC 28208

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2016

This certificate is effective as of the 3rd day of June, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA West Charlotte shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA West Charlotte shall develop no more than two additional stations for a total of no more than 27 certified stations upon completion of Project I.D. #F-11099-15 (relocate four stations to FMC Aldersgate) and this project, which shall include any home hemodialysis or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA West Charlotte 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 May 31, 2016.

TIMETABLE:

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 #L-11142-16

FID #020872

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
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: Add no more than 1 dialysis station for a total of no more than 16 stations upon completion of this project/ Nash County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Spring Hope
102 Dodd Street
Spring Hope, NC 27882

MAXIMUM CAPITAL EXPENDITURE: \$5,200

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2016

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

Martha J. Trusone for
Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope 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 of Spring Hope shall develop and operate no more than one additional dialysis station for a total of no more than 16 certified stations upon completion of this project, which shall include any isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station for a total of no more than 16 stations upon projection completion.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope 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 June 3, 2016.

TIMETABLE:

Completion of Final Drawings and Specifications _____	October 20, 2016
Completion of Construction _____	December 7, 2016
Occupancy/Offering of Services _____	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 #: N-11136-16

FID #: 980754

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
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: Add no more than three dialysis stations for a total of no more than 15 dialysis stations upon project completion/ Robeson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA of Red Springs
1000 East 4th Avenue
Red Springs, NC 28377

MAXIMUM CAPITAL EXPENDITURE: \$13,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2016

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


Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Red Springs shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Red Springs shall add no more than three dialysis stations for a total of 15 stations, which shall include any home hemodialysis or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Red Springs shall install plumbing and electrical wiring through the walls for no more than three dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Red Springs 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 June 3, 2016.

TIMETABLE:

Completion of Final Drawings and Specifications _____	October 20, 2016
Completion of Construction/Renovation _____	December 7, 2016
Certification of Stations _____	December 31, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CORRECTED

CERTIFICATE OF NEED

for

Project ID #J-11030-15

FID #120089

ISSUED TO: SBH-Raleigh, LLC
3200 Waterfield Drive
Garner, NC 27529

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: Transfer no more than 24 psychiatric inpatient beds from Broughton Hospital to SBC-Garner pursuant to Policy PSY-1 for a total of no more than 24 adult psychiatric inpatient beds, 32 child/adolescent psychiatric inpatient beds, and 36 psychiatric residential treatment facility beds upon project completion/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Strategic Behavioral Center-Garner
3200 Waterfield Drive
Garner, NC 27529

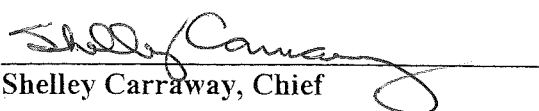
MAXIMUM CAPITAL EXPENDITURE: \$10,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2015

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

This certificate is corrected as of the 23rd day of June, 2016


Shelley Carraway, Chief

CONDITIONS:

1. SBH–Raleigh, LLC d/b/a Strategic Behavioral Center-Garner shall materially comply with all representations made in the certificate of need application.
2. SBH–Raleigh, LLC d/b/a Strategic Behavioral Center-Garner shall relocate no more than 24 adult psychiatric inpatient beds from Broughton Hospital for a total licensed bed complement of no more than 24 adult psychiatric inpatient beds, 32 child and adolescent psychiatric inpatient beds, and 36 psychiatric residential treatment facility beds.
3. SBH–Raleigh, LLC d/b/a Strategic Behavioral Center-Garner shall de-license 24 psychiatric residential treatment facility beds upon completion of this project.
4. SBH–Raleigh, LLC d/b/a Strategic Behavioral Center-Garner shall accept patients requiring involuntary admission for inpatient psychiatric services.
5. SBH–Raleigh, LLC d/b/a Strategic Behavioral Center-Garner 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 July 22, 2015.

TIMETABLE:

Licensure of Facility _____ October 1, 2015

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: J-11129-16

FID #: 150205

ISSUED TO: Triangle Springs, LLC
Propstone, LLC
101 S. 5th Street, Suite 3850
Louisville, KY 40202

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 22 adult chemical dependency beds pursuant to the need determination in the 2016 SFMP for a total of 34 chemical dependency beds upon completion of the project, Project ID #J-11036-15 and Project ID #J-11049-15/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Triangle Springs
10901 World Trade Boulevard
Morrisville, NC 27617

MAXIMUM CAPITAL EXPENDITURE: \$1,092,115

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2016

This certificate is effective as of the 7th day of June, 2016

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Triangle Springs, LLC and Propstone, LLC shall materially comply with all representations made in the certificate of need application.
2. Triangle Springs, LLC and Propstone, LLC shall develop no more than 22 adult chemical dependency treatment beds, for a total of no more than 34 adult chemical dependency treatment beds and 43 adult psychiatric inpatient beds upon completion of this project, Project I.D. # J-11036-15, and Project I.D. # J-11049-15.
3. Triangle Springs, LLC and Propstone, 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 June 1, 2016.

TIMETABLE:

Contract Award	September 1, 2016
25% Completion of Construction	January 1, 2017
50% Completion of Construction	May 1, 2017
75% Completion of Construction	August 1, 2017
Completion of Construction	November 1, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: L-11132-16

FID #: 160066

ISSUED TO: DVA Renal Healthcare, 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 10-station dialysis facility in Wilson County by relocating 5 stations from Forest Hills Dialysis and 5 stations from Wilson Dialysis/ Wilson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Sharpsburg Dialysis
Main Street & SE Railroad Street
Sharpsburg, NC 27822

MAXIMUM CAPITAL EXPENDITURE: \$2,129,039

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 10, 2017

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


Shelley Carraway, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Sharpsburg Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Sharpsburg Dialysis shall relocate no more than 5 dialysis stations from Forest Hills Dialysis and no more than 5 dialysis stations from Wilson Dialysis.
3. DVA Renal Healthcare, Inc. d/b/a Sharpsburg 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 Renal Healthcare, Inc. shall take the necessary steps to decertify 5 dialysis stations at Forest Hills Dialysis for a total of no more than 26 dialysis stations at Forest Hills Dialysis and to decertify 5 dialysis stations at Wilson Dialysis for a total of no more than 35 dialysis stations at Wilson Dialysis upon project completion.
5. DVA Renal Healthcare, Inc. d/b/a Sharpsburg 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 May 20, 2016.

TIMETABLE:

Completion of Final Drawings and Specifications _____	December 1, 2016
Contract Award _____	January 31, 2017
25% Completion of Construction _____	April 1, 2017
50% Completion of Construction _____	June 1, 2017
75% Completion of Construction _____	August 1, 2017
Completion of Construction _____	October 1, 2017
Occupancy/Offering of Service/Certification _____	January 1, 2018