

**Certificate of Need
Certificates
December 2016**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Alamance	G-010357-14	Peak Resources - Alamance	150231	NH	Relocate 120 nursing facility beds within Alamance County and construct a replacement facility	2/23/2015	12/22/2016	\$11,576,620
Durham	J-011216-16	Durham Regional Dialysis	160396	ESRD	Develop a new 10-station facility by relocating 3 stations from Durham Dialysis and 7 stations from Durham West Dialysis	11/16/2016	12/17/2016	\$2,206,944
Gaston	F-011229-16	Fresenius Medical Care of South Gaston	070531	ESRD	Add 2 stations for a total of 28 stations upon completion of this project and Project ID #F-11008-15 (add 6 stations)	11/18/2016	12/20/2016	\$9,400
Guilford	G-011223-16	High Point Kidney Center	945262	ESRD	Add 5 dialysis stations for a total of 41 stations upon completion of this project, Project ID #G-10262-14, Project ID #G-11075-15, and Project ID #G-11134-16	11/16/2016	12/17/2016	\$0
Guilford	G-011224-16	Triad Dialysis Center	980262	ESRD	Add 5 dialysis stations for a total of 27 dialysis stations upon project completion	11/9/2016	12/10/2016	\$0
Halifax	L-011186-16	Lakeview Village	160282	ACH	Relocate and replace the 60 Adult Care Home beds formerly at Woodhaven Rest Home #2 within Halifax County	11/23/2016	12/29/2016	\$6,606,865
Mecklenburg	F-011239-16	BMA of Nations Ford	970826	ESRD	Add 3 stations for a total of 26 stations upon completion of this project and all of the following projects: F-10052-12 (relocate 6 stations to FMC Southwest Charlotte); F-10092-13 (add 6 stations); and F-11207-16 (relocate 5 stations to FKC Southeast Mecklenburg County)	11/29/2016	12/30/2016	\$0

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County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-011207-16	Fresenius Kidney Care Southeast Mecklenburg County	160337	ESRD	Develop a new 10-station dialysis facility by relocating five stations from BMA Nations Ford and five stations from FMC Matthews, and offer home training and support for home hemodialysis and home peritoneal patients.	11/4/2016	12/6/2016	\$1,718,552
New Hanover	O-011189-16	New Hanover Regional Medical Center	943372	HOSPITAL	Construct additional floors on top of the existing Surgical Pavilion, relocate 68 acute care beds from NHRMC Orthopedic Hospital, and relocate five operating rooms from NHRMC Orthopedic Hospital, which results in a change of scope for Project I.D. #O-11042-15 (add 31 acute care beds and relocate nine acute care beds)	11/16/2016	12/17/2016	\$86,878,371
Orange	J-011218-16	University of North Carolina Hospitals	923517	HOSPITAL	Acquire an additional CT simulator for radiation treatment planning	11/21/2016	12/22/2016	\$810,806
Pitt	Q-011204-16	SpringShire Retirement Community	160291	ACH	Develop a new continuing care retirement community with 162 independent living units, 8 ACH beds and 12 nursing facility beds	11/4/2016	12/6/2016	\$6,404,765
Union	F-011208-16	Fresenius Kidney Care Indian Trail	160339	ESRD	Develop a new 10-station dialysis facility by relocating 10 stations from Metrolina Kidney Center	11/10/2016	12/13/2016	\$1,576,975
Wake	J-011237-16	BMA Raleigh	061334	ESRD	Add six dialysis stations for a total of 50 stations upon completion of this project and Project ID #J-11220-16 (Relocation of six stations to FMC White Oak)	11/18/2016	12/20/2016	\$0

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County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Wake	J-011220-16	Fresenius Medical Care White Oak	160405	ESRD	Develop a new 12-station dialysis facility in Garner by relocating 6 stations from BMA of Raleigh Dialysis and six stations from Wake Dialysis Clinic	11/18/2016	12/20/2016	\$1,790,117
Wake	J-011217-16	Waltonwood Lake Boone	150152	ACH	Change of Scope and Cost Overrun for Project ID #J-11044-15 (relocate 40 beds from James Rest Home) by relocating 28 adult care home beds from Waltonwood Cary Parkway to Waltonwood Lake Boone for a total of 68 ACH beds upon completion of this project and Project ID #J-11044-15	11/9/2016	12/10/2016	\$4,986,594
Total	15							

STATE OF NORTH CAROLINA

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

CORRECTED

CERTIFICATE OF NEED

for

Project ID #: G-10357-14

FID #: 150231

**ISSUED TO: Peak of Graham, LLC
and Peak Resources-Alamance, Inc.
2501 Blue Ridge Road, Suite 500
Raleigh, NC 27607**

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 120 nursing facility beds within Alamance County and construct a replacement facility/ Alamance County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Peak Resources-Alamance
215 College Street
Graham, NC 27523**

MAXIMUM CAPITAL EXPENDITURE: \$11,576,620

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 31, 2015

This certificate is effective as of the 26th day of March, 2015


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Peak of Graham, LLC and Peak Resources-Alamance, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Peak of Graham, LLC and Peak Resources-Alamance, Inc. shall construct a replacement nursing facility which shall be licensed for no more than 120 nursing facility beds upon project completion.**
3. **For the first two years of operation following completion of the project, Peak of Graham, LLC and Peak Resources-Alamance, Inc. 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 Agency that the proposed increase is in material compliance with the representations in the certificate of need application.**
4. **Peak of Graham, LLC and Peak Resources-Alamance, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the replacement facility that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
5. **Peak of Graham, LLC and Peak Resources-Alamance, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 4, 2015.

TIMETABLE:

Contract Award	May 27, 2015
25% Completion of Construction	November 16, 2015
50% Completion of Construction	March 17, 2016
75% Completion of Construction	May 18, 2016
Completion of Construction	September 10, 2016
Licensure of Facility	September 15, 2016
Certification of Beds	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-11216-16

FID #: 160396

ISSUED TO: DVA Healthcare Renal Care, 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: Shall develop a new ten-station dialysis facility in Durham County by relocating three stations from Durham Dialysis and seven stations from Durham West Dialysis upon completion of this project, Project I.D. #J-1104-15 and Project I.D. #J-10319-14 / Durham County

CONDITIONS: See Reverse Side

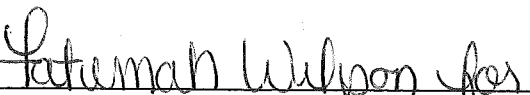
PHYSICAL LOCATION: Durham Regional Dialysis
3901 North Roxboro Road
Durham, NC 27704

MAXIMUM CAPITAL EXPENDITURE: \$2,206,944

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2017

This certificate is effective as of the 17th day of December, 2016



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Durham Regional Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Durham Regional Dialysis shall relocate no more than three dialysis stations from Durham Dialysis and no more than seven dialysis stations from Durham West Dialysis.
3. DVA Renal Healthcare, Inc. d/b/a Durham Regional Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. DVA Renal Healthcare, Inc. shall take the necessary steps to decertify three dialysis stations at Durham Dialysis for a total of no more than 22 dialysis stations at Durham Dialysis upon completion of this project and Project J-11084-15 (add three stations) and Project I.D. # J-10319-14 (relocate seven stations) and to decertify seven dialysis stations at Durham Dialysis for a total of no more than 23 dialysis stations at Durham West Dialysis upon completion of this project and Project I.D. # J-10350-14 (add four stations) and Project I.D. # J-10319-14 (relocate three stations).
5. DVA Renal Healthcare, Inc. d/b/a Durham Regional 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 November 29, 2016.

TIMETABLE:

Completion Final Drawings and Specifications _____	January 16, 2017
50% Completion of Construction _____	July 16, 2017
Completion of Construction _____	September 30, 2017
Operation of Equipment _____	December 1, 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 #: F-11229-16

FID #: 070531

**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: Add no more than 2 dialysis stations for a total of 28 dialysis stations upon completion of this project and Project ID #F-11008-15 (add 6 dialysis stations) / Gaston County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC South Gaston
7100 West Hudson Blvd
Gastonia, NC 28052**

MAXIMUM CAPITAL EXPENDITURE: \$9,400

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2017

This certificate is effective as of the 20th day of December, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Gaston shall materially comply with all representations made in its certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Gaston shall develop and operate no more than 2 additional stations for a total of 28 certified stations which shall include any home hemodialysis training or isolation stations upon completion of this project and Project ID #F-11008-15 (add 6 dialysis stations).**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Gaston shall install plumbing and electrical wiring through the walls for the 2 additional dialysis stations for a total of 28 dialysis stations, which shall include any home hemodialysis training or isolation stations, upon completion of this project and Project ID #F-11008-15 (add 6 dialysis stations).**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Gaston 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 28, 2016.

TIMETABLE:

Completion of Final Drawings and Specifications	July 3, 2017
25% Completion of Construction/Renovation	September 1, 2017
50% Completion of Construction/Renovation	October 1, 2017
75% Completion of Construction/Renovation	October 31, 2017
Completion of Construction/Renovation	November 30, 2017
Occupancy/Offering of Service	December 31, 2017
Operation of Equipment	December 22, 2017
Certification of Stations	December 31, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11223-16

FID #: 945262

**ISSUED TO: Wake Forest University Health Sciences and High Point Kidney Center of
Wake Forest University
1804 King Road
Tifton, GA 31793**

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

SCOPE: Add no more than 5 dialysis stations for a total of 41 dialysis stations upon completion of this project, Project ID #G-10262-14, Project ID #G-11075-15, and Project ID #G-11134-16/ Guilford County

CONDITIONS: See Reverse Side

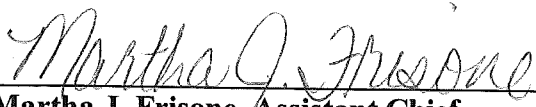
**PHYSICAL LOCATION: High Point Kidney Center of Wake Forest University
1900 Westchester Dr.
High Point, NC 27262-7012**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 30, 2017

This certificate is effective as of the 17th day of December, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.**
2. **Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall develop and operate no more than five (5) additional dialysis stations for a total of 41 certified stations upon completion of this project, Project ID #G-10262-14 (relocate 10 stations to North Randolph Dialysis Center), Project ID #G-11075-15 (add eight stations), and Project ID #G-11134-16 (relocate four stations to Thomasville Dialysis Center) which shall include any home hemodialysis training or isolation stations.**
3. **Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 1, 2016.

TIMETABLE:

Occupancy/Offering of Service/Licensure/Certification of Stations _____ June 30, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11224-16

FID #: 980262

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

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

SCOPE: Add no more than 5 dialysis stations for a total of no more than 27 dialysis stations upon project completion / Guilford County

CONDITIONS: See Reverse Side

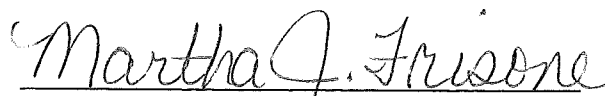
**PHYSICAL LOCATION: Triad Dialysis Center of Wake Forest University
4370 Regency Drive
High Point, NC 27265-9400**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 30, 2017

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


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Wake Forest University Health Sciences and Triad Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.**
2. **Wake Forest University Health Sciences and Triad Dialysis Center of Wake Forest University shall develop and operate no more than five (5) additional dialysis stations for a total of 27 certified stations upon project completion, which shall include any home hemodialysis training or isolation stations.**
3. **Wake Forest University Health Sciences and Triad Dialysis Center of Wake Forest University shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 15, 2016.

TIMETABLE:

Occupancy/Offering of Service/Licensure/Certification of Stations _____ June 30, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: L-11186-16

FID #: 160282

**ISSUED TO: Lake Gaston Propco Holdings, LLC and Lake Gaston Opco Holdings, LLC
P.O. Box 2568
Hickory, NC 28603**

Pursuant to N.C. Gen Stat § 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 N.C. Gen Stat § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen Stat § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen Stat § 131E-189 for any of the reasons provided in that law.

SCOPE: Relocate and replace the 60 Adult Care Home beds formerly at Woodhaven Rest Home #2 within Halifax County / Halifax County

CONDITIONS: See Reverse Side

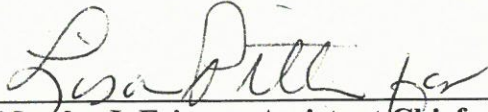
**PHYSICAL LOCATION: N. Mosby Avenue
Littleton, NC 27850**

MAXIMUM CAPITAL EXPENDITURE: \$6,606,865

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 31, 2017

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



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Lake Gaston Propco Holdings, LLC and Lake Gaston Opco Holdings, LLC shall materially comply with all representations made in the certificate of need application.
2. Lake Gaston Propco Holdings, LLC and Lake Gaston Opco Holdings, LLC shall relocate no more than 60 adult care home beds from Woodhaven Rest Home #2 for a facility total of no more than 60 ACH beds upon completion of the project.
3. Lake Gaston Propco Holdings LLC and Lake Gaston 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, Lake Gaston 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. Lake Gaston Propco Holdings, LLC and Lake Gaston Opco Holdings, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicants' representations in the written statement as described in paragraph one of Policy GEN-4
6. Lake Gaston Propco Holdings, LLC and Lake Gaston Opco Holdings, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the 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 December 21, 2016.

TIMETABLE:

Appropriate Zoning Obtained _____	March 15, 2017
Building Permit Obtained _____	May 15, 2017
Final Drawings Approved by the Construction Section, DHSR _____	July 17, 2017
Footings/Foundation Poured _____	July 20, 2017
25% Completion of Construction _____	September 9, 2017
50% Completion of Construction _____	February 20, 2018
75% Completion of Construction _____	May 29, 2018
Completion of Construction _____	August 15, 2018
Licensure of Facility _____	October 1, 2018
Medicare/Medicaid Certification _____	October 1, 2018

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: F-11239-16

FID #: 970826

ISSUED TO: Jim Swann
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: Add no more than 3 stations for a total of 26 dialysis stations upon completion of this project and all of the following projects: F-10052-12 (relocate 6 stations to FMC Southwest Charlotte); F-10092-13 (add 6 stations); and F-11207-16 (relocate 5 stations to FKC Southeast Mecklenburg County) / Mecklenburg County

CONDITIONS: See Reverse Side

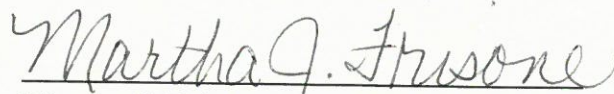
PHYSICAL LOCATION: 7901 England Street
Matthews, NC 28273

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 31, 2017

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


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Nations Ford 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 Nations Ford shall develop and operate no more than three additional dialysis stations for a total of no more than 26 certified stations upon completion of this project and all of the following projects: #F-10052-12 (relocate 6 stations to FMC Southwest Charlotte); F-10092-13 (add 6 stations); and F-11207-16 (relocate 5 stations to FKC Southeast Mecklenburg County), which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Nations Ford shall install plumbing and electrical wiring through the walls for three additional dialysis stations for a total of 26 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 Nations Ford 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 December 19, 2016.

TIMETABLE:

Occupancy/Offering of Service _____ December 31, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11207-16

FID #: 160337

**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 10-station dialysis facility by relocating five stations from BMA of Nations Ford and five from FMC Matthews, and offer home training and support for home hemodialysis and home peritoneal dialysis patients/ Mecklenburg County

CONDITIONS: See Reverse Side

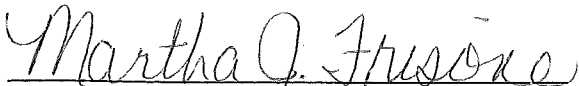
**PHYSICAL LOCATION: Fresenius Kidney Care Southeast Mecklenburg County
14741 & 14752 Lancaster Highway
Pineville, NC 28134**

MAXIMUM CAPITAL EXPENDITURE: \$1,718,552

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 15, 2017

This certificate is effective as of the 6th day of December, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Southeast Mecklenburg County shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, Fresenius Kidney Care Southeast Mecklenburg County shall materially comply with the last made representation.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Southeast Mecklenburg County shall relocate no more than five dialysis stations from BMA Nations Ford and no more than five dialysis stations from FMC Matthews.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Southeast Mecklenburg County shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify five dialysis stations at BMA Nations Ford for a total of no more than 23 dialysis stations at BMA Nations Ford upon completion of this project and all of the following projects: Project I.D. #F-10092-13 (add 6 stations) and Project I.D. #F-10052-12 (delete 6 stations).
5. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify five dialysis stations at FMC Matthews for a total of no more than 16 dialysis stations at FMC Matthews upon completion of this project and all of the following projects: Project I.D. #F-11012-15 (add 8 stations) and Project I.D. #F-10369-15 (delete 8 stations).
6. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Southeast Mecklenburg County shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

TIMETABLE:

Contract Award _____	March 31, 2017
50% Completion of Construction _____	August 13, 2017
Completion of Construction _____	October 27, 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 #: O-11189-16

FID #: 943372

**ISSUED TO: New Hanover Regional Medical Center
2131 S. 17th Street
Wilmington, NC 28402**

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 additional floors on top of the existing Surgical Pavilion, relocate 68 acute care beds from NHRMC Orthopedic Hospital, and relocate five operating rooms from NHRMC Orthopedic Hospital, which results in a change of scope for Project I.D. #O-11042-15 (add 31 acute care beds and relocate nine acute care beds) / New Hanover County

CONDITIONS: See Reverse Side

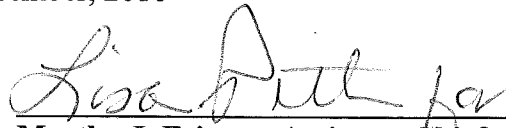
**PHYSICAL LOCATION: New Hanover Regional Medical Center
2131 S. 17th Street
Wilmington, NC 28402**

MAXIMUM CAPITAL EXPENDITURE: \$86,878,371

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2017

This certificate is effective as of the 17th day of December, 2016



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. New Hanover Regional Medical Center shall materially comply with all representations made in the certificate of need application and in clarifying information received October 31, 2016.
2. New Hanover Regional Medical Center shall materially comply with all the conditions of approval on the certificate of need for Project I.D. #O-11042-15, except as specifically modified by the conditions of approval for this application, Project I.D. #O-11189-16.
3. New Hanover Regional Medical Center shall develop a 108-bed patient tower over the existing Surgical Pavilion by relocating 68 existing acute care beds and five operating rooms from the NHRMC Orthopedic Hospital to the NHRMC 17th Street campus as well as by including the acute care beds approved in Project I.D. #O-11042-15.
4. New Hanover Regional Medical Center shall de-license 68 acute care beds and five operating rooms at NHRMC Orthopedic Hospital. Following completion of this project and Project I.D. #O-11042-15, New Hanover Regional Medical Center shall be licensed for no more than 38 operating rooms, including 29 shared operating rooms, four dedicated ambulatory surgery operating rooms, three dedicated C-section operating rooms, and two dedicated open heart surgery operating rooms, and for no more than 678 general acute care beds.
5. New Hanover Regional Medical Center 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.
6. New Hanover Regional 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.
7. New Hanover Regional Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 19, 2016.

TIMETABLE:

Final Drawings and Specifications to the Construction Section, DHSR _____	July 15, 2017
Construction Contract Executed/Contract Award _____	December 1, 2017
25% Completion of Construction _____	July 1, 2018
50% Completion of Construction _____	December 1, 2018
75% Completion of Construction _____	April 1, 2019
Completion of Construction _____	September 1, 2019
Occupancy/offering of Service _____	October 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11218-16

FID #: 923517

**ISSUED TO: University of North Carolina Hospitals at Chapel Hill
UNC HCS – Hedrick Building
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: Acquire one additional CT simulator for radiation treatment planning /
Orange County**

CONDITIONS: See Reverse Side


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

MAXIMUM CAPITAL EXPENDITURE: \$810,806

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2017

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



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the 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 expenditures in Section VIII of the application and that would otherwise require a certificate of need.
3. University of North Carolina Hospitals at Chapel Hill 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 December 15, 2016.

TIMETABLE:

Final Drawings and Specifications to Construction Section, DHSR _____	February 1, 2017
Construction Contract Executed/Contract Award _____	April 1, 2017
25% Completion of Construction _____	April 14, 2017
50% Completion of Construction _____	May 3, 2017
75% Completion of Construction _____	May 19, 2017
Completion of Construction _____	June 3, 2017
Occupancy/Offering of Services _____	July 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: Q-11204-16

FID #: 160291

ISSUED TO: SpringShire Retirement, LLC
7200 Creedmoor Road, Suite 102
Raleigh NC 27613

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 continuing care retirement community with 162 independent living units, 8 adult care home beds, and 12 nursing care beds / Pitt County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: SpringShire Retirement Community
3404 Highway 43 North
Greenville NC 27834

MAXIMUM CAPITAL EXPENDITURE: \$6,404,765

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2017

This certificate is effective as of the 6th day of December, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. SpringShire Retirement, LLC shall materially comply with all representations made in the certificate of need application.
2. SpringShire Retirement, LLC shall not construct or operate more than 8 nursing facility beds and 12 adult care home beds.
3. The nursing facility beds shall not be certified for participation in the Medicaid program.
4. The 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 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
6. The adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care 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 adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
7. The 8 new nursing facility beds and 12 new adult care home beds shall be developed on the same site with the independent living units.
8. SpringShire Retirement, LLC shall provide a written statement describing the project's plan to assure improved water conservation.
9. SpringShire Retirement, 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.
10. SpringShire Retirement, 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.
11. SpringShire Retirement, 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 & (date).

TIMETABLE:

Preliminary Drawings Submitted to the Construction Section, DHSR	_____	July 1, 2017
Site Preparation	_____	October 15, 2017
50% Completion of Construction	_____	April 15, 2018
75% Completion of Construction	_____	July 15, 2018
Licensure of Facility	_____	December 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11208-16

FID #: 160339

**ISSUED TO: Bio-Medical Applications of North Carolina
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 10-station dialysis facility by relocating 10 stations from
Metrolina Kidney Center/ Union County**

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Fresenius Kidney Care Indian Trail
7862 Idlewild Road
Indian Trail, NC 28277**

MAXIMUM CAPITAL EXPENDITURE: \$1,576,975

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2017

This certificate is effective as of the 13th day of December, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Indian Trail 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 Indian Trail shall relocate no more than ten dialysis stations from Metrolina Kidney Center.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Indian Trail shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 10 dialysis stations at Metrolina Kidney Center.**
5. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Indian Trail 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 16, 2016.

TIMETABLE:

Contract Award	April 6, 2017
25% Completion of Construction/Renovation	June 5, 2017
50% Completion of Construction/Renovation	July 20, 2017
75% Completion of Construction/Renovation	September 18, 2017
Certification of Stations	December 31, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: J-11237-16

FID #: 061334

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: Add no more than six dialysis stations for a total of 50 stations upon completion of this project and Project I.D. #J-11220-16 (Relocate 6 stations from BMA of Raleigh to a new facility in Garner) / Wake County

CONDITIONS: See Reverse Side

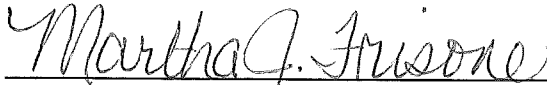
PHYSICAL LOCATION: BMA Raleigh
3943 New Bern Avenue, Suite 100
Raleigh, NC 27610

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2017

This certificate is effective as of the 20th day of December, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Raleigh 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 BMA of Raleigh Dialysis shall develop and operate no more than six additional dialysis stations for a total of no more than 50 certified stations upon completion of the project and Project I.D. # J-11220-16, which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Raleigh 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 November 28, 2016.

TIMETABLE:

Certification of Stations _____ June 30, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11220-16

FID #: 160405

**ISSUED TO: Fresenius Medical Care White Oak, LLC
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 in Garner by relocating six stations from BMA of Raleigh Dialysis and six stations from Wake Dialysis Clinic / Wake County

CONDITIONS: See Reverse Side

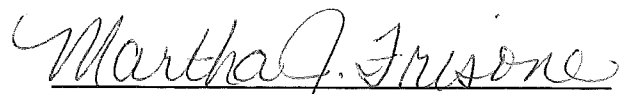
**PHYSICAL LOCATION: Fresenius Medical Care White Oak
0 Timber Drive East
Garner, NC 27529**

MAXIMUM CAPITAL EXPENDITURE: \$1,790,117

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2017

This certificate is effective as of the 20th day of December, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Fresenius Medical Care White Oak, LLC shall materially comply with all representations made in the certificate of need application.
2. Fresenius Medical Care White Oak, LLC shall relocate no more than 6 dialysis stations from BMA of Raleigh Dialysis and no more than 6 dialysis stations from Wake Dialysis Clinic.
3. Fresenius Medical Care White Oak, LLC 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. Fresenius Medical Care White Oak, LLC shall take the necessary steps to decertify 6 dialysis stations at BMA of Raleigh Dialysis for a total of no more than 44 dialysis stations at BMA of Raleigh Dialysis upon project completion.
5. Fresenius Medical Care White Oak, LLC shall take the necessary steps to decertify 6 dialysis stations at Wake Dialysis Clinic for a total of no more than 44 dialysis stations at Wake Dialysis Clinic upon project completion.
6. Fresenius Medical Care White Oak, 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 28, 2016.

TIMETABLE:

Completion of Preliminary Drawings _____	May 4, 2017
Contract Award _____	August 17, 2017
50% Completion of Construction _____	December 30, 2017
Completion of Construction/Renovation _____	April 29, 2018
Certification of Stations _____	June 30, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11217-16

FID #: 150152

ISSUED TO: Waltonwood Lake Boone II, LLC
2601 Weston Parkway
Cary, NC 27513

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

SCOPE: Change of Scope and Cost Overrun for Project ID #J-11044-15 (relocate 40 beds from James Rest Home) by relocating 28 adult care home beds from Waltonwood Cary Parkway to Waltonwood Lake Boone for a total of 68 ACH beds upon completion of this project and Project ID #J-11044-15/ Wake County

CONDITIONS: See Reverse Side

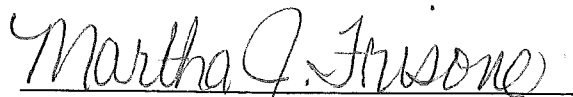
PHYSICAL LOCATION: Waltonwood Lake Boone
3550 Horton Street
Raleigh, NC 27607

MAXIMUM CAPITAL EXPENDITURE: \$4,986,594

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 15, 2017

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


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Waltonwood Lake Boone II, LLC shall materially comply with all representations made in the certificate of need application.
2. Waltonwood Lake Boone II, LLC shall relocate no more than 28 ACH beds from Waltonwood Cary Parkway to its proposed Waltonwood Lake Boone facility, for a facility total of no more than 68 ACH beds upon completion of this project and Project ID #J-11044-15 (relocate 40 ACH beds from James Rest Home), which may include a 23-bed memory care unit.
3. Waltonwood Cary Parkway shall be licensed for no more than 48 ACH beds upon completion of this project and Project ID #J-11158-16, which approved the relocation of nine ACH beds from Waltonwood Cary Parkway to Waltonwood Silverton. (85 – 9 = 76 – 28 = 48)
4. The total approved capital expenditure for this project, Project ID #J-11217-16 and Project ID #J-11044-15 is \$9,867,316, an increase of \$4,986,594 over previously approved Project ID #J-11044-15.
5. For the first two years of operation following completion of the project, Waltonwood Lake Boone II, 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 Agency that the proposed increase is in material compliance with the representations in the certificate of need application.
6. Waltonwood Lake Boone II, LLC shall provide care to recipients of State/County Special Assistance with Medicaid consistent with representations made in Section IV. 2.
7. Waltonwood Lake Boone II, 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 November 18, 2016.

TIMETABLE:

50% Completion of Construction _____	September 14, 2016
75% Completion of Construction _____	March 24, 2017
Completion of Construction _____	August 2, 2017
Occupancy/Offering of Service _____	October 1, 2017
Licensure of Facility _____	October 1, 2017
Certification of Facility _____	March 30, 2018