

**Certificate of Need
Certificates
January 2017**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Brunswick	O-011187-16	Liberty Commons of Brunswick County	160283	NH	Construct a combination nursing facility by relocating 32 ACH beds from The Commons at Brightmore located in New Hanover County and 64 nursing facility beds from Doshier Nursing Center located in Brunswick County	11/23/2016	1/6/2017	\$17,718,509
Cumberland	M-011225-16	FMC Services of West Fayetteville	011019	ESRD	Add five dialysis stations for a total of 40 stations upon completion of this project and Project ID #M-11219-16 (relocation of 5 stations)	12/16/2016	1/18/2017	\$0
Durham	J-011256-16	Durham Dialysis	955621	ESRD	Add three dialysis stations for a total of 25 dialysis stations upon completion of this project, Project I.D. # J-10319-14 (relocate seven stations to East Durham Dialysis), Project I.D. # J-11216-16 (relocate three stations to Durham Regional Dialysis) and Project I.D. # J-11084-15 (add 3 stations)	12/21/2016	1/23/2017	\$0
Henderson	B-011246-16	Hendersonville Dialysis Center	140094	ESRD	Add seven dialysis stations to existing facility for a total of 31 stations upon project completion	12/21/2016	1/21/2017	\$1,093,172
Hoke	N-011253-16	Dialysis Care of Hoke County	945165	ESRD	Add ten dialysis stations for a total of 24 dialysis stations upon completion of this project, Project ID# N-11077-15 (relo 4 to Maxton Dialysis) and Project ID# N-11192-16 (relo 10 to East Hoke)	12/16/2016	1/18/2017	\$0
Mecklenburg	F-011243-16	BMA OF NORTH CHARLOTTE	955788	ESRD	Add four dialysis stations for a total of 40 stations upon completion of project	12/19/2016	1/19/2017	\$17,800

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County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-011241-16	FMC MATTHEWS	080137	ESRD	Add 2 stations for a total of 18 stations upon completion of this project, Project I.D. #F-11012-15 (add 8 stations), Project I.D. #F-10369-15 (delete 8 stations) and Project ID #F-11207-16 (relocate 5 stations to FKC Southeast Mecklenburg County)	12/19/2016	1/19/2017	\$0
Mecklenburg	F-011236-16	BMA-WEST CHARLOTTE	955792	ESRD	Add two dialysis stations to existing facility for a total of 29 dialysis stations upon completion of this project, Project ID# F-11099-15 (relocate 4 stations to FMC Aldersgate) and Project ID# F-11144-16 (add 2 stations).	12/13/2016	1/13/2017	\$0
Nash	L-011227-16	Rocky Mount Kidney Center	944658	ESRD	Add three dialysis stations for a total of 40 stations upon completion of this project, Project I.D. # L-10177-13 (relocate 12 stations to FMC South Rocky Mount), and Project I.D. # L-10182-13 (add 7 for 37 stations)	12/15/2016	1/18/2017	\$0
New Hanover	O-011260-16	Cape Fear Dialysis	080819	ESRD	Add no more than eight dialysis stations for a total of no more than 40 stations upon completion of this project, Project I.D.# O-11324-14 (relocate two stations to New Hanover Dialysis), and Project I.D.# O-11022-15 (add two dialysis stations)	12/20/2016	1/20/2017	\$1,464,825

**Certificate of Need
Certificates
January 2017**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Rowan	F-011245-16	Dialysis Care of Kannapolis	980409	ESRD	Add five dialysis stations to existing facility for a total of 30 stations upon project completion	12/21/2016	1/21/2017	\$24,031
Union	F-011259-16	Union County Dialysis	955953	ESRD	Add two dialysis stations to existing facility for a total of 30 stations upon project completion	12/21/2016	1/23/2017	\$26,381
Wake	J-011240-16	Wake Dialysis Clinic, Inc	956094	ESRD	Add six dialysis stations for a total of 50 stations upon completion of this project and CON Project ID# J-011220-16 (relocation of six stations to FMC White Oak)	12/12/2016	1/12/2017	\$0
Wake	J-011254-16	Wake Forest Dialysis Center	041181	ESRD	Add two dialysis stations for a total of 15 stations upon completion of this project, Project ID# J-11090-15 (add two), Project ID #J-11131-16 (relocate 10 to Oak City), and Project ID# J-11152-16 (add one)	12/9/2016	1/10/2017	\$0
Wayne	P-011248-16	GAMBRO HEALTHCARE-GOLDSBORO SOUTH	970274	ESRD	Add five dialysis stations for a total of 25 dialysis stations upon completion of this project and Project ID# P-10365-14 (Relo 2 to Coastal Carolina)	12/20/2016	1/20/2017	\$2,902,861
Total	15							

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11187-16

FID #: 160283

**ISSUED TO: Liberty Healthcare Nursing Properties of Brunswick County, LLC and Southport Nursing Center, LLC and S&R Properties III, LLC and J.A. McNeill & Sons, Inc.
2334 S. 41st Street
Wilmington, NC 28403**

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: Construct a combination nursing facility by relocating 32 ACH beds from The Commons at Brightmore located in New Hanover County and 64 nursing facility beds from Doshier Nursing Center located in Brunswick County / Brunswick County

CONDITIONS: See Reverse Side

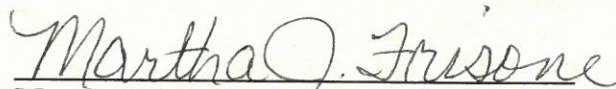
**PHYSICAL LOCATION: Liberty Commons of Brunswick County
Seafield Drive
St. James, NC 28461**

MAXIMUM CAPITAL EXPENDITURE: \$17,718,509

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2017

This certificate is effective as of the 6th day of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Liberty Healthcare Nursing Properties of Brunswick, LLC, Southport Nursing Center, LLC, S&R Properties III, LLC and J.A. McNeill and Sons, Inc. shall materially comply with all representations made in the certificate of need application.
2. Liberty Healthcare Nursing Properties of Brunswick, LLC, Southport Nursing Center, LLC, S&R Properties III, LLC and J.A. McNeill and Sons, Inc. shall relocate no more than 32 ACH beds from The Commons at Brightmore in New Hanover County for a facility total of no more than 32 ACH and 64 NF beds upon completion of the project.
3. Liberty Healthcare Nursing Properties of Brunswick, LLC, Southport Nursing Center, LLC, S&R Properties III, LLC and J.A. McNeill and Sons, Inc. shall relocate no more than 64 NF beds from Doshier Nursing Center in Brunswick County for a facility total of no more than 32 ACH and 64 NF beds upon completion of the project.
4. Southport Nursing Center, LLC, shall provide care to ACH recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
5. Southport Nursing Center, LLC, shall receive the Medicaid per diem reimbursement rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
6. For the first two years of operation following completion of the project, Liberty Commons of Brunswick County, 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.
7. Liberty Healthcare Nursing Properties of Brunswick, LLC, Southport Nursing Center, LLC, S&R Properties III, LLC and J.A. McNeill and Sons, Inc. 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
8. Liberty Healthcare Nursing Properties of Brunswick, LLC, Southport Nursing Center, LLC, S&R Properties III, LLC and J.A. McNeill and Sons, 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 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 8, 2016.

TIMETABLE:

Final Drawings submitted to the Construction Section, DHSR _____	May 1, 2017
Final Drawings Approved by the Construction Section, DHSR _____	June 1, 2017
Appropriate Zoning Obtained _____	April 1, 2017
Construction Contract Awarded _____	September 1, 2017
Building Permit Obtained _____	November 1, 2017
Site Preparation _____	January 1, 2018
25% Completion of Construction _____	August 1, 2018
50% Completion of Construction _____	December 1, 2018
75% Completion of Construction _____	April 1, 2019
Completion of Construction _____	August 1, 2019
Licensure of Facility _____	September 1, 2019
Medicare/Medicaid Certification _____	October 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: M-11225-16

FID #: 011019

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3900 Dunn Road
Eastover, NC 28312**

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: Add no more than five dialysis stations to existing facility for a total of no more than 40 dialysis stations upon completion of this project and Project ID #M-11219-16 (relocate 5 stations to BMA Fayetteville)/Cumberland County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC Services of West Fayetteville
6969 Nexus Court
Fayetteville, NC 28304**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2017

This certificate is effective as of the 18th of January, 2017



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Services of West Fayetteville shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Services of West Fayetteville shall add no more than five dialysis stations for a total of 40 dialysis stations, which shall include any home hemodialysis or isolation stations, following completion of this project and Project ID# M-11219-16.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Services of West Fayetteville shall install plumbing and electrical wiring through the walls for no more than five dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Services of West Fayetteville 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 20, 2016.

TIMETABLE:

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 #: J-11256-16

FID #: 955621

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

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: Add no more than three dialysis stations for a total of no more than 25 dialysis stations upon completion of this project, Project ID #J-10319-14 (relocate seven stations to East Durham Dialysis), Project ID #J-11216-16 (relocate three stations to Durham Regional Dialysis) and Project ID #J-11084-15 (add 3 stations)/Durham County

CONDITIONS: See Reverse Side

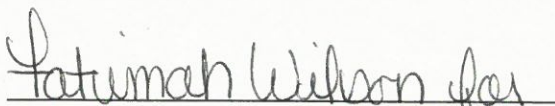
**PHYSICAL LOCATION: Durham Dialysis
201 Hood St
Durham, NC 27701**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2017

This certificate is effective as of the 23rd of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Durham Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Durham Dialysis shall develop and operate no more than three additional dialysis stations at Durham Dialysis for a total of no more than 25 certified dialysis stations upon completion of this project, Project I.D. # J-10319-14, Project I.D. # J-11084-15 and Project I.D. # J-11216-16, which shall include any isolation or home hemodialysis training stations.
3. DVA Renal Healthcare, Inc. d/b/a Durham 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 January 23, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications _____	October 1, 2017
Operation of Equipment _____	December 15, 2017
Certification of Stations _____	January 1, 2018
Occupancy/Offering of Service _____	January 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: B-11246-16

FID #: 140094

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

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: Add no more than 7 certified dialysis stations for a total of no more than 31 certified dialysis stations upon project completion / Henderson County

CONDITIONS: See Reverse Side

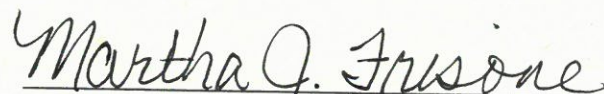
**PHYSICAL LOCATION: Hendersonville Dialysis Center
1250 7th Avenue East
Hendersonville, NC 28792**

MAXIMUM CAPITAL EXPENDITURE: \$1,093,172

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2017

This certificate is effective as of the 21st day of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Hendersonville Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Hendersonville Dialysis Center shall develop and operate no more than seven additional dialysis stations for a total of no more than 31 certified stations which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC d/b/a Hendersonville Dialysis Center shall install plumbing and electrical wiring through the walls for no more than 31 dialysis stations which shall include any isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Hendersonville Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 20, 2017.

TIMETABLE:

Final Drawings and Specifications to Construction Section, DHSR _____	May 1, 2017
Construction Contract Executed/Contract Award _____	June 1, 2017
50% Completion of Construction _____	September 1, 2017
Ordering of Medical Equipment _____	September 1, 2017
Completion of Construction _____	December 1, 2017
Operation of Medical Equipment _____	December 15, 2017
Occupancy/Offering of Services _____	January 1, 2018
Certification _____	January 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: N-11253-16

FID #: 945165

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

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: Add no more than ten stations to existing facility for a total of no more than 24 stations following completion of this project, Project ID #N-11077-15 (relocate four stations to Maxton Dialysis) and Project ID #N-11192-16 (relocate ten stations to East Hoke County Dialysis)/Hoke County

CONDITIONS: See Reverse Side

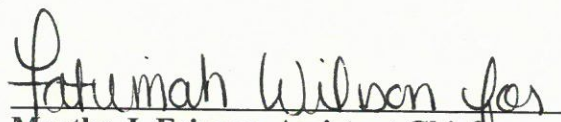
**PHYSICAL LOCATION: Dialysis Care of Hoke County
403 South Main Street
Raeford, NC 28376**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 30, 2017

This certificate is effective as of the 18th of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Hoke County shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Hoke County shall add no more than 10 dialysis stations to the existing facility for a total of 24 dialysis stations following completion of this project, Project ID# N-11077-15 (relocate four stations to Maxton Dialysis) and Project ID #N-11192-16 (relocate ten stations to East Hoke County Dialysis).
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Hoke 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. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Hoke 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 January 20, 2017.

TIMETABLE:

Operation of Equipment _____ December 15, 2017
Occupancy/Offering of Service _____ January 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11243-16

FID #: 955788

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

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: Add no more than four dialysis stations for a total of no more than 40 stations upon completion of this project / Mecklenburg County

CONDITIONS: See Reverse Side

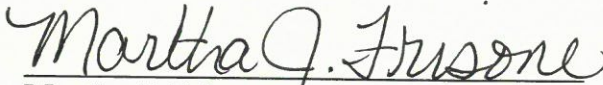
**PHYSICAL LOCATION: BMA of North Charlotte
5220 N. Tryon Street
Charlotte, NC 28213**

MAXIMUM CAPITAL EXPENDITURE: \$17,800

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2017

This certificate is effective as of the 19th day of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall develop and operate no more than four additional dialysis stations for a total of no more than 40 certified stations upon completion of the project.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 40 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 North Charlotte 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 27, 2016.

TIMETABLE:

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 #: F-11241-16

FID #: 080137

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

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: Add no more than two dialysis stations for a total of no more than 18 stations upon completion of this project, Project I.D. #F-11012-15 (add 8 stations), Project I.D. #F-10369-15 (delete 8 stations) and Project I.D. #F-11207-16 (relocate 5 stations to FKC Southeast Mecklenburg County) / Mecklenburg County

CONDITIONS: See Reverse Side

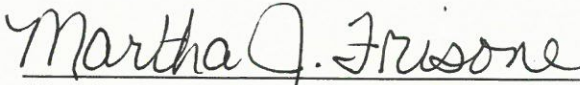
PHYSICAL LOCATION: FMC Matthews
910 Park Center Drive
Matthews, NC 28105

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2017

This certificate is effective as of the 19th day of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Matthews shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Matthews shall develop and operate no more than two additional dialysis stations for a total of no more than 18 certified stations upon completion of the project, Project I.D. #F-11012-15 (add 8 stations), Project I.D. #F-10369-15 (delete 8 stations) and Project I.D. #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 FMC Matthews 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 27, 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-11236-16

FID #: 955792

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

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: Add two dialysis stations to existing facility for a total of 29 dialysis stations upon completion of this project, Project ID# F-11099-15 (relocate 4 stations to FMC Aldersgate) and Project ID# F-11144-16 (add 2 stations) / Mecklenburg County

CONDITIONS: See Reverse Side

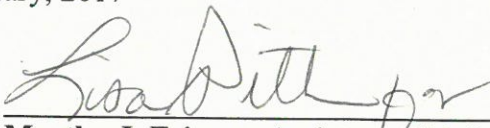
**PHYSICAL LOCATION: BMA West Charlotte
3057 Freedom Drive
Charlotte, NC 28208**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 30, 2018

This certificate is effective as of the 13th day of January, 2017



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA West Charlotte shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA West Charlotte shall develop no more than two additional stations for a total of no more than 29 certified stations upon completion of Project I.D. #F-11099-15 (relocate four stations to FMC Aldersgate), Project ID #F-11144-16 (add two stations), and this project, which shall include any home hemodialysis or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA West Charlotte shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 20, 2016.

TIMETABLE:

Offering of Service/Certification of Stations _____ December 31, 2017

STATE OF NORTH CAROLINA

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

CORRECTED

CERTIFICATE OF NEED

for

Project ID #: L-11227-16

FID #: 944658

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

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: Add no more than three dialysis stations for a total of no more than 40 stations upon completion of this project, Project ID #L-10177-13 (relocate 12 stations to FMC Rocky Mount) and Project ID #L-10182-13 (add seven stations for a total of 37 stations)/Nash County

CONDITIONS: See Reverse Side

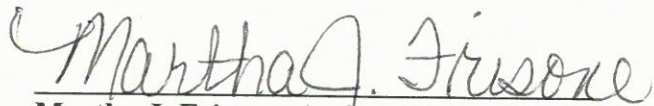
**PHYSICAL LOCATION: Rocky Mount Kidney Center
750 English Road
Rocky Mount, NC 27804**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 29, 2017

This certificate is effective as of the 18th of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Rocky Mount Kidney Center shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a Rocky Mount Kidney Center shall develop and operate no more than three additional dialysis station at Rocky Mount Kidney Center for a total of no more than 40 certified dialysis stations upon completion of this project, Project I.D.# L-10177-13 (relocate 12 stations to FMC South Rocky Mount) and Project I.D.# L-10182-13 (add seven for a total of 37 stations is complete and was certified on August 10, 2016) which shall include any isolation or home hemodialysis training stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Rocky Mount Kidney Center shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations, for a total of 40 stations upon completion of this project, Project I.D.# L-10177-13 (relocate 12 stations to FMC South Rocky Mount) and Project I.D.# L-10182-13 (add seven for a total of 37 stations is complete and was certified on August 10, 2016).
4. Bio-Medical Applications of North Carolina, Inc. d/b/a Rocky Mount Kidney Center 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 20, 2016.

TIMETABLE:

Occupancy/Offering of Service _____	December 31, 2017
Ordering Equipment _____	October 17, 2017
Certification of Stations _____	December 31, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: L-11227-16

FID #: 944658

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

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: Add no more than three dialysis stations for a total of no more than 40 stations upon completion of this project, Project ID #L-10177-13 (relocate 12 stations to FMC Rocky Mount) and Project ID #L-10182-13 (add seven stations for a total of 37 stations)/Nash County

CONDITIONS: See Reverse Side

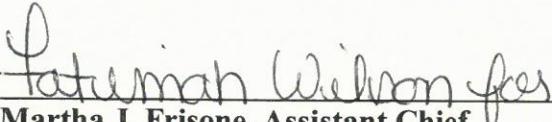
**PHYSICAL LOCATION: Rocky Mount Kidney Center
750 English Road
Rocky Mount, NC 27804**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 29, 2017

This certificate is effective as of the 18th of January, 2018


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Rocky Mount Kidney Center shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a Rocky Mount Kidney Center shall develop and operate no more than three additional dialysis station at Rocky Mount Kidney Center for a total of no more than 40 certified dialysis stations upon completion of this project, Project I.D.# L-10177-13 (relocate 12 stations to FMC South Rocky Mount) and Project I.D.# L-10182-13 (add seven for a total of 37 stations is complete and was certified on August 10, 2016) which shall include any isolation or home hemodialysis training stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Rocky Mount Kidney Center shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations, for a total of 40 stations upon completion of this project, Project I.D.# L-10177-13 (relocate 12 stations to FMC South Rocky Mount) and Project I.D.# L-10182-13 (add seven for a total of 37 stations is complete and was certified on August 10, 2016).**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Rocky Mount Kidney Center 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 20, 2016.

TIMETABLE:

Occupancy/Offering of Service	_____	December 31, 2017
Ordering Equipment	_____	October 17, 2017
Certification of Stations	_____	December 31, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11260-16

FID #: 080819

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

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: Add no more than eight dialysis stations for a total of no more than 40 stations upon completion of this project, Project ID #O-10324-14 (relocate two stations to New Hanover Dialysis), and Project ID #O-11022-15 (add two dialysis stations)/New Hanover County

CONDITIONS: See Reverse Side

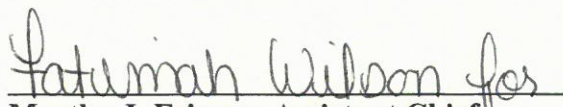
**PHYSICAL LOCATION: Cape Fear Dialysis
3005 Enterprise Drive
Wilmington, NC 28405**

MAXIMUM CAPITAL EXPENDITURE: \$1,464,825

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 15, 2017

This certificate is effective as of the 20th of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Cape Fear 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 Cape Fear Dialysis shall add no more than eight dialysis stations at Cape Fear Dialysis for a total of no more than 40 certified dialysis stations upon completion of this project, Project I.D.# O-10324-14 (relocate two stations to New Hanover Dialysis) and Project I.D.# O-11022-15 (add two dialysis stations), which shall include any include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Cape Fear Dialysis shall install plumbing and electrical wiring through the walls for no more than 40 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC d/b/a Cape Fear 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 January 20, 2017.

TIMETABLE:

Completion of Final Drawings and Specification _____	March 1, 2017
Contract Award _____	May 1, 2017
50% Completion of Construction _____	August 1, 2017
Completion of Construction/Renovation _____	November 1, 2017
Occupancy/Offering of Service _____	January 1, 2018
Certification of Stations _____	January 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11245-16

FID #: 980409

**ISSUED TO: Central Carolina Dialysis Centers, LLC
2321 West Morehead Street
Charlotte, NC 28027**

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: Add no more than five dialysis stations to existing facility for a total of no more than 30 stations upon project completion/Rowan County

CONDITIONS: See Reverse Side

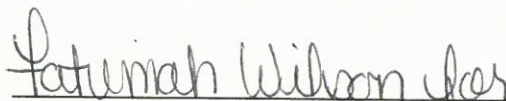
**PHYSICAL LOCATION: Dialysis Care of Kannapolis
1607 N. Main Street
Kannapolis, NC 28081**

MAXIMUM CAPITAL EXPENDITURE: \$24,031

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2017

This certificate is effective as of the 21st of January, 2017



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Central Carolina Dialysis Centers, LLC d/b/a Dialysis Care of Kannapolis shall materially comply with all representations made in the certificate of need application.
2. Central Carolina Dialysis Centers, LLC d/b/a Dialysis Care of Kannapolis develop no more than five additional stations for a total of no more than 30 certified stations upon project completion, which shall include any home hemodialysis or isolation stations.
3. Central Carolina Dialysis Centers, LLC d/b/a Dialysis Care of Kannapolis shall install plumbing and electrical wiring through the walls for five additional dialysis stations for a total of 30 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Central Carolina Dialysis Centers, LLC d/b/a Dialysis Care of Kannapolis 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 January 20, 2017.

TIMETABLE:

Contract Award _____	November 1, 2017
Completion of Construction _____	December 1, 2017
Occupancy/Offering of Service/Certification _____	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-11259-16

FID #: 955953

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

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: Add no more than two dialysis stations for a total of no more than 30 dialysis stations upon completion of this project/Union County

CONDITIONS: See Reverse Side

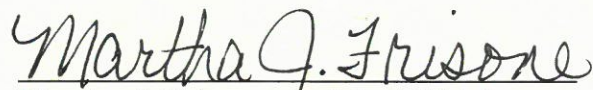
**PHYSICAL LOCATION: Union County Dialysis
615 Comfort Lane
Monroe, NC 28112**

MAXIMUM CAPITAL EXPENDITURE: \$26,381

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2017

This certificate is effective as of the 23rd of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Union County Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Union County Dialysis shall develop and operate no more than two additional dialysis stations at Union County Dialysis for a total of no more than 30 certified dialysis stations which shall include any isolation or home hemodialysis training stations upon completion of this project.
3. DVA Renal Healthcare, Inc. d/b/a Union County Dialysis shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, which shall include any isolation or home hemodialysis stations.
4. DVA Renal Healthcare, Inc. d/b/a Union 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 January 23, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications	_____	October 1, 2017
Completion of Construction/Renovation	_____	December 1, 2017
Operation of Equipment	_____	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 #: J-11240-16

FID #: 965094

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

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

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Wake Dialysis Clinic
3604 Bush Street
Raleigh, NC 27609**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2017

This certificate is effective as of the 12th day of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Wake Dialysis Clinic shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a Wake Dialysis Clinic shall develop and operate no more than six additional dialysis stations for a total of no more than 50 certified stations upon completion of this 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 Wake Dialysis Clinic 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:

Ordering Equipment	_____	April 16, 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-11254-16

FID #: 041181

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

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: Add two dialysis stations for a total of no more than 15 stations upon completion of this project, Project I.D. #J-11090-15 (Add two dialysis stations), Project I.D. #J-11131-16 (Relocate 10 stations from Wake Forest Dialysis Clinic to a new facility in Raleigh) and Project I.D. #J-11152-16 (Add one dialysis station)/Wake County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2017

This certificate is effective as of the 10th day of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

- 1. Total Renal Care, Inc. d/b/a Wake Forest Dialysis Center shall materially comply with all representations made in the certificate of need application.**
- 2. Total Renal Care, Inc. d/b/a Wake Forest Dialysis Center shall develop and operate no more than two additional dialysis stations for a total of no more than 15 certified stations upon completion of the project, Project I.D. # J-11090-15, Project I.D. # J-11131-16, and Project I.D. # J-11152-16, which shall include any isolation or home hemodialysis stations.**
- 3. Total Renal Care, Inc. d/b/a Wake Forest Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 9, 2017.

TIMETABLE:

Ordering Equipment	October 1, 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 #: P-11248-16

FID #: 970274

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

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: Add no more than five dialysis stations for a total of no more than 25 stations upon completion of this project and Project ID# P-10365-14 (relocate two stations to Coastal Carolina Dialysis)/Wayne County

CONDITIONS: See Reverse Side

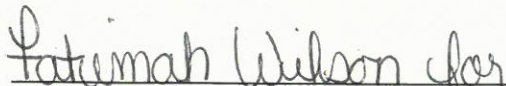
**PHYSICAL LOCATION: Goldsboro South Dialysis
1704 Wayne Memorial Drive
Goldsboro, NC 27534**

MAXIMUM CAPITAL EXPENDITURE: \$2,902,861

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2017

This certificate is effective as of the 20th of January, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Goldsboro South Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Goldsboro South Dialysis shall add no more than five dialysis stations at Goldsboro South Dialysis for a total of no more than 25 certified dialysis stations upon completion of this project and Project ID# P-10365-14 (relocate two stations to Coastal Carolina Dialysis), which shall include any include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. d/b/a Goldsboro South Dialysis shall install plumbing and electrical wiring through the walls for no more than 25 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. DVA Renal Healthcare, Inc. d/b/a Goldsboro South 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 January 20, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications _____	May 1, 2017
50% Completion of Construction/Renovation _____	September 1, 2017
Completion of Construction/Renovation _____	December 1, 2017
Occupancy/Offering of Service _____	January 1, 2018
Certification of Stations _____	January 1, 2018