

**Certificate of Need  
Certificates  
February 2017**

<b>County</b>	<b>Project ID</b>	<b>Facility</b>	<b>FID</b>	<b>Project Description</b>	<b>Decision Date</b>	<b>Certificate Issue Date</b>	<b>Approved Capital Expenditure</b>
Burke	E-011235-16	BMA of Burke County	955785	Add three dialysis stations to existing facility for a total of 36 dialysis stations upon project completion	1/27/2017	2/28/2017	\$9,000
Cherokee	A-011222-16	Peachtree Manor	110519	Cost overrun for Project ID #A-8701-11	1/27/2017	2/28/2017	\$2,000,000
Guilford	G-011269-16	The Crossings at Greensboro	160498	Acquisition and relocation of a 92-bed adult care home facility within Guilford County	1/27/2017	2/28/2017	\$12,526,882
Guilford	G-011262-16	Friends Homes at Guilford	030063	Relocate 10 Policy NH-2 beds from Friends Homes West to Friends Homes at Guilford for a total of 10 Policy NH-2 beds, 59 unrestricted NF beds and 60 ACH beds at Friends Homes at Guilford upon completion of this project and Project I.D. # G-11262-16	1/24/2017	2/24/2017	\$0
Guilford	G-011263-16	Friends Homes West	933179	Relocate 10 unrestricted NF beds from Friends Homes at Guilford to Friends Homes West for a total of 30 Policy NH-2 beds, 10 unrestricted NF beds, and 40 ACH beds at Friends Homes West at completion of this project and Project I.D. #G-11262-16	1/24/2017	2/24/2017	\$0
Haywood	A-011258-16	Waynesville Dialysis Center	010800	Add one dialysis station to existing facility for a total of 19 stations upon project completion	1/27/2017	2/28/2017	\$5,773
Iredell	F-011178-16	Davis Regional Medical Center	923134	Transfer 14 inpatient psychiatric beds from Cherry Hospital pursuant to Policy PSY-1 for a total of 42 adult inpatient psychiatric beds upon project completion	10/26/2016	2/24/2017	\$2,493,869

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Mecklenburg	F-011252-16	North Charlotte Dialysis Center	060083	Add nine stations to existing facility for a total of 36 stations upon completion of this project, Project ID# F-11019-15 (add 4) and Project ID# F-11108-15 (relo 10 to University City)	1/25/2017	2/25/2017	\$0
Mecklenburg	F-011247-16	South Charlotte Dialysis	955814	Add one dialysis station to existing facility for a total of 23 dialysis stations upon project completion	1/6/2017	2/7/2017	
New Hanover	O-011257-16	Southeastern Dialysis Center-Wilmington	956055	Add no more than four dialysis stations to the existing facility for a total of no more than 38 dialysis stations upon completion of this project, Project ID# O-10324-14 (relocate 10 stations to New Hanover Dialysis), Project ID# O-10346-14 (add 10 stations) Project ID# O-11018-15 (add three stations) and Project ID# O-11082-15 (add two stations)	1/20/2017	2/21/2017	\$0
Onslow	P-011215-16	Onslow Assisted Living	150505	Change of scope and cost overrun for Project ID #P-11113-15 (relocate and replace the 40-bed Holly Ridge Assisted Living) by relocating and replacing 40 ACH beds from Onslow House for a total of 80 ACH beds in the replacement facility	1/25/2017	2/28/2017	\$4,481,700
Pender	O-011221-16	Arbor Landing at Hampstead	160406	Relocate 19 ACH beds from Pen-Du-Rest Home to a new facility in Pender County	1/27/2017	2/28/2017	\$1,830,000
Richmond	H-011251-16	Sandhills Dialysis	090624	Add six dialysis stations to existing facility for a total of 22 stations upon project completion	1/9/2017	2/14/2017	\$1,427,686

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Total	13						

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: E-11235-16**

**FID #: 955785**

**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 to existing facility for a total of no more than 36 dialysis stations upon project completion/Burke County**

**CONDITIONS: See Reverse Side**

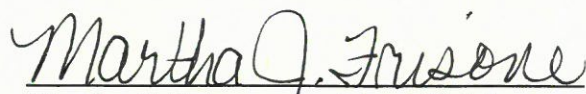
**PHYSICAL LOCATION: BMA of Burke County**  
**814 West Union Street**  
**Morganton, NC 28655**

**MAXIMUM CAPITAL EXPENDITURE: \$9000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 28<sup>th</sup> of February, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Burke County 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 Burke County shall develop and operate no more than 3 additional dialysis stations for a total of no more than 36 certified dialysis stations upon project completion which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Burke County shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Burke County shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 2, 2017.

**TIMETABLE:**

Final Drawings and Specifications to Construction Section, DHSR _____	June 3, 2017
Construction Contract Executed/Contract Award _____	July 3, 2017
25% Completion of Construction _____	August 2, 2017
50% Completion of Construction _____	September 1, 2017
75% Completion of Construction _____	October 1, 2017
Ordering of Medical Equipment _____	October 17, 2017
Completion of Construction _____	October 31, 2017
Operation of Medical Equipment _____	December 22, 2017
Occupancy/Offering of Services _____	December 31, 2017
Certification _____	December 31, 2017

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: A-11222-16**

**FID #: 110519**

**ISSUED TO: Cherokee Valley, LLC  
Peachtree Manor, Inc.  
100 Glenn Drive  
Murphy, NC 28901**

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: Cost overrun for Project ID #A-8701-11 (develop an 80-bed adult care home facility, including 32 special care unit beds). The total capital expenditure for both projects combined is \$5,100,000/Cherokee County**

**CONDITIONS: See Reverse Side**

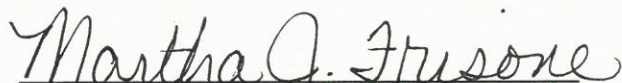
**PHYSICAL LOCATION: Peachtree Manor  
100 Glenn Drive  
Murphy, NC 28901**

**MAXIMUM CAPITAL EXPENDITURE: \$2,000,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 28<sup>th</sup> of February, 2017

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. Cherokee Valley, LLC and Peachtree Manor, Inc. shall materially comply with all of the conditions of approval on the certificate of need for Project I.D. #A-8701-11, except as specifically modified by the conditions of approval for this application, Project I.D. #A-11222-16.
2. The total approved capital expenditure for Project I.D. #A-8701-11 and Project I.D. #A-11222-16 combined is \$5,100,000, an increase of \$2,000,000 over the previously approved capital expenditure of \$3,100,000.
3. Cherokee Valley, LLC and Peachtree Manor, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VI of the application or that would otherwise require a certificate of need.
4. Cherokee Valley, LLC and Peachtree Manor, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 30, 2017.

**TIMETABLE:**

Funds Available _____	February 28, 2017
Construction Contract Executed/Contract Award _____	February 28, 2017
25% Completion of Construction _____	May 1, 2017
50% Completion of Construction _____	August 1, 2017
75% Completion of Construction _____	December 1, 2017
Completion of Construction _____	February 1, 2018
Occupancy/Offering of Services _____	April 1, 2018
Licensure _____	April 1, 2018

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11269-16**

**FID #: 160498**

**ISSUED TO: Greensboro AL Investors, LLC and Greensboro Operations, LLC  
533 Meadowmont Village Circle  
Chapel Hill, NC 27517**

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: Acquisition and relocation of a 92-bed adult care home facility to a new facility which will include a 44-bed special care unit for patients with Alzheimer's disease and dementia / Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: The Crossings at Greensboro  
3404 Whitehurst Road  
Greensboro, NC 27410**

**MAXIMUM CAPITAL EXPENDITURE: \$12,526,882**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 28<sup>th</sup> day of February, 2017

  
Martha J. Frisone, Assistant Chief



**CONDITIONS:**

1. Greensboro AL Investors, LLC and Greensboro Operations, LLC shall materially comply with all representations made in the certificate of need application.
2. Greensboro AL Investors, LLC and Greensboro Operations, LLC shall relocate no more than 92 ACH beds from Arbor Care Assisted Living to its proposed facility, The Crossings at Greensboro, for a facility total of no more than 92 ACH beds, which may include a 44-bed special care unit.
3. For the first two years of operation following completion of the project, The Crossings at Greensboro 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. Greensboro AL Investors, LLC and Greensboro Operations, LLC shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in Section VI.2.
5. Greensboro AL Investors, LLC and Greensboro Operations, 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.
6. Greensboro AL Investors, LLC and Greensboro Operations, 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 February 28, 2017.

**TIMETABLE:**

Final Drawings Submitted to the Construction Section, DHSR _____	July 1, 2017
Final Drawings Approved by the Department of Insurance _____	November 2, 2017
Approval of Site by the Construction Section, DHSR _____	March 15, 2018
50% Completion of Construction _____	August 4, 2018
Licensure of Facility _____	January 1, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11262-16**

**FID #: 30063**

**ISSUED TO: Friends Homes, Inc.  
925 New Garden Road  
Greensboro, NC 27410**

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 10 Policy NH-2 beds from Friends Homes West to Friends Homes at Guilford for a total of 10 Policy NH-2 beds, 59 unrestricted NF beds and 60 ACH beds at Friends Homes at Guilford upon completion of this project and Project I.D. # G-11263-16/Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Friends Homes at Guilford  
925 New Garden Road  
Greensboro, NC 27410**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 24<sup>th</sup> of February, 2017

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. Friends Homes, Inc. d/b/a Friends Homes at Guilford shall materially comply with all representations made in the certificate of need application and the clarifying supplemental information provided. In those instances where representations conflict, Friends Homes, Inc. d/b/a Friends Homes at Guilford shall materially comply with the last-made representation.
2. Friends Homes, Inc. d/b/a Friends Homes at Guilford shall relocate no more than 10 Policy NH-2 beds from Friends Home West to Friends Homes at Guilford for a total of 10 Policy NH-2 beds, 59 unrestricted NF beds and 60 ACH beds at Friends Guilford upon completion of this project and Project I.D. #G-11263-16. Upon completion of concurrently filed and co-dependent Project ID #G-11263-16, Friends Homes West will have a total of 30 Policy NH-2 beds, 10 unrestricted NF beds and 40 ACH beds.
3. The 10 Policy NH-2 NF beds shall not be certified for participation in the Medicaid program.
4. The 10 Policy NH-2 NF 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 10 relocated Policy NH-2 NF beds shall be located on the same site with the independent living units.
6. Friends Homes, Inc. d/b/a Friends Homes at Guilford 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 February 22, 2017.

**TIMETABLE:**

Certification \_\_\_\_\_ March 1, 2017

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11263-16**

**FID #: 933179**

**ISSUED TO: Friends Homes, Inc.  
925 New Garden Road  
Greensboro, NC 27410**

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 10 unrestricted NF beds from Friends Homes at Guilford to Friends Homes West for a total of 30 Policy NH-2 beds, 10 unrestricted NF beds, and 40 ACH beds at Friends Homes West at completion of this project and Project I.D. #G-11262-16/Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Friends Homes West  
6100 West Friendly Avenue  
Greensboro, NC 27410**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 24<sup>th</sup> of February, 2017

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. Friends Homes, Inc. d/b/a Friends Homes West shall materially comply with all representations made in the certificate of need application.
2. Friends Homes, Inc. d/b/a Friends Homes Friends Homes West shall relocate no more than 10 unrestricted NF beds from Friends Homes at Guilford to Friends Home West for a total of 30 Policy NH-2 beds, 10 unrestricted NF beds and 40 ACH beds at Friends Homes West upon completion of this project and Project I.D. #G-11262-16. Upon completion of concurrently filed and co-dependent Project ID #G-11262-16, Friends Homes at Guilford will have a total of 10 Policy NH-2 beds, 59 unrestricted NF beds and 60 ACH beds.
3. Friends Homes, Inc. d/b/a Friends Homes Friends Homes West 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 February 22, 2017.

**TIMETABLE:**

Certification \_\_\_\_\_ March 1, 2017

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: A-11258-16**

**FID #: 10800**

**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 one dialysis station to existing facility for a total of no more than 19 stations upon project completion/Haywood County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Waynesville Dialysis Center  
11 Park Terrace Drive  
Clyde, NC 28721**

**MAXIMUM CAPITAL EXPENDITURE: \$5,773**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 28<sup>th</sup> of February, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Waynesville 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 Waynesville Dialysis Center shall develop and operate no more than 1 additional dialysis station for a total of no more than 19 certified stations which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC d/b/a Waynesville Dialysis Center shall install plumbing and electrical wiring through the walls for no more than 19 dialysis stations which shall include any isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Waynesville 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 February 2, 2017.

**TIMETABLE:**

Occupancy/Offering of Services _____	January 1, 2018
Licensure/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-11178-16**

**FID #: 923134**

**ISSUED TO: Chad French  
Davis Regional Medical Center  
218 Old Mocksville Road  
Statesville, North Carolina 28625**

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: Transfer no more than 14 inpatient psychiatric beds from Cherry Hospital pursuant to Policy PSY-1 for a total of no more than 42 adult inpatient psychiatric beds upon project completion / Iredell County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Davis Regional Medical Center  
218 Old Mocksville Road  
Statesville, North Carolina 28625**

**MAXIMUM CAPITAL EXPENDITURE: \$2,493,869**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 24<sup>th</sup> day of February, 2017

  
**Martha J. Frisone, Assistant Chief**



**CONDITIONS:**

1. Statesville HMA, LLC shall materially comply with all representations made in the certificate of need application.
2. Statesville HMA, LLC shall relocate no more than 14 inpatient psychiatric beds from Cherry Hospital pursuant to Policy PSY-1 to Davis Regional Medical Center for a total licensed bed complement of no more than 42 adult inpatient psychiatric beds.
3. Statesville, HMA, LLC shall accept patients requiring involuntary admission for adult inpatient psychiatric services at Davis Regional Medical Center.
4. The Emergency Room at Davis Regional Medical Center shall not go on diversion for psychiatric patients unless all options for managing hospitals and Emergency Room flow have been exhausted. The decision to go on diversion will be made by the Emergency Room physician.
5. For a period of three years from the date on which Davis Regional commences to provide the services authorized by this certificate of need, Davis Regional shall make monthly reports for the first year and quarterly reports for the second and third years within 15 days after the end of the period to the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section (the "Agency"), containing the following information: The number of days, if any, that the Davis Emergency Department operated on diversion for psychiatric patients, the number of hours of diversion used each day, and the beginning and ending time for each diversion.
6. The Davis Regional Emergency Department shall accept transfers from Iredell Memorial Hospital, Inc., d/b/a Iredell Health System Emergency Department of stable adult psychiatric patients, if the patients are eligible for admission to any Davis inpatient psychiatric unit, and the Davis Regional Emergency Department is not on psychiatric diversion.
7. Once the fourteen (14) inpatient beds at issue in this CON are operational, Davis Regional shall not refuse to accept a transfer of a psychiatric patient to its emergency department on the sole basis that the patient has a dual diagnosis.
8. Statesville HMA, 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 October 28, 2016.

**TIMETABLE:**

Submittal of Final Drawings & Specifications to Construction Section, DHSR	_____	June 1, 2017
25% Completion of Construction	_____	September 1, 2017
50% Completion of Construction	_____	November 1, 2017
Completion of Construction	_____	March 1, 2018
Licensure of Facility	_____	April 15, 2018
Certification of Beds	_____	April 15, 2018
Occupancy of Beds	_____	August 1, 2018

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11252-16**

**FID #: 060083**

**ISSUED TO: DVA Healthcare Renal Care, 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: Shall add no more than nine dialysis stations to the existing facility for a total of no more than 36 stations upon completion of this project, Project ID# F-11019-15 (relocate four stations to Copperfield Dialysis Center), and Project ID #F-11108-15 (relocate 10 stations to University City)/Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: North Charlotte Dialysis Center  
6620 Old Statesville Road  
Charlotte, NC 28269**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 25<sup>th</sup> of February, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall develop and operate no more than nine additional dialysis stations for a total of no more than 36 certified stations upon completion of this project and the following projects: #F-011019-15 (relocate 4 stations to Copperfield Dialysis Center) and #F-011108-15 (relocate 10 stations to Sugar Creek Dialysis, formerly University City Dialysis), which shall include any isolation or home hemodialysis stations.
3. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall install plumbing and electrical wiring through the walls for nine additional dialysis stations for a total of no more than 36 certified dialysis stations which shall include any home hemodialysis training or isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte 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 February 2, 2017.

**TIMETABLE:**

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-11247-16**

**FID #: 955814**

**ISSUED TO: DVA Healthcare Renal Care, 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 one dialysis station for a total of no more than 23 stations upon project completion / Mecklenburg County**

**CONDITIONS: See Reverse Side**

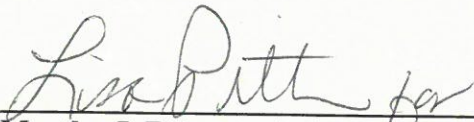
**PHYSICAL LOCATION: South Charlotte Dialysis  
6450 Bannington Road  
Charlotte, NC 28226**

**MAXIMUM CAPITAL EXPENDITURE: \$3,338**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 7<sup>th</sup> day of February, 2017

  
\_\_\_\_\_  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, South Charlotte Dialysis shall materially comply with the last made representation.
2. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis shall develop and operate no more than one additional dialysis station for a total of no more than 23 certified stations upon completion of the project.
3. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station for a total of no more than 23 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 23, 2017.

**TIMETABLE:**

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 #: O-11257-16**

**FID #: 956055**

**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 four dialysis stations to existing facility for a total of no more than 38 dialysis stations upon completion of this project, Project ID# O-10324-14 (relocate 10 stations to New Hanover dialysis), Project ID# O-10346-14 (add 10 stations), Project ID# O-11018-15 (add three stations) and Project ID# O-11082-15 (add two stations) / New Hanover County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Southeastern Dialysis Center – Wilmington  
2215 Yaupon Drive  
Wilmington, NC 28401**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 21<sup>st</sup> day of February, 2017

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall add no more than four dialysis stations to the existing facility for a total of 38 dialysis stations upon completion of this project and the following projects: Project ID# O-10324-14 (relocate 10 stations to New Hanover Dialysis), Project ID # L-10346-14 (add ten stations), Project ID# O-11018-15 (add three stations), and Project ID# O-11082-15 (add 2 stations).
3. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall install plumbing and electrical wiring through the walls for no more than four dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington 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 30, 2017.

**TIMETABLE:**

Completion of Final Drawings and Specifications	_____	August 1, 2017
Ordering Equipment	_____	October 15, 2017
Arrival 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 #: P-11215-16**

**FID #: 150505**

**ISSUED TO: Onslow Propco Holdings, LLC  
Onslow Opco Holdings, LLC  
PO 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: Change of scope and cost overrun for Project ID #P-11113-15 (relocate and replace the 40-bed Holly Ridge Assisted Living) by relocating and replacing 40ACH beds from Onslow House for a total of 80 ACH beds in the replacement facility/Onslow County**

**CONDITIONS: See Reverse Side**

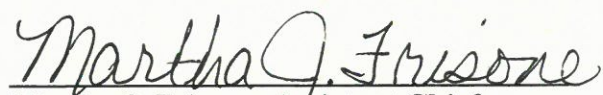
**PHYSICAL LOCATION: Onslow Assisted Living  
Hammock Beach Road  
Swansboro, NC 28584**

**MAXIMUM CAPITAL EXPENDITURE: \$4,481,700**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 28<sup>th</sup> of February, 2017

  
Martha J. Frisone, Assistant Chief



**CONDITIONS:**

1. Onslow Holdco Holdings, LLC and Onslow Opco Holdings, LLC shall materially comply with all representations made in the certificate of need application and supplemental information received December 14, 2016, January 6, 2017, and January 11, 2017. In those instances where representations conflict, Onslow Holdco Holdings, LLC and Onslow Opco Holdings, LLC shall materially comply with the last made representation.
2. Onslow Holdco Holdings, LLC and Onslow Opco Holdings, LLC shall add no more than 40 adult care home beds for a total of no more than 80 adult care home beds upon completion of this project and Project I.D. #P-11113-15.
3. The total approved capital expenditure for Project I.D. #P-11113-15 and Project I.D. #P-11215-16 combined is \$9,079,500, an increase of \$4,481,700 over the previously approved capital expenditure of \$4,597,800.
4. For the first two years of operation following completion of the project, Onslow Holdco Holdings, LLC and Onslow 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. Onslow Holdco Holdings, LLC and Onslow Opco Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
6. Upon issuance of the certificate of need for this project, Onslow House shall take the necessary steps to de-license 40 of its existing adult care home beds.
7. Onslow Holdco Holdings, LLC and Onslow 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 certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 28, 2017.

**TIMETABLE:**

Construction Contract Execute/Contract Award	_____	May 20, 2017
Construction Loan Executed	_____	August 9, 2017
Final Drawings and Specifications to Construction Section, DHSR	_____	August 10, 2017
25% Completion of Construction	_____	December 30, 2017
50% Completion of Construction	_____	April 28, 2018
75% Completion of Construction	_____	June 30, 2018
Completion of Construction	_____	August 18, 2018
Occupancy/Offering of Services	_____	October 1, 2018
Licensure/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 #: O-11221-16**

**FID #: 160406**

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

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 19 ACH beds from Pen-Du Rest Home to a new facility in Pender County/Pender County**

**CONDITIONS: See Reverse Side**

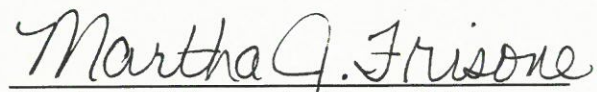
**PHYSICAL LOCATION: Arbor Landing at Hampstead  
14005 US-17  
Hampstead, NC 28443**

**MAXIMUM CAPITAL EXPENDITURE: \$1,830,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 28<sup>th</sup> of February, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. Arbor Landing at Hampstead, LLC shall materially comply with all representations made in the certificate of need application and in supplemental information. In those instances where representations conflict, Arbor Landing at Hampstead, LLC shall materially comply with the last made representation.
2. Arbor Landing at Hampstead, LLC shall relocate 19 adult care home beds from Pen-Du Rest Home to Arbor Landing at Hampstead, pursuant to Policy LTC-2, for no more than 19 adult care home beds at Arbor Landing at Hampstead upon project completion.
3. Arbor Landing at Hampstead, 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, Arbor Landing at Hampstead, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section IX 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 made in the certificate of need application.
5. Arbor Landing at Hampstead, 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 March 1, 2017.

**TIMETABLE:**

Contract Award _____	March 1, 2017
50% Completion of Construction _____	September 1, 2017
Completion of Construction _____	March 1, 2018
Occupancy/Offering of Services _____	March 1, 2018
Licensure of Beds _____	March 1, 2018

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: H-11251-16**

**FID #: 090624**

**ISSUED TO: Total Renal Care of North Carolina  
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 six dialysis stations to existing facility for a total of no more than 22 stations upon project completion/Richmond County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Sandhills Dialysis  
809 South Long Drive  
Rockingham, NC 28379**

**MAXIMUM CAPITAL EXPENDITURE: \$1,427,686**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 14<sup>th</sup> of February, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Sandhills 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 Sandhills Dialysis shall add no more than six dialysis stations to the existing facility for a total of 22 dialysis stations upon project completion.
3. Total Renal Care of North Carolina, LLC d/b/a Sandhills Dialysis shall install plumbing and electrical wiring through the walls for no more than six dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC d/b/a Sandhills 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 February 14, 2017.

**TIMETABLE:**

Contract Award	_____	June 1, 2017
50% Completion of Construction	_____	September 1, 2017
Certification of Facility	_____	January 1, 2018