

**Certificate of Need
Certificates
August 2016**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Durham	J-011166-16	Duke University Hospital	943138	HOSPITAL	Develop one additional GI endoscopy procedure room for a total of 11 rooms	7/27/2016	8/27/2016	\$750,000
Durham	J-011128-16	Veritas Collaborative	140239	MHH	Relocate existing child/adolescent psychiatric hospital to another location within the county	5/6/2016	8/2/2016	\$9,066,066
Harnett	M-011160-16	Central Harnett Hospital	050926	HOSPITAL	Acquire one shared fixed cardiac catheterization unit	7/29/2016	8/30/2016	\$3,280,727
Harnett	M-011135-16	Dunn Kidney Center, Inc.	944644	ESRD	Add four dialysis stations for a total of 35 stations upon completion of the project	5/27/2016	8/3/2016	\$17,800
Onslow	P-010351-14	Southeastern Dialysis Center of Jacksonville	956056	ESRD	Add eight dialysis stations(5 via facility need and 3 relocated from Southeastern Dialysis Center - Kenansville) for a total of 33 stations upon completion of this project and Project ID #P-10266-14 (add 1) and Project ID #P-10123-13 (relocate 18 to New River Dialysis)	1/30/2015	8/12/2016	\$0
Wake	J-011174-16	Wake Radiology, Wake Forest	160159	DXCTR	Consolidate offices by relocating existing 3D mammography unit from the Wake Forest Mammography Office to the Wake Forest Main Office and develop a diagnostic center at the Wake Forest Main Office	7/15/2016	8/16/2016	\$44,950
Wake	J-011168-16	Holly Hill Specialty Hospital	160196	MHH	Develop 32 additional adult inpatient psychiatric beds in a newly constructed facility on the Michael J. Smith campus for a total of 172 adult inpatient psychiatric, 60 child/adolescent inpatient psychiatric and 28 substance abuse beds on the license upon project completion	7/8/2016	8/9/2016	\$15,044,766

**Certificate of Need
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County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Wake	J-011173-16	Wake Radiology Fuquay Varina	160158	DXCTR	Replace an existing mammography unit at the Wake Radiology Fuquay-Varina Office and establish a diagnostic center	6/30/2016	8/2/2016	\$353,750
Wilkes	D-011179-16	Wilkes Regional Dialysis Ctr	956103	ESRD	Cost overrun and change of scope for Project ID #D-10244-14 (add two dialysis stations) and Project ID #D-10326-14 (add three dialysis stations)	7/8/2016	8/9/2016	\$152,541
Total	9							

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #J-11166-16

FID #943138

**ISSUED TO: Duke University Health System
d/b/a Duke University Hospital
2301 Erwin Road
Durham, NC 27710**

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 GI endoscopy procedure room for a total of no more than 11 GI endoscopy procedure rooms upon project completion/ Durham County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Duke University Hospital
2301 Erwin Road
Durham, NC 27710**

MAXIMUM CAPITAL EXPENDITURE: \$750,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 27, 2017

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


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Duke University Health System d/b/a Duke University Hospital shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System d/b/a Duke University Hospital 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. Duke University Health System d/b/a Duke University Hospital shall add no more than one gastrointestinal endoscopy procedure room for a total of no more than 11 gastrointestinal endoscopy procedure rooms upon project completion.
4. Duke University Health System d/b/a Duke University Hospital shall prohibit the exclusion of services to any patient on the basis of age, race, religion, disability or the patient's ability to pay.
5. Duke University Health System d/b/a Duke University Hospital 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 August 12, 2016.

TIMETABLE:

Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	March 31, 2017
Completion of Construction _____	June 30, 2017
Occupancy/Offering of Service _____	July 1, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CORRECTED

CERTIFICATE OF NEED

for

Project ID #: J-11128-16

FID #: 140239

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

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



Martha Frisone, Assistant 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*

CERTIFICATE OF NEED

for

Project ID #M-11160-16

FID #050926

**ISSUED TO: Harnett Health System, Inc.
800 Tilghman Drive
Dunn, NC 28334**

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 shared fixed cardiac catheterization unit pursuant to the adjusted need determination in the 2016 SMFP/ Harnett County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Central Harnett Hospital
2015 Brightwater Drive
Lillington, NC 27546**

MAXIMUM CAPITAL EXPENDITURE: \$3,280,727

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2017

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


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Harnett Health System, Inc. shall materially comply with all representations made in its certificate of need application.
2. Harnett Health System, Inc. shall acquire no more than one shared fixed cardiac catheterization unit as part of this project.
3. Harnett Health System, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
4. Harnett Health System, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the 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 August 4, 2016.

TIMETABLE:

Completion of Preliminary Drawings _____	November 15, 2016
Completion of Final Drawings _____	February 15, 2017
Approval of Final Drawings by the Construction Section, DHSR _____	April 15, 2017
Ordering Equipment _____	April 15, 2017
Contract Award _____	May 1, 2017
25% Completion of Construction _____	June 1, 2017
50% Completion of Construction _____	July 1, 2017
75% Completion of Construction _____	August 1, 2017
Completion of Construction/Arrival of Equipment _____	September 1, 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 #: M-11135-16

FID #: 944644

**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 35 stations upon project completion/ Harnett County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Dunn Kidney Center
605 Tilghman Drive
Dunn, NC 28334**

MAXIMUM CAPITAL EXPENDITURE: \$17,800

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2017

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


Martha Frisone, Assistant Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc., d/b/a Dunn Kidney Center shall materially comply with all representations made in the certificate of need application and in the supplemental information received on July 21, 2016. In those instances where representations conflict, Bio-Medical Applications of North Carolina, Inc., d/b/a Dunn Kidney Center shall materially comply with the last made representation.
2. Bio-Medical Applications of North Carolina, Inc., d/b/a Dunn Kidney Center shall develop no more than four additional stations for a total of no more than 35 certified stations upon completion of this project, which shall include any home hemodialysis or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc., d/b/a Dunn Kidney Center shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 35 dialysis stations upon completion of this project, which shall include any home hemodialysis or isolation stations.

TIMETABLE:

Ordering Equipment _____ October 17, 2017
Certification of Stations _____ December 31, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

REVISED

CERTIFICATE OF NEED

for

Project ID #P-10351-14

FID #956056

ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Southeastern Dialysis Center-Jacksonville
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 5 dialysis stations for a total of no more than 30 stations upon project completion/ Onslow County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Southeastern Dialysis Center-Jacksonville
14 Office Park Drive
Jacksonville, NC 28546

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2015

This certificate is effective as of the 19th day of March, 2015

This revised certificate is effective as of the 12th day of August, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall materially comply with all representations made in the certificate of need application except as modified by the August 9, 2016 letter. Where representations conflict, Total Renal Care d/b/a Southeastern Dialysis Center-Jacksonville shall comply with the last made representation.
2. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall add no more than five dialysis stations at Southeastern Dialysis Center-Jacksonville for a total of no more than 30 stations upon completion of this project, including any home hemodialysis or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall install plumbing and electrical wiring through the walls for no more than 30 stations upon project completion.
4. Prior to issuance of the certificate of need, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall submit documentation of an invitation to a professional training program in the Jacksonville area to use the facility for training students.
5. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 19, 2015.

TIMETABLE:

Ordering Equipment _____	September 15, 2015
Operation of Equipment _____	December 1, 2015
Certification of Stations _____	January 1, 2016
Occupancy/Offering of Service _____	January 1, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: J-11174-16

FID #: 160159

ISSUED TO: Wake Radiology Services, LLC
Wake Radiology Diagnostic Imaging, Inc.
3949 Browning Place
Raleigh, NC 27609

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: Consolidate offices by relocating existing 3D mammography unit from the Wake Forest Mammography Office to the Wake Forest Main Office and develop a diagnostic center at the Wake Forest Main Office/ Wake County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Wake Radiology Wake Forest
3150 Rogers Road, Suite 115
Wake Forest, NC 27587

MAXIMUM CAPITAL EXPENDITURE: \$44,950

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2016

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


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Wake Radiology Services, LLC, and Wake Radiology Diagnostic Imaging, Inc. shall materially comply with all representations made in the certificate of need application and in supplemental information received June 24, 2016; June 27, 2016; and July 8, 2016. In those instances where representations conflict, Wake Radiology Services, LLC, and Wake Radiology Diagnostic Imaging, Inc. shall materially comply with the last made representation.
2. Wake Radiology Services, LLC, and Wake Radiology Diagnostic Imaging, 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.
3. Wake Radiology Services, LLC, and Wake Radiology Diagnostic Imaging, 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 July 20, 2016.

TIMETABLE:

Completion of Construction _____ February 15, 2017
Occupancy/Offering of Services _____ April 1, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #J-11168-16

FID #160196

ISSUED TO: Holly Hill Hospital, LLC
Holly Hill Real Estate, LLC
Universal Health Care Services, Inc.
3019 Falstaff Road
Raleigh, North Carolina 27610

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 32 additional adult inpatient psychiatric beds in a newly constructed facility on the Michael J. Smith campus for a total of no more than 172 adult inpatient psychiatric, 60 child/adolescent inpatient psychiatric and 28 substance abuse beds upon projection completion/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Holly Hill Specialty Hospital
Michael J. Smith Lane
Raleigh, North Carolina 27610

MAXIMUM CAPITAL EXPENDITURE: \$15,044,766

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1st, 2017

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


Martha J. Frisone
Martha Frisone, Assistant Chief

CONDITIONS:

1. Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, Inc. shall develop no more than 32 adult psychiatric inpatient beds for a total of no more than 232 inpatient psychiatric beds (172 adult psychiatric beds and 60 child/adolescent beds).
3. Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, Inc. shall accept patients requiring involuntary admission for inpatient psychiatric services.
4. Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 14, 2016.

TIMETABLE:

Approval of Final Drawings & Specifications by The Construction Section, DHSR	February 15, 2017
50% Completion of Construction	July 1, 2017
Completion of Construction	December 1, 2017
Licensure of Facility	January 1, 2018
Certification of Beds	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-11173-16

FID #: 160158

ISSUED TO: Wake Radiology Services, LLC
Wake Radiology Diagnostic Imaging, Inc.
3949 Browning Place
Raleigh, NC 27609

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 a 3D mammography unit to replace existing mammography equipment/ Wake County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Wake Radiology Fuquay-Varina
7636 Purfoy Road, Suite 200
Fuquay-Varina, NC 27526

MAXIMUM CAPITAL EXPENDITURE: \$353,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2016

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



Martha Frisone, Assistant Chief

CONDITIONS:

1. Wake Radiology Services, LLC, and Wake Radiology Diagnostic Imaging, Inc. shall materially comply with all representations made in the certificate of need application and in supplemental information received June 24, 2016. In those instances where representations conflict, Wake Radiology Services, LLC, and Wake Radiology Diagnostic Imaging, Inc. shall materially comply with the last made representation.
2. Wake Radiology Services, LLC, and Wake Radiology Diagnostic Imaging, Inc. shall acquire no more than one 3D mammography system.
3. Wake Radiology Services, LLC, and Wake Radiology Diagnostic Imaging, 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. Wake Radiology Services, LLC, and Wake Radiology Diagnostic Imaging, 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 July 20, 2016.

TIMETABLE:

Obtain Funds Necessary to Undertake Project _____	November 15, 2016
Ordering of Medical Equipment _____	November 30, 2016
Completion of Construction _____	February 15, 2017
Arrival of Medical Equipment _____	March 15, 2017
Occupancy/Offering of Service _____	March 31, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: D-11179-16

FID #: 956103

ISSUED TO: WRMC Hospital Operating Corporation
PO Box 609
North Wilkesboro, NC 28659

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 and change of scope for Project ID #D-10244-14 (add two dialysis stations) and Project ID #D-10326-14 (add three dialysis stations)/ Wilkes County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wilkes Regional Dialysis Center
1917 West Park Drive
North Wilkesboro, NC 28659

MAXIMUM CAPITAL EXPENDITURE: \$152,541

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 9, 2016

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



Martha Frisone, Assistant Chief

CONDITIONS:

1. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center shall materially comply with all conditions of approval on the certificates of need for Project ID #D-10244-14 and Project ID #D-10326-14, except as specifically modified by the conditions of approval for this application, Project ID #D-11179-16.
2. The total approved capital expenditure for Project ID #D-10244-14, Project ID #D-10326-14, and Project ID #D-11179-16 is \$669,871, an increase of \$152,541 over the two previously approved capital costs of \$120,200 and \$397,130 for Project ID #D-10244-14 and Project ID #D-10326-14, respectively.
3. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.
4. Prior to issuance of the certificate of need, WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 18, 2016.

TIMETABLE:

Contract Award _____	March 4, 2016
25% Completion of Construction _____	May 15, 2016
50% Completion of Construction _____	May 30, 2016
75% Completion of Construction _____	June 15, 2016
Completion of Construction/Occupancy/Offering of Service _____	August 15, 2016