

**Certificate of Need  
Certificates  
July 2016**

<b>County</b>	<b>Project ID</b>	<b>Facility</b>	<b>FID</b>	<b>Facility Type</b>	<b>Project Description</b>	<b>Decision Date</b>	<b>Certificate Issue Date</b>	<b>Approved Capital Expenditure</b>
Brunswick	O-011162-16	Strategic Behavioral Center-Leland	130438	MHH	Cost overrun on Project ID #O-11026-15 (Develop 20 adult psychiatric beds)	6/22/2016	7/23/2016	\$2,632,750
Brunswick	O-011056-15	Arbor Landing at Ocean Isle	150390	ACH	Develop a new adult care home with 132 beds, 32 of which will be in a special care unit	1/28/2016	7/12/2016	\$3,081,900
Brunswick	O-011125-16	J Arthur Doshier Memorial Hospital	923286	HOSPITAL	Acquire one fixed MRI scanner	6/3/2016	7/6/2016	\$2,764,421
Brunswick	O-011061-15	The Brunswick Community	150394	ACH	Construct a new adult care home facility with no more than 110 beds, including a 48-bed special care unit	1/28/2016	7/1/2016	\$6,266,527
Brunswick	O-011065-15	Calabash Manor	150395	ACH	Construct a new adult care home facility with no more than 80 beds	1/28/2016	7/1/2016	\$8,630,188
Brunswick	O-011069-15	Liberty Commons Assisted Living of Brunswick County	150396	ACH	Construct a new adult care home facility with no more than 110 beds	1/28/2016	7/1/2016	\$18,960,750
Chatham	J-011165-16	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	130369	HOSPICE	Cost overrun on Project ID #J-10175-13 (Develop an inpatient hospice facility)	6/23/2016	7/26/2016	\$1,035,632
Durham	J-011127-16	The Cedars of Chapel Hill	001203	NH	Add 30 nursing facility beds pursuant to policy NH-2 for a total of 74 nursing facility beds and 4 ACH beds upon project completion	6/8/2016	7/9/2016	\$8,363,227
Gaston	F-011140-16	Fresenius Medical Care Belmont	050039	ESRD	Add one dialysis station for a total of 19 dialysis stations upon completion of this project	6/8/2016	7/11/2016	\$5,700
Guilford	G-011143-16	FMC of East Greensboro	001324	ESRD	Add 4 dialysis stations for a total of 39 dialysis stations upon project completion	6/8/2016	7/14/2016	\$17,300
Lincoln	F-011139-16	FMC LINCOLNTON	944237	ESRD	Add 3 dialysis stations for a total of 28 dialysis stations upon project completion	6/21/2016	7/22/2016	\$13,600
Macon	A-011151-16	Western Carolina Endoscopy Center, LLC	090837	ASC	Develop a second endoscopy room in existing space	6/23/2016	7/26/2016	\$196,539

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County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-011155-16	Charlotte Dialysis	955930	ESRD	Add eight dialysis stations for a total of 34 stations upon completion of this project and Project I.D#F-11108-15 (relocate 10 stations)	6/3/2016	7/6/2016	\$0
Nash	L-010182-13	BMA of Rocky Mount	945261		Add 7 stations for a total of 37 stations upon completion of this project and Project ID #L-10177-13	2/27/2014	7/19/2016	\$0
Nash	L-010211-13	Nash County Dialysis	130459	ESRD	Develop a new 12 station kidney disease treatment facility	2/27/2014	7/17/2016	\$1,978,588
Orange	J-011163-16	University of North Carolina Hospitals- Hillsborough	090274	HOSPITAL	Develop 29 additional acute care beds on the Hillsborough campus for a total of 101 acute beds on that campus and 890 on the hospital license, relocate the 30 inpatient rehabilitation beds from the Chapel Hill campus and offer inpatient dialysis services on the Hillsborough campus	6/27/2016	7/28/2016	
Orange	J-011164-16	University of North Carolina Hospitals	923517	HOSPITAL	Develop 55 additional acute care beds on the Chapel Hill campus for a total of 789 acute care beds on the Chapel Hill campus and a total of 890 acute care beds on the license	6/27/2016	7/28/2016	
Pitt	Q-011141-16	Greenville Dialysis Center	944657	ESRD	Add 10 dialysis stations for a total of 51 stations upon completion of this project and all of the following projects: ID #L-11011-15 (relocate 4 stations to FMC Tarboro) and ID #Q-10315-14 (relocate 3 stations to FMC Farmville)	6/3/2016	7/14/2016	\$0
Rowan	F-011154-16	Dialysis Care of Rowan County	944673	ESRD	Add 6 dialysis stations for a total of 33 stations upon completion of this project and all of the following projects: ID #F-11023-15 (add 4 stations), ID #F-10273-14 (relocate 1 station to Dialysis Care of Kannapolis), and ID #F-10371-15 (relocate 5 stations to Dialysis Care of Kannapolis)	6/7/2016	7/8/2016	\$1,747,835

**Certificate of Need  
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<b>County</b>	<b>Project ID</b>	<b>Facility</b>	<b>FID</b>	<b>Facility Type</b>	<b>Project Description</b>	<b>Decision Date</b>	<b>Certificate Issue Date</b>	<b>Approved Capital Expenditure</b>
Wake	J-011152-16	Wake Forest Dialysis Center	041181	ESRD	Add one dialysis station for a total of 13 stations upon completion of this project and all of the following projects: ID #J-11090-15 (add 2 stations) and ID #J-11131-16 (relocate 10 stations)	6/21/2016	7/22/2016	\$0
Wake	J-011146-16	Southwest Wake County Dialysis	990968	ESRD	Add six dialysis stations for a total of 30 dialysis stations upon completion of this Project and Project ID #J-11133-16 (relocate six stations to FMC Morrisville)	6/15/2016	7/16/2016	\$0
Wake	J-011137-16	BMA of Fuquay Varina Kidney Center	980755	ESRD	Add five dialysis stations for a total of 28 stations upon completion of this project	6/14/2016	7/15/2016	\$272,000
Wilson	L-011156-16	Wilson Dialysis	971340	ESRD	Add 5 dialysis stations for a total of 40 dialysis stations upon completion of this project and Project ID #L-11132-16 (relocate 5 stations)	6/17/2016	7/19/2016	\$0
Wilson	L-011153-16	Forest Hills Dialysis	020166	ESRD	Add 5 dialysis stations for a total of 31 stations upon completion of this project and Project ID #L-11132-16 (relocate 5 stations)	6/14/2016	7/15/2016	\$0
<b>Total</b>	<b>24</b>							

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: O-11162-16

FID #: 130438

ISSUED TO: SBH Wilmington, LLC  
8295 Tournament Drive, Suite 201  
Memphis, TN 38125

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

SCOPE: Cost overrun for Project ID #O-11026-15 (Develop 20 adult inpatient psychiatric beds). The combined approved capital expenditure for this project and Project ID #O-11026-15 is \$2,657,750/ Brunswick County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Strategic Behavioral Center – Leland  
2050 Mercantile Drive  
Leland, NC 28451

MAXIMUM CAPITAL EXPENDITURE: \$2,632,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2016

This certificate is effective as of the 23<sup>rd</sup> day of July, 2016

  
Martha Frisone, Assistant Chief

CONDITIONS:

1. SBH Wilmington, LLC dba Strategic Behavioral Center - Leland shall materially comply with all representations made in Project I.D. #O-11026-15 and this application, Project I.D. # O-11162-16. Where representations made in this application and the original application differ, SBH Wilmington, LLC dba Strategic Behavioral Center - Leland shall materially comply with representations made in this application.
2. The total approved capital expenditure for Project I.D. #O-11026-15 and Project I.D. # O-11162-16 combined is \$2,657,750.
3. SBH Wilmington, LLC dba Strategic Behavioral Center - Leland shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VI of the application or that would otherwise require a certificate of need.
4. Prior to issuance of the certificate of need, SBH Wilmington, LLC dba Strategic Behavioral Center - Leland 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 July 12, 2016.

TIMETABLE:

75% Completion of Construction _____	October 15, 2016
Completion of Construction _____	December 1, 2016
Licensure of Facility _____	January 1, 2017
Occupancy/Offering of Service(s) _____	January 1, 2017

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: O-11056-15

FID #: 150390

ISSUED TO: Arbor Landing at Ocean Isle, LLC  
853 Old Winston Road, Suite 118  
Kernersville, NC 27284

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 40-bed adult care home facility by renovating existing space for 16 adult care home beds and constructing new space for a 24-bed special care unit/ Brunswick County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Arbor Landing at Ocean Isle  
5490 Arbor Branch Drive  
Shallotte, NC 28470

**MAXIMUM CAPITAL EXPENDITURE:** \$3,081,900

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 12<sup>th</sup> day of July, 2016



Martha Frisone, Assistant Chief

**CONDITIONS:**

1. Arbor Landing at Ocean Isle, LLC shall materially comply with all representations made in the certificate of need application and in the supplemental materials submitted in accordance with the terms of the Agency Settlement Agreement for 16 DHS 02085. Where representations made in the certificate of need application and the supplement materials differ, Arbor landing at Ocean Isle, LLC shall materially comply with the representations made in the supplemental materials.
2. Arbor Landing at Ocean Isle, LLC shall develop no more than 40 new adult care home beds.
3. Arbor Landing at Ocean Isle, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application or set forth in the supplemental materials, deemed acceptable by the CON Section.
4. For the first two years of operation following completion of the project, Arbor Landing at Ocean Isle, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.

**TIMETABLE:**

Contract Award	_____	March 2, 2018
50% Completion of Construction	_____	September 25, 2018
Completion of Construction	_____	February 6, 2019
Occupancy/Offering of Service	_____	March 1, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: O-11125-16**

**FID #: 923286**

**ISSUED TO: J. Arthur Doshier Memorial Hospital  
924 N. Howe Street  
Southport, NC 28461**

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

**SCOPE: Acquire one fixed MRI scanner pursuant to a special need determination/  
Brunswick County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: J. Arthur Doshier Memorial Hospital  
924 N. Howe Street  
Southport, NC 28461**

**MAXIMUM CAPITAL EXPENDITURE: \$2,764,421**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 6<sup>th</sup> day of July, 2016

  
Shelley Carraway, Chief



CONDITIONS:

1. J. Arthur Doshier Memorial Hospital shall materially comply with all representations made in the certificate of need application and supplemental information. If any conflict exists between the information, the applicant shall comply with the last made representation.
2. J. Arthur Doshier Memorial Hospital shall acquire no more than one fixed MRI scanner as part of this project.
3. J. Arthur Doshier Memorial Hospital 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. J. Arthur Doshier Memorial Hospital 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 June 15, 2016.

TIMETABLE:

25% Completion of Construction	_____	July 20, 2016
50% Completion of Construction	_____	July 29, 2016
75% Completion of Construction	_____	August 29, 2016
Completion of Construction	_____	September 28, 2016
Occupancy/Offering of Services	_____	October 1, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project ID #: O-11061-15

FID #: 150394

**ISSUED TO:** The Brunswick Community, LLC  
Brunswick AL Properties, LLC  
PO Box 8427  
Rocky Mount, NC 27804

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:** Construct a new adult care home facility with no more than 110 beds, including a 48-bed special care unit/ Brunswick County

**CONDITIONS:** See Reverse Side

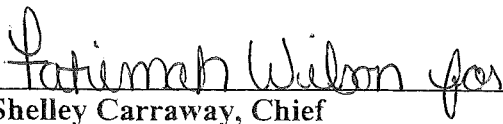
**PHYSICAL LOCATION:** The Brunswick Community  
8030 Ocean Highway West  
Sunset Beach, NC 28468

**MAXIMUM CAPITAL EXPENDITURE:** \$6,266,527

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 1<sup>st</sup> day of July, 2016

  
Shelley Carraway, Chief

CONDITIONS:

1. The Brunswick Community, LLC and Brunswick AL Properties, LLC shall materially comply with all representations made in the certificate of need application.
2. The Brunswick Community, LLC and Brunswick AL Properties, LLC shall develop no more than 110 adult care home beds, including a 48-bed special care unit, upon completion of this project.
3. The Brunswick Community, LLC and Brunswick AL Properties, LLC, shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
4. For the first two years of operation following completion of the project, The Brunswick Community, LLC and Brunswick AL Properties, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
5. Prior to the issuance of the certificate of need, The Brunswick Community, LLC and Brunswick AL Properties, LLC shall provide the CON Section with a written statement describing the project's plan to assure improved water conservation.
6. The Brunswick Community, LLC and Brunswick AL Properties, 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 the 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 22, 2016.

TIMETABLE:

Contract Award	_____	June 1, 2016
50% Completion of Construction	_____	May 1, 2017
Completion of Construction	_____	September 1, 2017
Occupancy/Offering of Services	_____	October 2, 2017

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: O-11065-15**

**FID #: 150395**

**ISSUED TO: Brunswick Propco Holdings, LLC  
Brunswick 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: Construct a new adult care home facility with no more than 80 beds/ Brunswick County**

**CONDITIONS: See Reverse Side**

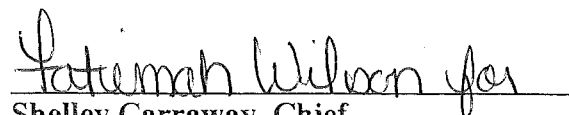
**PHYSICAL LOCATION: Calabash Manor  
100 Calabash Road  
Calabash, NC 28467**

**MAXIMUM CAPITAL EXPENDITURE: \$8,630,188**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 1<sup>st</sup> day of July, 2016

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Brunswick Propco Holdings, LLC and Brunswick Opco Holdings, LLC shall materially comply with all representations made in the certificate of need application.
2. Brunswick Propco Holdings, LLC and Brunswick Opco Holdings, LLC shall develop no more than 80 adult care home beds upon completion of this project.
3. Brunswick Propco Holdings, LLC and Brunswick Opco Holdings, LLC, shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
4. For the first two years of operation following completion of the project, Brunswick Propco Holdings, LLC and Brunswick Opco Holdings, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
5. Brunswick Propco Holdings, LLC and Brunswick 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 the 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:**

Contract Award _____	May 20, 2016
50% Completion of Construction _____	April 28, 2017
Completion of Construction _____	August 18, 2017
Occupancy/Offering of Services _____	October 1, 2017

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: O-11069-15**

**FID #: 150396**

**ISSUED TO:** Liberty Healthcare Properties of Brunswick County, LLC  
Liberty Commons Assisted Living of Brunswick County, LLC  
2334 South 41<sup>st</sup> Street  
Wilmington, NC 28403

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

**SCOPE:** Construct a new adult care home facility with no more than 110 beds/  
Brunswick County

**CONDITIONS:** See Reverse Side

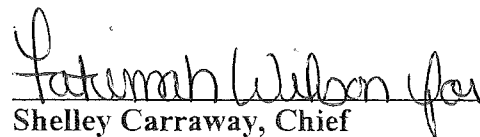
**PHYSICAL LOCATION:** Liberty Commons Assisted Living of Brunswick County  
Provision Parkway and Brunswick Village Boulevard  
Leland, NC 28451

**MAXIMUM CAPITAL EXPENDITURE:** \$18,960,750

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 1<sup>st</sup> day of July, 2016

  
Shelley Carraway, Chief

CONDITIONS:

1. Liberty Healthcare Properties of Brunswick County, LLC and Liberty Commons Assisted Living of Brunswick County, LLC shall materially comply with all representations made in the certificate of need application.
2. Liberty Healthcare Properties of Brunswick County, LLC and Liberty Commons Assisted Living of Brunswick County, LLC shall develop no more than 110 adult care home beds upon completion of this project.
3. Liberty Healthcare Properties of Brunswick County, LLC and Liberty Commons Assisted Living of Brunswick County, LLC, shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
4. For the first two years of operation following completion of the project, Liberty Healthcare Properties of Brunswick County, LLC and Liberty Commons Assisted Living of Brunswick County, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
5. Liberty Healthcare Properties of Brunswick County, LLC and Liberty Commons Assisted Living of Brunswick County, 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 the 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 _____	September 1, 2016
50% Completion of Construction _____	December 1, 2017
Completion of Construction _____	August 1, 2018
Occupancy/Offering of Services _____	October 1, 2018

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project ID #: J-11165-16

FID #: 130369

**ISSUED TO:** University of North Carolina Hospitals at Chapel Hill  
211 Friday Center Drive, Suite G015  
Chapel Hill, NC 27517

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

**SCOPE:** Cost overrun for Project ID #J-10175-13 (Develop an inpatient hospice facility).  
The combined approved capital expenditure for this project and Project ID #J-10175-13 is \$5,745,854/ Chatham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** SECU Jim and Betsy Bryan Hospice Home of UNC Healthcare  
100 Roundtree Way  
Pittsboro, NC 27312

**MAXIMUM CAPITAL EXPENDITURE:** \$1,035,632

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 26<sup>th</sup> day of July, 2016

  
Martha Frisone, Assistant Chief



CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill d/b/a SECU Jim and Betsy Bryan Hospice Home of UNC Healthcare shall materially comply with all representations made in the certificate of need for Project I.D. # J-10175-13 except as specifically modified by the conditions of approval for this application, Project I.D. # J-11165-16.
2. The total approved capital expenditure for Project I.D. # J-10175-13 and Project I.D. # J-11165-16 combined shall be \$5,745,854.
3. University of North Carolina Hospitals at Chapel Hill d/b/a SECU Jim and Betsy Bryan Hospice Home of UNC Healthcare 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. University of North Carolina Hospitals at Chapel Hill d/b/a SECU Jim and Betsy Bryan Hospice Home of UNC Healthcare 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 July 25, 2016.

TIMETABLE:

Licensure of Facility \_\_\_\_\_ October 1, 2016

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: J-11127-16

FID #: 001203

**ISSUED TO:** The Cedars of Chapel Hill, LLC  
The Cedars of Chapel Hill Club, Inc.  
The Cedars of Chapel Hill Condominium Association  
100 Cedar Club Circle  
Chapel Hill, NC 27517

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 30 nursing facility beds pursuant to policy NH-2 for a total of 74 nursing facility beds and 4 adult care home beds upon project completion/ Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** The Cedars of Chapel Hill  
100 Cedar Club Circle  
Chapel Hill, NC 27517

**MAXIMUM CAPITAL EXPENDITURE:** \$8,363,227

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 9<sup>th</sup> day of July, 2016

  
Shelley Carraway, Chief

**CONDITIONS:**

1. The Cedars of Chapel Hill, LLC, The Cedars of Chapel Hill Club, Inc., and The Cedars of Chapel Hill Condominium Association shall materially comply with all representations made in the certificate of need application.
2. The Cedars of Chapel Hill, LLC, The Cedars of Chapel Hill Club, Inc., and The Cedars of Chapel Hill Condominium Association shall add no more than 30 Policy NH-2 nursing facility beds to its existing facility for a total of 74 nursing facility beds and 4 adult care home beds upon project completion.
3. The 30 Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
4. The 30 Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 30 new Policy NH-2 nursing facility beds shall be developed on the same site with the independent living units.
6. The Cedars of Chapel Hill, LLC, The Cedars of Chapel Hill Club, Inc., and The Cedars of Chapel Hill Condominium Association 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 July 11, 2016.

**TIMETABLE:**

Final Drawings Approved by the Construction Section _____	March 21, 2017
Contract Award _____	March 23, 2017
25% Completion of Construction _____	June 23, 2017
75% Completion of Construction _____	December 26, 2017
Completion of Construction _____	March 28, 2018

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11140-16**

**FID #: 050039**

**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 one dialysis station for a total of no more than 19 dialysis stations upon completion of this project/ Gaston County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMC Belmont  
5010 Medical Care Court  
Belmont, NC 28012**

**MAXIMUM CAPITAL EXPENDITURE: \$5,700**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 11<sup>th</sup> day of July, 2016

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Belmont 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 Belmont shall develop and operate no more than one additional dialysis station at FMC Belmont for a total of no more than 19 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 FMC Belmont shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station, which shall include any isolation or home hemodialysis training stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Belmont 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 July 11, 2016.

**TIMETABLE:**

75% Completion of Construction _____	November 7, 2016
Completion of Construction _____	November 14, 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-11143-16

FID #: 001324

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 four dialysis stations for a total of no more than 39 certified dialysis stations upon project completion/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC of East Greensboro  
3839 Burlington Road  
Greensboro, NC 27405

MAXIMUM CAPITAL EXPENDITURE: \$17,300

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2016

This certificate is effective as of the 14<sup>th</sup> day of July, 2016

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of East Greensboro 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 East Greensboro shall develop and operate no more than four additional dialysis stations for a total of no more than 39 certified stations which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of East Greensboro shall install plumbing and electrical wiring through the walls for no more than 39 dialysis stations which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of East Greensboro 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 July 13, 2016.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	October 17, 2016
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 Service _____	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-11139-16

FID #: 944237

**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 28 dialysis stations upon completion of this project/ Lincoln County

**CONDITIONS:** See Reverse Side

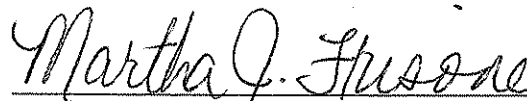
**PHYSICAL LOCATION:** FMC Lincolnton  
1090 South Grove Street Extension  
Lincolnton, NC 28092

**MAXIMUM CAPITAL EXPENDITURE:** \$13,600

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 22<sup>nd</sup> day of July, 2016

  
Martha J. Frisone, Assistant Chief



**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Lincolnton 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 Lincolnton shall develop and operate no more than three additional dialysis stations at FMC Lincolnton for a total of no more than 28 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 FMC Lincolnton shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Lincolnton 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 24, 2016.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	October 17, 2016
25% Completion of Construction _____	November 10, 2016
50% Completion of Construction _____	November 20, 2016
75% Completion of Construction _____	November 30, 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 #: A-11151-16

FID #: 090837

**ISSUED TO:** Western Carolina Endoscopy Center, LLC  
197 Riverview Street  
Franklin, NC 28734

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 second licensed GI endoscopy procedure room in existing space/  
Macon County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Western Carolina Endoscopy Center  
197 Riverview Street  
Franklin, NC 28734

**MAXIMUM CAPITAL EXPENDITURE:** \$196,539

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 26<sup>th</sup> day of July, 2016

  
\_\_\_\_\_  
Martha Frisone, Assistant Chief

CONDITIONS:

1. Western Carolina Endoscopy Center, LLC shall materially comply with all representations made in the certificate of need application and supplemental information received June 21, 2016. In those instances where representations conflict, Western Carolina Endoscopy Center, LLC shall materially comply with the last made representation.
2. Western Carolina Endoscopy Center, 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.
3. Western Carolina Endoscopy Center, LLC shall develop no more than one additional gastrointestinal endoscopy procedure room and shall be licensed for a total of no more than two gastrointestinal endoscopy procedure rooms at Western Carolina Endoscopy Center following project completion.
4. Prior to the issuance of a certificate of need, Western Carolina Endoscopy Center, LLC shall provide to the Agency documentation of an attempt to establish a relationship or an established relationship with at least one health professional training program in the area as required by G.S. 131E-183(a)(14).
5. Western Carolina Endoscopy Center, 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 July 21, 2016

TIMETABLE:

Approval of Final Drawings and Specification by the Construction Section, DHSR _____	November 11, 2016
Ordering of Medical Equipment _____	November 11, 2016
Completion of Construction _____	November 11, 2016
Operation of Medical Equipment _____	December 19, 2016
Occupancy/Offering of Services _____	December 19, 2016
Licensure _____	December 19, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project ID #: F-11155-16

FID #: 955930

**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:** Add no more than eight dialysis stations for a total of no more than 34 stations upon completion of this project and Project ID #F-11108-15 (relocate 10 stations)/ Mecklenburg County

**CONDITIONS:** See Reverse Side

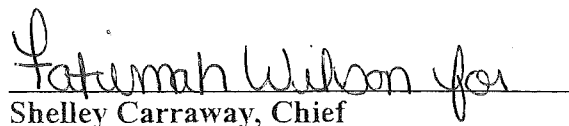
**PHYSICAL LOCATION:** Charlotte Dialysis  
2321 West Morehead Street  
Charlotte, NC 28208

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 6<sup>th</sup> day of July, 2016

  
Shelley Carraway, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis shall materially comply with all representations made in the certificate of need application and clarifying information provided. In those instances where representations conflict, DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis shall materially comply with the last made representation.
2. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis shall develop and operate no more than eight additional dialysis stations for a total of no more than 34 certified stations upon completion of this project and Project I.D. #F-11108-15 (relocate ten stations), which shall include any isolation or home hemodialysis stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Charlotte 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 June 16, 2016.

TIMETABLE:

Completion of Final Drawings and Specifications _____	October 1, 2016
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 #: L-10182-13

FID #: 945261

**ISSUED TO:** Bio-Medical Application 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 7 dialysis stations for a total of no more than 37 certified dialysis stations upon completion of this project and Project ID #L-10177-13/ Nash County

**CONDITIONS:** See Reverse Side

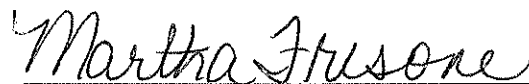
**PHYSICAL LOCATION:** BMA of Rocky Mount  
750 English Road  
Rocky Mount, NC 27804

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 19<sup>th</sup> day of July, 2016

  
Martha Frisone, Assistant Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Rocky Mount shall materially comply with all representations made in its certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Rocky Mount shall develop no more than 7 dialysis stations for a total of no more than 37 stations upon completion of this project and Project ID #L-10177-13, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Rocky Mount shall install plumbing and electrical wiring through the walls for no more than a total of 37 dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Rocky Mount 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 July 19, 2016.

TIMETABLE:

Final Drawings and Specifications sent to Construction Section, DHSR _____	December 1, 2016
Contract Award _____	February 1, 2017
25% Completion of Construction _____	March 1, 2017
50% Completion of Construction _____	April 15, 2017
Ordering of Medical Equipment _____	May 1, 2017
75% Completion of Construction _____	June 1, 2017
Completion of Construction _____	July 15, 2017
Operation of Medical Equipment _____	October 1, 2017
Occupancy/Offering of Service(s) _____	October 1, 2017
Certification of Facility _____	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-10211-13

FID #: 130459

ISSUED TO: Total 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 12-station kidney disease treatment facility/ Nash County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Nash County Dialysis  
Lot #8 on Winstead Avenue and English Road  
Rocky Mount, NC 27804

MAXIMUM CAPITAL EXPENDITURE: \$1,978,588

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2016

This certificate is effective as of the 17<sup>th</sup> day of July, 2016

  
Martha Frisone, Assistant Chief



CONDITIONS:

1. Total Renal Care, Inc. d/b/a Nash County Dialysis shall materially comply with all representations made in its certificate of need application.
2. Total Renal Care, Inc. d/b/a Nash County Dialysis shall develop and be certified for no more than 12 dialysis stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care, Inc. d/b/a Nash County Dialysis shall install plumbing and electrical wiring through the walls for no more than 12 dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. Total Renal Care, Inc. d/b/a Nash County Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 2, 2014.

TIMETABLE:

Final Drawings and Specifications sent to Construction Section, DHSR _____	December 1, 2016
Contract Award _____	February 1, 2017
25% Completion of Construction _____	March 1, 2017
50% Completion of Construction _____	April 15, 2017
Ordering of Medical Equipment _____	May 1, 2017
75% Completion of Construction _____	June 1, 2017
Completion of Construction _____	July 15, 2017
Operation of Medical Equipment _____	October 1, 2017
Occupancy/Offering of Service(s) _____	October 1, 2017
Certification of Facility _____	November 1, 2017

**STATE OF NORTH CAROLINA**

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

**CERTIFICATE OF NEED**

for

Project ID #: J-11163-16  
FID #: 090274

**ISSUED TO:** University of North Carolina Hospitals at Chapel Hill  
211 Friday Center Drive, Suite G015  
Chapel Hill, NC 27517

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

**SCOPE:** Develop no more than 29 additional acute care beds on the Hillsborough campus for a total of no more than 101 acute care beds on that campus and no more than 890 on the hospital license, relocate the 30 inpatient rehabilitation beds from the Chapel Hill campus and offer inpatient dialysis services on the Hillsborough campus/ Orange County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** University of North Carolina Hospitals-Hillsborough  
460 Waterstone Drive  
Hillsborough, NC 27278

**MAXIMUM CAPITAL EXPENDITURE:** \$76,889,557

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 28<sup>th</sup> day of July, 2016

  
Martha Frisone, Assistant Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in its certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill 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 which would otherwise require a certificate of need.
3. University of North Carolina Hospitals at Chapel Hill shall develop no more than 29 additional acute care beds at UNC Hospitals Hillsborough Campus for a total of no more than 101 acute care beds, including 18 ICU beds, on that campus. This project and Project ID #J-11164-16 (add 55 acute care beds at UNC Hospitals Chapel Hill Campus for a total of no more than 789) would bring the total number of acute care beds for UNC Hospitals to 890 beds, upon completion of both projects.
4. University of North Carolina Hospitals at Chapel Hill shall develop no more than six inpatient dialysis stations at UNC Hospitals Hillsborough Campus, including any isolation stations.
5. University of North Carolina Hospitals at Chapel Hill shall develop no more than 32 unlicensed observation beds at UNC Hospitals Hillsborough Campus.
6. University of North Carolina Hospitals at Chapel Hill shall relocate 30 inpatient rehabilitation beds and related services from UNC Hospitals Chapel Hill Campus to UNC Hospital Hillsborough Campus.
7. University of North Carolina Hospitals at Chapel Hill 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.
8. Prior to issuance of the certificate of need, University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

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

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR	_____	June 16, 2018
25% Completion of Construction	_____	January 4, 2019
50% Completion of Construction	_____	July 24, 2019
75% Completion of Construction	_____	February 9, 2020
Completion of Construction	_____	August 28, 2020
Occupancy/Offering of Service/Operation of Equipment	_____	October 1, 2020

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: J-11164-16

FID #: 923517

**ISSUED TO:** University of North Carolina Hospitals at Chapel Hill  
211 Friday Center Drive, Suite G015  
Chapel Hill, NC 27517

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

**SCOPE:** Develop no more than 55 additional acute care beds on the Chapel Hill campus for a total of no more than 789 acute care beds on the Chapel Hill campus and a total of no more than 890 acute care beds on the license/ Orange County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** University of North Carolina Hospitals  
101 Manning Drive  
Chapel Hill, NC 27514

**MAXIMUM CAPITAL EXPENDITURE:** \$28,842,730

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** September 30, 2021

This certificate is effective as of the 28<sup>th</sup> day of July, 2016

  
\_\_\_\_\_  
Martha Frisone, Assistant Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in its certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill 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 which would otherwise require a certificate of need.
3. University of North Carolina Hospitals at Chapel Hill shall develop no more than 55 additional acute care beds at UNC Hospitals Chapel Hill Campus for a total of no more than 789 acute care beds, including 143 ICU beds, on that campus. This project and Project ID #J-11163-16 (add 29 acute care beds at UNC Hospitals Hillsborough Campus for a total of no more than 101) would bring the total number of acute care beds for UNC Hospitals to 890 beds, upon completion of both projects.
4. University of North Carolina Hospitals at Chapel Hill shall develop and implement an energy efficiency and sustainability plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. Prior to issuance of the certificate of need, University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

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

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR _____	September 12, 2021
25% Completion of Construction _____	October 30, 2021
50% Completion of Construction _____	December 18, 2021
75% Completion of Construction _____	February 4, 2022
Completion of Construction _____	March 24, 2022
Occupancy/Offering of Service/Operation of Equipment _____	July 1, 2022

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #Q-11141-16

FID #944657

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 10 dialysis stations for a total of no more than 51 stations upon completion of this project and Project ID #L-11011-15 (relocate 4 stations to FMC Tarboro)/ Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Greenville Dialysis Center  
510 Paladin Drive  
Greenville, NC 27834

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 10, 2017

This certificate is effective as of the 14<sup>th</sup> day of July, 2016

  
Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Greenville Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a Greenville Dialysis Center shall develop and operate no more than ten additional dialysis stations for a total of no more than 51 certified stations upon completion of this project, and the following two projects: Project ID #L-11011-15 (relocate 4 stations to FMC Tarboro) and Project ID #Q-10315-14 (relocate 3 stations to FMC Farmville – is complete and was certified on February 28, 2016); which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Greenville 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 July 14, 2016.

TIMETABLE:

Occupancy/Offering of Service(s) _____	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 #: F-11154-16

FID #: 944673

**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 six dialysis stations for a total of no more than 33 stations upon completion of this project and all of the following projects: ID #F-11023-15 (add 4 stations), ID #F-10273-14 (relocate 1 station to Dialysis Care of Kannapolis), and ID #F-10371-15 (relocate 5 stations to Dialysis Care of Kannapolis)/ Rowan County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Dialysis Care of Rowan County  
111 Dorsett Drive  
Salisbury, NC 28144

**MAXIMUM CAPITAL EXPENDITURE:** \$1,747,835

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 8<sup>th</sup> day of July, 2016

  
Shelley Carraway, Chief



**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall materially comply with all representations made in the certificate of need application and in clarifying information provided. In those instances where representations conflict, Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall materially comply with the last made representation.
2. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall develop and operate no more than six additional dialysis stations for a total of no more than 33 certified stations upon completion of this project and all of the following projects: I.D. #F-11023-15 (add four stations), I.D. #F-10273-14 (relocate one station to Dialysis Care of Kannapolis), and I.D. #F-10371-15 (relocate five stations to Dialysis Care of Kannapolis), which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 16, 2016.

**TIMETABLE:**

Contract Award _____	December 1, 2016
50% Completion of Construction _____	April 1, 2017
Completion of Construction _____	July 15, 2017

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: J-11152-16

FID #: 041181

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

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

SCOPE: Add one dialysis station for a total of no more than 13 stations upon completion of this project, Project ID #J-11090-15 (add two stations) and Project ID #J-11131-16 (relocate ten stations)/ Wake County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2017

This certificate is effective as of the 22<sup>nd</sup> day of July, 2016

  
Martha Frisone, Assistant Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall develop and operate no more than one additional dialysis station for a total of no more than 13 certified stations upon completion of this project, Project ID #J-11090-15 (add two stations) and Project I.D. # J-11131-16 (relocate 10 stations), which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall install plumbing and electrical wiring through the walls for no more than one dialysis station, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 30, 2016.

TIMETABLE:

Contract Award _____	December 1, 2016
25% Completion of Construction _____	February 1, 2017
50% Completion of Construction _____	April 1, 2017
75% Completion of Construction _____	June 1, 2017
Completion of Construction _____	July 15, 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 #J-11146-16**

**FID #990968**

**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 6 dialysis stations for a total of no more than 30 stations upon completion of this project and Project ID #J-11133-16 (Relocate 6 stations from BMA Southwest Wake to a new facility in Morrisville)/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Southwest Wake County Dialysis  
320 Gideon Creek Way  
Raleigh NC 27603

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 16<sup>th</sup> day of July, 2016

  
Shelley Carraway, Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Southwest Wake County Dialysis shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a Southwest Wake County Dialysis shall develop and operate no more than six additional dialysis stations for a total of no more than 30 certified stations upon completion of the project and Project I.D. # J-11133-16, which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Southwest Wake County 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 June 21, 2016.**

**TIMETABLE:**

<b>Ordering Equipment</b>	_____	<b>October 17, 2017</b>
<b>Occupancy/Offering</b>	_____	<b>December 31, 2017</b>

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #J-11137-16**

**FID #980755**

**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 5 dialysis stations for a total of no more than 28 stations upon completion of this project and Project ID #J-10339-14 (Add one dialysis station for a total of 23 stations)/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** BMA of Fuquay-Varina Kidney Center  
916 South Main Street  
Fuquay-Varina NC 27526

**MAXIMUM CAPITAL EXPENDITURE:** \$272,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 15<sup>th</sup> day of July, 2016

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Fuquay-Varina Kidney Center 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 Fuquay-Varina Kidney Center shall develop and operate no more than five additional dialysis stations for a total of no more than 28 certified stations upon completion of the project and Project I.D. # J-10339-14, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Fuquay-Varina Kidney Center shall install plumbing and electrical wiring through the walls for five additional dialysis stations for a total of 28 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Fuquay-Varina Kidney 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

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 17, 2016.

**TIMETABLE:**

50% Completion of Construction _____	September 13, 2017
Occupancy/Offering of Service _____	December 31, 2017

**STATE OF NORTH CAROLINA**  
*Department of Health and Human Services*  
*Division of Health Service Regulation*

**CERTIFICATE OF NEED**

for

Project ID #L-11156-16

FID #971340

**ISSUED TO:** DVA Renal Healthcare, Inc.  
2321 W. Morehead Street  
Charlotte, NC 28208

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

**SCOPE:** Add no more than 5 dialysis stations for a total of no more than 40 dialysis stations upon completion of this project and Project I.D. #L-11132-16 (Relocate 5 existing stations)/ Wilson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Wilson Dialysis  
2833 Wooten Blvd. SW  
Wilson, NC 27893

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 19<sup>th</sup> day of July, 2016

  
Martha Frisone, Assistant Chief



**CONDITIONS:**

1. DVA Renal Healthcare, Inc. d/b/a Wilson Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Wilson Dialysis shall add no more than five dialysis stations at Wilson Dialysis for a total of no more than 40 certified dialysis stations upon completion of Project I.D. # L-11132-16 (relocate 5 stations from Wilson Dialysis to develop Sharpsburg Dialysis) and this project, which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. d/b/a Wilson 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 23, 2016.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	October 1, 2016
Occupancy/Offering _____	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 #L-11153-16**

**FID #020166**

**ISSUED TO:** DVA Renal Healthcare, Inc.  
2321 W. Morehead Street  
Charlotte, NC 28208

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

**SCOPE:** Add no more than 5 dialysis stations for a total of no more than 31 dialysis stations upon completion of this project and Project I.D. #L-11132-16 (relocate 5 existing stations)/ Wilson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Forest Hills Dialysis  
1605 Medical Park Drive West  
Wilson, NC 27893

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 30, 2017

This certificate is effective as of the 15<sup>th</sup> day of July, 2016

  
Martha Frisone, Assistant Chief

**CONDITIONS:**

1. DVA Renal Healthcare, Inc. d/b/a Forest Hills Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Forest Hills Dialysis shall add no more than five dialysis stations at Forest Hills Dialysis for a total of no more than 31 certified dialysis stations upon completion of this project and Project I.D. # L-11132-16 (relocate five stations from Forest Hills Dialysis and five stations from Wilson Dialysis to develop Sharpsburg Dialysis), which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. d/b/a Forest Hills 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 23, 2016.

**TIMETABLE:**

Completion of Final Drawings and Specifications	October 1, 2016
Certification of Stations	January 1, 2018