

**Certificate of Need  
Certificates  
November 2016**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Alamance	G-011212-16	Elon Dialysis	160341	ESRD	Develop a new dialysis facility by relocating 8 stations from Burlington Dialysis and 2 stations from North Burlington Dialysis	10/4/2016	11/4/2016	\$1,796,970
Catawba	E-011209-16	Fresenius Kidney Care Newton	160340	ESRD	Develop a new 12-station dialysis facility by relocating six dialysis stations from FMC of Hickory and six stations from FMC Catawba Valley	10/28/2016	11/29/2016	\$1,546,951
Craven	P-011194-16	New Bern Dialysis	955965	ESRD	Relocate four dialysis stations from FMC Craven County to New Bern Dialysis and decertify four additional stations at FMC Craven County for a total of no more than 41 dialysis stations at New Bern Dialysis and no more than 20 dialysis stations at FMC Craven County upon project completion	10/21/2016	11/22/2016	\$30,400
Forsyth	G-011211-16	Novant Health Rehabilitation Hospital of Winston-Salem, LLC	160338	HOSPITAL	Relocate the 68 existing inpatient rehabilitation beds from Novant Health Forsyth Medical Center and separately license them	10/17/2016	11/17/2016	\$28,332,976
Guilford	G-011205-16	LeBauer Endoscopy Center	923200	ASC	Relocate one existing licensed GI endoscopy room from Moses Cone Hospital to LeBauer Endoscopy Center for a total of 4 GI endoscopy rooms upon project completion	10/28/2016	11/29/2016	\$322,057
Hoke	N-011192-16	East Hoke County Dialysis	160286	ESRD	Develop a new facility by relocating 10 stations from Dialysis Care of Hoke County and provide a peritoneal dialysis home training program	10/4/2016	11/4/2016	\$1,904,211
Mecklenburg	F-011210-16	Carolinas Medical Center	943070	HOSPITAL	Acquire an intraoperative MRI scanner pursuant to Policy TE-2, which will be located in a renovated OR	10/17/2016	11/17/2016	\$13,146,665
Nash	L-011197-16	LifeCare Hospitals of North Carolina	923113	NF	Develop 40 nursing care beds as a unit of an existing long term care hospital (LTCH) pursuant to an adjusted need determination in the 2016 SMEP	10/14/2016	11/15/2016	\$11,555,000
Total	8							

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11212-16**

**FID #: 160341**

**ISSUED TO: Renal Treatment Centers – Mid Atlantic, Inc.  
2321 West Morehead Street  
Charlotte, NC 28208**

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

**SCOPE: Develop a new dialysis facility by relocating 8 stations from Burlington Dialysis and 2 stations from North Burlington Dialysis/ Alamance County**

**CONDITIONS: See Reverse Side**

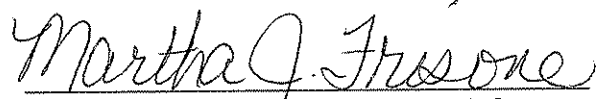
**PHYSICAL LOCATION: Elon Dialysis  
521 Boone Station Drive  
Burlington, NC 27215**

**MAXIMUM CAPITAL EXPENDITURE: \$1,796,970**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE:**

This certificate is effective as of the 4<sup>th</sup> day of November, 2016

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Elon Dialysis shall materially comply with all representations made in the certificate of need application.
2. Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Elon Dialysis shall relocate no more than eight dialysis stations from Burlington Dialysis and two dialysis stations from North Burlington Dialysis.
3. Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Elon Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Elon Dialysis shall take the necessary steps to decertify eight dialysis stations at Burlington Dialysis for a total of no more than 16 certified dialysis stations at Burlington Dialysis upon completion of this project, Project I.D. #G-10265-14 (relocate eight dialysis stations from Burlington Dialysis to Graham Dialysis) and Project I.D. #G-10347-14 (Add six stations for a total of 24).
5. Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Elon Dialysis shall take the necessary steps to decertify two dialysis stations at North Burlington Dialysis for a total of 20 certified dialysis stations at North Burlington Dialysis upon completion of this project, Project I.D. #G-10265-14 (relocate two dialysis stations from North Burlington Dialysis to Graham Dialysis), Project I.D. #G-11015-15 (Add two stations for no more than 16) and Project I.D. #G-11089-15 (Add six dialysis stations for a total of 22).
6. Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Elon 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 October 7, 2016.

**TIMETABLE:**

25% Completion of Construction	_____	June 15, 2017
50% Completion of Construction	_____	August 1, 2017
75% Completion of Construction	_____	September 15, 2017
Completion of Construction	_____	October 31, 2017
Occupancy/Offering of Service	_____	December 15, 2017
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 #: E-11209-16**

**FID #: 160340**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.**  
**3390 Dunn Road**  
**Eastover, NC 28312**

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 dialysis facility by relocating six stations from FMC Hickory and six stations from FMC of Catawba Valley/ Catawba County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Fresenius Kidney Care Newton**  
**1390 S. NC Highway 16**  
**Newton, NC 28658**

**MAXIMUM CAPITAL EXPENDITURE: \$1,546,951**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: March 31, 2017**

This certificate is effective as of the 29<sup>th</sup> day of November, 2016

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Newton shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Newton shall relocate no more than six dialysis stations from Fresenius Medical Care Hickory and no more than six dialysis stations from Fresenius Medical Care of Catawba Valley.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Newton shall install plumbing and electrical wiring through the walls for no more than 12 dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify six dialysis stations at Fresenius Medical Care Hickory for a total of no more than 29 dialysis stations at Fresenius Medical Care Hickory upon completion of this project.**
5. **Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify six dialysis stations at Fresenius Medical Care of Catawba Valley for a total of no more than 19 dialysis stations at Fresenius Medical Care of Catawba Valley upon completion of this project.**
6. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Newton 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 November 8, 2016.

**TIMETABLE:**

Contract Award	April 6, 2017
25% Completion of Construction	June 5, 2017
50% Completion of Construction	July 20, 2017
75% Completion of Construction	September 18, 2017
Completion of Construction	November 2, 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 #: P-11194-16

FID #: 955965

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.  
3390 Dunn Road  
Eastover, NC 28312

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 four dialysis stations from FMC Craven County to New Bern Dialysis and decertify four additional stations at FMC Craven County for a total of no more than 41 dialysis stations at New Bern Dialysis and no more than 20 dialysis stations at FMC Craven County upon project completion/ Craven County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** New Bern Dialysis  
2113 A. Neuse Boulevard  
New Bern, NC 28560

**MAXIMUM CAPITAL EXPENDITURE:** \$30,400

**TIMETABLE:** See Reverse Side

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

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

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. shall relocate no more than four dialysis stations from FMC Craven County to New Bern Dialysis.
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than four dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify eight dialysis stations at FMC Craven County for a total of no more than 20 dialysis stations at FMC Craven County upon project completion.
5. Bio-Medical Applications of North Carolina, 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 November 9, 2016.

**TIMETABLE:**

Final Drawings and Specifications to Construction Section, DHSR _____	April 2, 2017
Construction Contract Executed/Contract Award _____	June 1, 2017
25% Completion of Construction _____	July 16, 2017
50% Completion of Construction _____	August 30, 2017
75% Completion of Construction _____	October 14, 2017
Completion of Construction _____	November 28, 2017
Occupancy/Offering of Services _____	December 31, 2017
Certification _____	December 31, 2017

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project ID #: G-11211-16

FID #: 160338

**ISSUED TO:** Novant Health Rehabilitation Hospital of Winston-Salem, LLC  
3600 Country Club Road, Suite 201  
Winston-Salem, NC 27104

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

**SCOPE:** Relocate 68 inpatient rehabilitation beds from Novant Health Forsyth Medical Center to a new, separately licensed inpatient rehabilitation hospital to be developed in Winston-Salem / Forsyth County

**CONDITIONS:** See Reverse Side

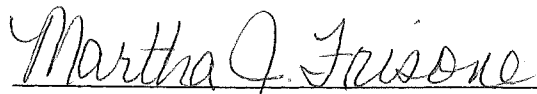
**PHYSICAL LOCATION:** Novant Health Rehabilitation Hospital of Winston-Salem  
Intersection of Stratford Rd., Somerset Dr., and Hillcrest Center Dr.  
Winston-Salem, NC 27103

**MAXIMUM CAPITAL EXPENDITURE:** \$28,332,976

**TIMETABLE:** See Reverse Side

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

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

  
Martha J. Frisone, Assistant Chief



**CONDITIONS:**

1. Novant Health Rehabilitation Hospital of Winston-Salem, LLC shall materially comply with all representations made in the certificate of need application.
2. Novant Health Rehabilitation Hospital of Winston Salem, LLC shall develop a new inpatient rehabilitation hospital with no more than 68 inpatient rehabilitation beds.
3. Novant Health Rehabilitation Hospital of Winston-Salem, LLC shall de-license 68 inpatient rehabilitation beds at Novant Health Forsyth Medical Center following completion of this project.
4. Novant Health Rehabilitation Hospital of Winston-Salem, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.
5. Novant Health Rehabilitation Hospital of Winston-Salem, 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 November 2, 2016.

**TIMETABLE:**

Completion of Preliminary Drawings _____	March 29, 2017
Contract Award (Notice to Proceed) _____	October 29, 2017
25% Completion of Construction _____	May 1, 2017
75% Completion of Construction _____	October 1, 2018
Licensure of Facility _____	January 1, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project ID #: G-11205-16

FID #: 923200

**ISSUED TO:** The Moses H. Cone Memorial Hospital,  
The Moses H. Cone Memorial Hospital Operating Corporation and  
Moses Cone Medical Service, Inc.

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 one GI endoscopy procedure room from The Moses H. Cone Memorial Hospital to LeBauer Endoscopy Center for a total of 4 GI endoscopy rooms upon project completion/ Guilford County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** LeBauer Endoscopy Center  
520 N. Elam Avenue  
Greensboro, NC 27403

**MAXIMUM CAPITAL EXPENDITURE:** \$322,057

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 29<sup>th</sup> day of November, 2016

  
Martha J. Frisone, Assistant Chief

CONDITIONS:

1. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, 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. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall relocate no more than one gastrointestinal endoscopy procedure room from The Moses H. Cone Memorial Hospital to LeBauer Endoscopy Center and shall be licensed for a total of no more than seven gastrointestinal endoscopy procedure rooms at The Moses H. Cone Memorial Hospital and four gastrointestinal endoscopy procedure rooms at LeBauer Endoscopy Center following project completion.
4. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall take the necessary steps to delicense one gastrointestinal endoscopy procedure room at The Moses H. Cone Memorial Hospital.
5. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical 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 November 17, 2016.

TIMETABLE:

Approval of Final Drawings and Specifications by the Construction Section, DHSR	February 9, 2017
25% Completion of Construction	February 17, 2017
50% Completion of Construction	February 28, 2017
75% Completion of Construction	March 7, 2017
Occupancy/Offering of Service(s)	March 31, 2017

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: N-11192-16

FID #: 160286

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

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

**SCOPE:** Develop a new facility by relocating 10 stations from Dialysis Care of Hoke County and provide a peritoneal dialysis home training program/ Hoke County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** East Hoke County Dialysis  
5415 Fayetteville Road  
Raeford, NC 28276

**MAXIMUM CAPITAL EXPENDITURE:** \$1,904,211

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 15, 2017

This certificate is effective as of the 4<sup>th</sup> day of November, 2016

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a East Hoke County Dialysis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a East Hoke County Dialysis shall relocate no more than 10 dialysis stations from Dialysis Care of Hoke County.
3. Total Renal Care of North Carolina, LLC d/b/a East Hoke County Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify 10 dialysis stations at Dialysis Care of Hoke County for a total of no more than 14 dialysis stations at Dialysis Care of Hoke County upon completion of this project and Project I.D. # N-11077-15.
5. Total Renal Care of North Carolina, LLC d/b/a East Hoke County Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 7, 2016.

**TIMETABLE:**

Contract Award	_____	January 28, 2017
75% Completion of Construction	_____	May 15, 2017
Completion of Construction	_____	July 15, 2017
Occupancy/Offering of Service	_____	July 30, 2017
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 #: F-11210-16

FID #: 943070

**ISSUED TO:** The Charlotte-Mecklenburg Hospital Authority  
2709 Water Ridge Parkway, Suite 200  
Charlotte, NC 28217

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 an intraoperative MRI scanner pursuant to Policy TE-2, which will be located in a renovated OR / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carolinas Medical Center  
1000 Blythe Blvd.  
Charlotte, NC 28203

**MAXIMUM CAPITAL EXPENDITURE:** \$13,146,665

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** May 29, 2017

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

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall acquire no more than one intraoperative magnetic resonance imaging scanner to be located in an existing operating room at Carolinas Medical Center.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas 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 VIII of the application and which would otherwise require a certificate of need.
4. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall not use the intraoperative magnetic resonance imaging scanner for outpatients and shall not replace it with a conventional MRI scanner.
5. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall report intraoperative procedures and inpatient procedures performed on the intraoperative magnetic resonance imaging scanner separately on the hospital license renewal application.
6. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center 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.
7. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 10, 2016.

**TIMETABLE:**

Approval of Final Drawings by the Construction Section, DHSR _____	February 28, 2017
25% Completion of Construction _____	May 28, 2017
50% Completion of Construction _____	July 6, 2017
75% Completion of Construction _____	October 28, 2017
Completion of Construction _____	December 1, 2017
Occupancy/Offering of Service/Operation of Equipment _____	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-11197-16

FID #: 923113

ISSUED TO: New LifeCare Hospitals of North Carolina, LLC  
1051 Noell Lane  
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: Develop 40 nursing care beds as a unit of an existing long term care hospital (LTCH) pursuant to an adjusted need determination in the 2016 SMFP / Nash County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: LifeCare Hospitals of North Carolina  
1051 Noell Lane  
Rocky Mount, NC 27804

MAXIMUM CAPITAL EXPENDITURE: \$11,555,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2017

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

  
Martha J. Frisone, Assistant Chief



**CONDITIONS:**

1. New LifeCare Hospitals of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. New LifeCare Hospitals of North Carolina, LLC shall develop no more than 40 nursing care beds. These beds will be limited to patients who, upon admission, have the following conditions/needs: ventilator-dependency; tracheostomies; tracheostomies with bi-level positive airway pressure; bariatric status with tracheostomies; bariatric status over 300 pounds; IV antibiotics administered more than once daily; total parenteral nutrition; complex wounds; dialysis; ventilator dependency and/or tracheostomies combined with dialysis.
3. New LifeCare Hospitals of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 24, 2016.

**TIMETABLE:**

Preliminary Drawings Submitted to the DFS Construction Section _____	June 1, 2017
Final Drawings Approved by the DFS Construction Section _____	February 1, 2018
Site Preparation _____	August 1, 2018
50% Completion of Construction _____	January 1, 2019
Completion of Construction _____	August 1, 2019
Licensure of Facility _____	October 1, 2019