

**Certificate of Need
Certificates
March 2017**

County	Project ID	Facility	FID	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Catawba	E-011261-16	Catawba County Dialysis	160450	Develop a new 10-station dialysis facility pursuant to Need Determination	2/27/2017	3/30/2017	\$2,722,202
Craven	P-011276-16	CarolinaEast Medical Center	923126	Acquire angiography equipment and install it in an existing operating room (hybrid)	2/28/2017	3/31/2017	\$2,520,286
Cumberland	M-011176-16	Valleygate Dental Surgery Center of Fayetteville	160152	Develop a dental and oral surgery ambulatory surgery facility with two operating rooms and two procedure rooms in Cumberland County pursuant to the demonstration project in the 2016 SMFP	9/27/2016	3/6/2017	\$4,841,196
Durham	J-011045-15	Croasdaile Village	990906	Add 34 adult care home beds for a total of 64 adult care home beds upon project completion	9/4/2015	3/7/2017	\$15,645,000
Guilford	G-011147-16	Cone Health	943494	Add one fixed MRI scanner on the main campus of Moses Cone Hospital, pursuant to the need determination in the 2016 SMFP, for a total of four on the hospital license	8/26/2016	3/10/2017	\$3,559,980
Guilford	G-011203-16	Valleygate Dental Surgery Center of the Triad	160293	Develop a dental and oral surgery ASC with two ORs and two procedure rooms in Guilford County (Region 4) pursuant to the demonstration project in the 2016 SMFP	11/23/2016	3/1/2017	\$3,171,526
Johnston	J-011230-16	BMA of Johnston County	944566	Add six dialysis stations for a total of 31 stations upon completion of this project	2/24/2017	3/30/2017	\$1,053,987
Lee	J-011228-16	Carolina Dialysis - Lee County	110959	Add four dialysis stations for a total of 17 dialysis stations upon completion of this project	2/24/2017	3/30/2017	\$75,000

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County	Project ID	Facility	FID	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-011202-16	Carolinas Center for Ambulatory Dentistry	160292	Develop a dental and oral surgery ASC with two ORs and two procedure rooms in Mecklenburg County (Region 2) pursuant to the demonstration project in the 2016 SMFP	11/23/2016	3/1/2017	\$3,302,625
Robeson	N-011233-16	FRESENIUS MEDICAL CARE PEMBROKE	971335	Add four dialysis stations for a total of 19 stations upon completion of project	2/20/2017	3/23/2017	\$293,082
Robeson	N-011231-16	BMA of Red Springs	980754	Add four dialysis stations for a total of 19 stations upon completion of the project	2/17/2017	3/21/2017	\$15,000
Stanly	F-011267-16	Morrow Valley Farmstead	160497	Construct a new 10-bed ICF/IID facility by transferring 10 beds, pursuant to SL 1983 Chapter 858 HB 1395	2/15/2017	3/18/2017	\$2,637,000
Wake	J-011214-16	Brittany Place	070130	Add 9 nursing facility beds and 6 adult care home beds at an existing Continuing Care Retirement Community pursuant to Policy NH-2 and Policy LTC-1	1/27/2017	3/6/2017	\$2,450,569
Wake	J-011170-16	Surgical Center for Dental Professionals of Raleigh	160154	Develop a dental and oral surgery ASC with two ORs and six procedure rooms in Wake County (Region 1) pursuant to the demonstration project in the 2016 SMFP	9/27/2016	3/1/2017	\$3,952,015
Wayne	P-011249-16	Goldsboro Dialysis Center	944654	Add seven dialysis stations to existing facility for a total of 24 dialysis stations upon completion of this project and Project ID# P-10365-14 (relo 10 to Coastal Carolina)	1/30/2017	3/3/2017	\$0
Total	15						

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: E-11261-16

FID #: 160450

**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: Develop a new 10-station dialysis facility pursuant to the need determination in the July 2016 SDR/ Catawba County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Catawba County Dialysis
1270 25th Street Place SE
Hickory, NC 28602**

MAXIMUM CAPITAL EXPENDITURE: \$2,722,202

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2017

This certificate is effective as of the 30th day of March, 2017



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Catawba County Dialysis shall materially comply with all representations made in its certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Catawba County Dialysis shall develop and be certified for no more than ten dialysis stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Catawba County Dialysis shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Catawba County 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 March 6, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications _____	September 1, 2017
Contract Award _____	November 1, 2017
25% Completion of Construction (25% of the Dollar Value of the Contract in Place) _____	December 15, 2017
50% Completion of Construction _____	February 1, 2018
Order Equipment _____	March 1, 2018
75% Completion of Construction _____	March 15, 2018
Completion of Construction/Renovation _____	May 1, 2018
Operation of Equipment _____	May 15, 2018
Occupancy/Offering of Service _____	June 1, 2018
Certification of Stations _____	July 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11276-16

FID #: 923126

**ISSUED TO: CarolinaEast Medical Center, Inc.
2000 Neuse Blvd.
New Bern, NC 28560**

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: Acquire one unit of angiography equipment and install it in an existing operating room, creating a hybrid operating room/ Craven County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: CarolinaEast Medical Center
2000 Neuse Blvd.
New Bern, NC 28560**

MAXIMUM CAPITAL EXPENDITURE: \$2,520,286

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2017

This certificate is effective as of the 31st day of March, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. CarolinaEast Medical Center shall materially comply with all representations made in the certificate of need application.
2. CarolinaEast Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.
3. CarolinaEast Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

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

TIMETABLE:

Obtain Funds Necessary to Undertake Project _____	May 29, 2017
Ordering of Equipment _____	May 30, 2017
Occupancy/Offering of Services _____	October 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: M-11176-16

FID #: 160152

**ISSUED TO: Valleygate Dental Surgery Center of Fayetteville, LLC
VFD Real Estate Partners, LLC
2015 Valleygate Drive
Fayetteville, NC 28304**

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: Develop a dental and oral surgery ambulatory surgery facility with two operating rooms and two procedure rooms in Cumberland County pursuant to the demonstration project in the 2016 SMFP/Cumberland County

CONDITIONS: See Reverse Side

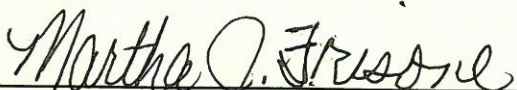
**PHYSICAL LOCATION: Valleygate Dental Surgery Center of Fayetteville
2038 Litho Place
Fayetteville, NC 28304**

MAXIMUM CAPITAL EXPENDITURE: \$4,841,196

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2017

This certificate is effective as of the 6th of March, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Valleygate Dental Surgery Center of Fayetteville, LLC and VFD Real Estate Partners, LLC shall materially comply with all representations made in the certificate of need application.
2. Valleygate Dental Surgery Center of Fayetteville, LLC and VFD Real Estate Partners, LLC shall develop a Dental Single Specialty Ambulatory Surgical Facility Demonstration Project with no more than two operating rooms and two procedure rooms.
3. Valleygate Dental Surgery Center of Fayetteville, LLC and VFD Real Estate Partners, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VII of the application and that would otherwise require a certificate of need.
4. Valleygate Dental Surgery Center of Fayetteville, LLC and VFD Real Estate Partners, LLC shall comply with all applicable criteria in Table 6D in the 2016 State Medical Facilities Plan.
5. Prior to issuance of the certificate of need, the applicants shall provide a projection for each of the first three full federal fiscal years of operation of the projected number of patients for the following payor types, broken down by age (under 21, 21 and older): (i) charity care; (ii) Medicaid; (iii) TRICARE; (iv) private insurance; (v) self-pay; and (vi) payment from other sources.
6. Prior to the issuance of the certificate of need Valleygate Dental Surgery Center of Fayetteville, LLC shall provide documentation of the availability of funds for the capital and working capital needs of the project.
7. Valleygate Dental Surgery Center of Fayetteville, LLC and VFD Real Estate Partners, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance.

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 14, 2016 and all information required to be provided before issuance of the Certificate of Need was received on March 6, 2017.

TIMETABLE:

Submit Drawings & Specifications to the Construction Section, DHSR	February 28, 2017
Contract Award (Notice to Proceed)	February 28, 2017
Obtain Funds Necessary to Undertake Project	March 31, 2017
25% Completion of Construction	May 1, 2017
50% Completion of Construction	July 1, 2017
75% Completion of Construction	October 1, 2017
Completion of Construction	December 31, 2017
Occupancy/Offering of Service(s)	March 6, 2018
Licensure of Facility	March 6, 2018
Certification of Facility	June 1, 2018

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: J-11045-15

FID #: 990906

**ISSUED TO: The United Methodist Retirement Homes, Incorporated
400 Locust Street, Suite 820
Des Moines, IW 50309-2334**

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 34 adult care home beds for a total of no more than 64 adult care home beds upon project completion/ Durham County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Croasdaile Village
2600 Croasdaile Farm Parkway
Durham, NC 27705**

MAXIMUM CAPITAL EXPENDITURE: \$15,645,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 29, 2016

This certificate is effective as of the 6th day of October, 2015
The corrected certificate of need was issued March 7, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **The United Methodist Retirement Homes, Incorporated shall materially comply with all representations made in the certificate of need application and in supplemental information provided. In those instances where representations conflict, The United Methodist Retirement Homes, Incorporated shall materially comply with the last made representation.**
2. **The United Methodist Retirement Homes, Incorporated shall add no more than 34 adult care home beds pursuant to Policy LTC-1.**
3. **The 34 additional adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.**
4. **The 34 additional adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.**
5. **The 34 new adult care home beds shall be developed on the existing site of Croasdaile Village.**
6. **The United Methodist Retirement Homes, Incorporated 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 September 21, 2015.

TIMETABLE:

Contract Award _____	November 15, 2016
50% Completion of Construction _____	October 1, 2017
Completion of Construction _____	October 1, 2018
Licensure of Beds _____	November 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11147-16

FID #: 943494

**ISSUED TO: The Moses H. Cone Memorial Hospital and the
Moses H. Cone Memorial Hospital Operating Corporation
1200 North Elm Street
Greensboro, NC 27401**

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 one fixed MRI scanner on the main campus of Moses Cone Hospital,
pursuant to the need determination in the 2016 SMFP/ Guilford County**

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Cone Health
1200 North Elm Street
Greensboro, NC 27401**

MAXIMUM CAPITAL EXPENDITURE: \$3,559,980

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2017

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



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application.**
2. **The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall acquire no more than one additional fixed MRI scanner as part of this project, for a total of four fixed MRI scanners on the hospital license.**
3. **The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.**
4. **The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.**

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

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR	June 15, 2017
25% Completion of Construction	September 15, 2017
50% Completion of Construction	November 15, 2017
75% Completion of Construction	December 15, 2017
Completion of Construction	January 15, 2018
Occupancy/Offering of Service	March 15, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11203-16

FID #: 160293

**ISSUED TO: Valleygate Dental Surgery Center of the West, LLC
2015 Valleygate Drive
Fayetteville, NC 28304**

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: Develop a dental and oral surgery ASC with two ORs and one procedure room in Guilford County (Region 4) pursuant to the demonstration project in the 2016 SMFP/ Guilford County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Valleygate Dental Surgery Center of the Triad
510 Hickory Ridge Drive
Greensboro, NC 27409**

MAXIMUM CAPITAL EXPENDITURE: \$3,171,526

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE:

This certificate is effective as of the 1st day of March, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Valleygate Dental Surgery Center of The West, LLC shall materially comply with all representations made in its certificate of need application.
2. Valleygate Dental Surgery Center of The West, LLC shall develop a Dental Single Specialty Ambulatory Surgical Facility Demonstration Project with no more than two operating rooms and one procedure room.
3. Valleygate Dental Surgery Center of The West, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.
4. Valleygate Dental Surgery Center of The West, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the 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 12, 2016.

TIMETABLE:

Submit Drawings and Specifications to the Construction Section, DHSR _____	February 27, 2017
Obtain Funds Necessary to Undertake Project _____	March 31, 2017
Contract Award (Notice to Proceed) _____	April 30, 2017
25% Completion of Construction _____	June 15, 2017
50% Completion of Construction _____	August 15, 2017
75% Completion of Construction _____	October 1, 2017
Completion of Construction _____	December 31, 2017
Licensure of Facility _____	March 1, 2018
Occupancy/Offering of Services _____	March 1, 2018
Certification _____	June 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11230-16

FID #: 944566

**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 31 dialysis stations upon project completion/ Johnston County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Johnston Dialysis Center
545 E. Market Street
Smithfield, NC 27557**

MAXIMUM CAPITAL EXPENDITURE: \$1,053,987

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2017

This certificate is effective as of the 30th day of March, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Johnston Dialysis 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 Johnston Dialysis Center shall develop and operate no more than six additional dialysis stations at Johnston Dialysis Center for a total of no more than 31 certified dialysis stations which shall include any isolation or home hemodialysis training stations upon project completion.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Johnston Dialysis Center shall install plumbing and electrical wiring through the walls for no more than six additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a Carolina Dialysis 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 March 30, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications _____	October 1, 2017
25% Completion of Construction/Renovation (25% of the Dollar Value of the Contract in Place) _____	March 30, 2018
75% Completion of Construction/Renovation _____	September 11, 2018
Operation of Equipment _____	December 22, 2018
Certification of Stations _____	December 31, 2018
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 #: J-11228-16

FID #: 110959

**ISSUED TO: Carolina Dialysis, LLC
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 17 dialysis stations upon project completion/ Lee County

CONDITIONS: See Reverse Side

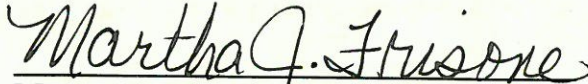
**PHYSICAL LOCATION: Carolina Dialysis – Lee County
115 Wilson Road
Sanford, NC 27332**

MAXIMUM CAPITAL EXPENDITURE: \$75,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2017

This certificate is effective as of the 30th day of March, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Carolina Dialysis, LLC d/b/a Carolina Dialysis Center - Lee County shall materially comply with all representations made in the certificate of need application except as modified by the conditions of approval.
2. Carolina Dialysis, LLC d/b/a Carolina Dialysis Center - Lee County shall develop and operate no more than four additional dialysis stations at Carolina Dialysis Center - Lee County for a total of no more than 17 certified dialysis stations which shall include any isolation or home hemodialysis training stations upon project completion.
3. Carolina Dialysis, LLC d/b/a Carolina Dialysis Center – Lee County shall not develop a home hemodialysis and peritoneal dialysis training program as part of this project.
4. Carolina Dialysis, LLC d/b/a Carolina Dialysis Center - Lee County shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
5. Carolina Dialysis, LLC d/b/a Carolina Dialysis Center - Lee 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 March 30, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications _____	October 22, 2017
25% Completion of Construction/Renovation (25% of the Dollar Value of the Contract in Place) _____	April 5, 2018
75% Completion of Construction/Renovation _____	August 18, 2018
Operation of Equipment _____	December 22, 2018
Occupancy/Offering of Service _____	December 31, 2018
Certification of Stations _____	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-11202-16

FID #: 160292

**ISSUED TO: Carolinas Center for Ambulatory Dentistry, LLC
7482 Waterside Crossing, Suite 101
Denver, North Carolina 28037**

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: Develop a dental and oral surgery ambulatory surgery center with two operating rooms and two procedure rooms in Mecklenburg County (Region 2) pursuant to the demonstration of project in the 2016 State Medical Facilities Plan/ Mecklenburg County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Carolinas Center for Ambulatory Dentistry
2736 Rozzelles Ferry Road
Charlotte, North Carolina 28208**

MAXIMUM CAPITAL EXPENDITURE: \$3,302,625

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2017

This certificate is effective as of the 1st day of March, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Carolinas Center for Ambulatory Dentistry, LLC shall materially comply with all representations made in the certificate of need application.
2. Carolinas Center for Ambulatory Dentistry, LLC shall develop a Dental Single Specialty Ambulatory Surgical Facility Demonstration Project with no more than two operating rooms and two procedure rooms.
3. Carolinas Center for Ambulatory Dentistry, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.
4. Carolinas Center for Ambulatory Dentistry, LLC shall comply with all applicable criteria in Table 6D in the 2016 State Medical Facilities Plan.
5. Carolinas Center for Ambulatory Dentistry, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

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

TIMETABLE:

Submit Drawings and Specifications to the Construction Section, DHSR _____	February 28, 2017
Contract Award (Notice to Proceed) _____	February 28, 2017
Obtain Funds Necessary to Undertake Project _____	March 31, 2017
25% Completion of Construction _____	June 1, 2017
50% Completion of Construction _____	August 1, 2017
75% Completion of Construction _____	November 1, 2017
Completion of Construction _____	December 31, 2017
Licensure of Facility _____	March 1, 2018
Occupancy/Offering of Service(s) _____	March 1, 2018
Certification _____	June 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: N-11233-16

FID #: 100881

**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 19 stations/
Robeson County**

CONDITIONS: See Reverse Side

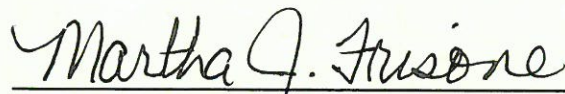
**PHYSICAL LOCATION: FMC Pembroke
1327 Harry West Lane
Pembroke, NC 28372**

MAXIMUM CAPITAL EXPENDITURE: \$293,082

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2017

This certificate is effective as of the 23rd day of March, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pembroke 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 Pembroke shall develop and operate no more than four additional dialysis stations for a total of no more than 19 certified stations upon completion of this project, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pembroke 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 23, 2017.

TIMETABLE:

Completion of Preliminary Drawings	_____	July 3, 2017
75% Completion of Construction/Renovation	_____	September 11, 2018
Certification of Stations	_____	December 31, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: N-11231-16

FID #: 980754

**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 19 stations upon completion of this project/ Robeson County

CONDITIONS: See Reverse Side

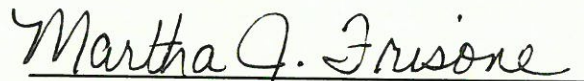
**PHYSICAL LOCATION: BMA of Red Springs
1000 East 4th Avenue
Red Springs, NC 28377**

MAXIMUM CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2017

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


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Red Springs 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 Red Springs shall develop and operate no more than four additional dialysis stations for a total of no more than 19 certified stations upon completion of this project, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Red Springs 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 23, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications _____	June 18, 2017
Order 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 #: F-11267-16

FID #: 160497

**ISSUED TO: GHA Autism Supports
PO Box 2487
Albemarle, NC 28002**

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 new 10-bed ICF/IID facility by transferring 10 ICF/IID beds from Caswell Developmental Center, J. Iverson Developmental Center and Murdoch Developmental Center pursuant to SL 1983 Chapter 858 HB 1395/Stanly County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Morrow Valley Farmstead
Morrow Mountain Road
Albemarle, NC 28001**

MAXIMUM CAPITAL EXPENDITURE: \$2,637,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 10, 2018

This certificate is effective as of the 18th day of March, 2017

Martha J. Frisone

Martha J. Frisone, Assistant Chief

CONDITIONS:

1. GHA Autism Supports shall materially comply with all representations made in the certificate of need application and in supplemental information provided. In those instances where representations conflict, GHA Autism Supports, shall materially comply with the last made representation.
2. Upon project completion, GHA Autism Supports, shall be certified for no more than ten (10) ICF/IID beds at Morrow Valley Farmstead.
3. GHA Autism Supports shall serve no more than ten (10) adults at Morrow Valley Farmstead who have severe to profound developmental disabilities.
4. GHA Autism Supports 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 27, 2017.

TIMETABLE:

Approval of Site by Construction Section, DHSR _____	June 30, 2017
Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	September 1, 2017
Building Permit Obtained _____	December 28, 2017
25% Completion of Construction (25% of the Dollar Value of the Contract in Place) _____	April 30, 2018
50% Completion of Construction _____	July 2, 2018
75% Completion of Construction _____	September 3, 2018
Occupancy/Offering of Service(s) _____	November 29, 2018
Licensure of Facility and Notification to Division of Medical Assistance of Intent to Certify Beds _____	December 31, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11214-16

FID #: 070130

**ISSUED TO: Samaritan Housing Foundation, Inc.
d/b/a SearStone Retirement Community
7200 Creedmoor Road, Suite 102
Raleigh, NC 27613**

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 9 nursing facility beds and 6 adult care home beds pursuant to Policy NH-2 and Policy LTC-1 respectively, for a total of no more than 25 NF beds and 14 ACH beds upon project completion/Wake County

CONDITIONS: See Reverse Side

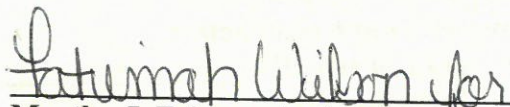
**PHYSICAL LOCATION: Brittany Place
17001 Searstone Drive
Cary, NC 27513**

MAXIMUM CAPITAL EXPENDITURE: \$2,450,569

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2017

This certificate is effective as of the 6th of March, 2017



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Samaritan Housing Foundation, Inc. d/b/a SearStone Retirement Community shall materially comply with all representations made in the certificate of need application and supplemental information. In those instances where representations conflict, Samaritan Housing Foundation, Inc. d/b/a SearStone Retirement Community shall materially comply with the last made representation.
2. Samaritan Housing Foundation, Inc. d/b/a SearStone Retirement Community shall develop no more than 9 Policy NH-2 nursing facility beds and 6 Policy LTC-1 adult care home beds for a facility total of no more than 25 NF and 14 ACH beds upon completion of the project.
3. The 9 Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
4. The 9 Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring the nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 6 Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
6. The 6 Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
7. The 9 new Policy NH-2 nursing facility beds and the 6 new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
8. Samaritan Housing Foundation, Inc., dba SearStone Retirement Community 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 February 13, 2017.

TIMETABLE:

25% Completion of Construction (25% of the dollar value of the contract in place)	_____	March 17, 2017
50% Completion of Construction	_____	May 19, 2017
75% Completion of Construction	_____	June 23, 2017
Completion of Construction	_____	August 25, 2017
Licensure of Facility	_____	October 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11170-16

FID #: 160154

**ISSUED TO: Surgical Center for Dental Professionals of Raleigh, LLC
5318 NC Highway 55, Suite 106
Durham, NC 27713**

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: Develop a dental and oral surgery ambulatory surgery facility with two operating rooms and six procedure rooms in Wake County pursuant to the demonstration project need determination in the 2016 SMFP/ Wake County

CONDITIONS: See Reverse Side

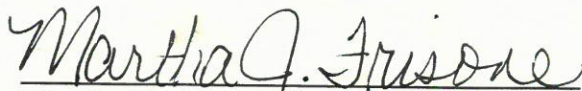
**PHYSICAL LOCATION: Surgical Center for Dental Professionals of Raleigh
2209 Century Drive
Raleigh, NC 27612**

MAXIMUM CAPITAL EXPENDITURE: \$3,952,015

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2017

This certificate is effective as of the 1st day of March, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Surgical Center for Dental Professionals of Raleigh, LLC shall materially comply with all representations made in the certificate of need application.
2. Surgical Center for Dental Professionals of Raleigh, LLC shall develop a Dental Single Specialty Ambulatory Surgical Facility Demonstration Project with no more than two operating rooms and six procedure rooms.
3. Surgical Center for Dental Professionals of Raleigh, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.
4. Surgical Center for Dental Professionals of Raleigh, LLC shall comply with all applicable criteria in Table 6D in the 2016 State Medical Facilities Plan.

TIMETABLE:

Obtain Funds Necessary to Undertake Project _____	February 15, 2017
Submit drawings and specifications for Construction Section, DHSR ____	February 15, 2017
Contract Award _____	March 15, 2017
25% Completion of Construction _____	May 1, 2017
50% Completion of Construction _____	August 1, 2017
75% Completion of Construction _____	November 1, 2017
Completion of Construction _____	January 31, 2018
Licensure of Facility _____	March 1, 2018
Occupancy/offering of service _____	March 1, 2018
Certification of Facility _____	April 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11249-16

FID #: 944654

**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 seven stations for a total of no more than 24 stations upon completion of this project and Project I.D. #P-10365-14 (relocate 10 stations, home hemodialysis and peritoneal dialysis to Coastal Carolina Dialysis)/ Wayne County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Goldsboro Dialysis Center
2609 Hospital Road
Goldsboro, NC 27534**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2017

This certificate is effective as of the 2nd day of March, 2017



Martha J. Frisone, Assistant Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Goldsboro Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Goldsboro Dialysis shall add no more than seven dialysis stations at Goldsboro Dialysis for a total of no more than 24 certified dialysis stations upon completion of this project and Project ID# P-10365-14 (relocate 10 stations, home hemodialysis and peritoneal dialysis to Coastal Carolina Dialysis).
3. DVA Renal Healthcare, Inc. d/b/a Goldsboro 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 7, 2017.

TIMETABLE:

Occupancy/Offering of Services _____	1/1/2018
Certification of Stations _____	1/1/2018