

**Certificate of Need
Certificates
April 2017**

County	Project ID	Facility	FID	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Burke	E-011094-15	BMA Burke County	150154	Add two dialysis stations for a total of 33 stations upon completion of this project and Project ID #E-11009-15 (relocate facility and add six dialysis stations)	11/24/2015	4/26/2017	\$9,000
Burke	E-011235-16	BMA Burke County	150154	Add three dialysis stations to existing facility for a total of 36 dialysis stations upon project completion	1/27/2017	4/26/2017	\$9,000
Cabarrus	F-011265-16	Hickory Ridge Dialysis	160494	Develop a new 10-station facility by relocating 8 stations from Harrisburg Dialysis and 2 stations from Copperfield Dialysis	3/10/2017	4/11/2017	\$2,837,220
Cumberland	M-011219-16	BMA Fayetteville	140236	Relocate 5 dialysis stations from FMC West Fayetteville to Fayetteville Kidney Center for a total of 50 stations at Fayetteville Kidney Center upon completion of this project, Project IDM-10191-13 (add 3 stations), Project ID# M-10304-14 (relocate Fayetteville Kidney Center to be known as BMA Fayetteville), and Project ID# M-10340-14 (add 3 stations)	11/29/2016	4/10/2017	\$18,750
Gaston	F-011266-16	Fresenius Kidney Care North Gaston	160496	Develop a new 12-station dialysis facility by relocating 12 dialysis stations from FMC Gastonia and offer PD & HH training	3/29/2017	4/29/2017	\$1,837,078

**Certificate of Need
Certificates
April 2017**

County	Project ID	Facility	FID	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-011268-16	Carolinas Medical Center (Mercy Campus)	923352	Renovate existing space on the Mercy campus related to the provision of surgical services and relocate one existing OR from CMC-Main	3/3/2017	4/4/2017	\$18,000,000
Pasquotank	R-011274-16	Chesapeake Regional Medical Center	160558	Bring existing mobile mammography van into northeastern North Carolina to provide services which results in the development of a mobile diagnostic program	3/10/2017	4/11/2017	\$0
Pitt	Q-011292-17	Vidant Radiation Oncology Center at VMC	170020	Relocate five existing linear accelerators, two from NC Radiation Therapy Center and three from Leo Jenkins Cancer Center (replacing four) to a new outpatient cancer center at Vidant Medical Center which is currently under construction for a total of five linear accelerators upon project completion	3/24/2017	4/25/2017	\$24,159,964
Rowan	F-011264-16	Spencer Dialysis	160495	Develop a new 10- station facility by relocating 8 stations from Dialysis Care of Rowan County and 2 stations from Dialysis Care of Kannapolis	3/3/2017	4/4/2017	\$2,151,711
Total	9						

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CORRECTED CERTIFICATE OF NEED

for

Project ID #E-11094-15

FID #150154

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

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

SCOPE: Add no more than 2 dialysis stations for a total of no more than 33 dialysis stations upon completion of this project and Project I.D. #E-11009-15 (relocate existing facility and add 6 stations)/ Burke County

CONDITIONS: See Reverse Side


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

MAXIMUM CAPITAL EXPENDITURE: \$9,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2016

This certificate is effective as of the 29th day of December, 2015
The corrected certificate was issued on April 26, 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 two additional dialysis stations for a total of no more than 33 certified stations following completion of this project and Project I.D. E-11009-15 (relocate existing facility and add six stations), 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 33 dialysis stations at the replacement facility, which shall include any isolation or home hemodialysis 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 Agency in writing prior to issuance of the certificate of need.

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

TIMETABLE:

Final Drawings and Specifications Sent to the Construction Section, DHSR _____	March 2, 2016
Construction Contract Executed _____	March 16, 2016
25% Completion of Construction _____	May 15, 2016
50% Completion of Construction _____	July 14, 2016
75% Completion of Construction _____	September 12, 2016
Ordering of Medical Equipment _____	October 17, 2016
Completion of Construction _____	November 11, 2016
Operation of Medical Equipment _____	December 22, 2016
Occupancy/Offering of Services _____	December 31, 2016
Certification _____	December 31, 2016

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: E-11235-16

FID #: 150154

**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

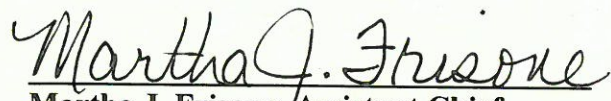
**PHYSICAL LOCATION: BMA of Burke County
814 West Union Street
Morganton, NC 28655**

MAXIMUM CAPITAL EXPENDITURE: \$9000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2017

This certificate is effective as of the 28th of February, 2017
The corrected certificate was issued on April 26, 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 #: F-11265-16

FID #: 160494

**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 in Cabarrus County by relocating eight stations from Harrisburg Dialysis and two stations from Copperfield Dialysis and offer home training and support for peritoneal dialysis patients/ Cabarrus County

CONDITIONS: See Reverse Side

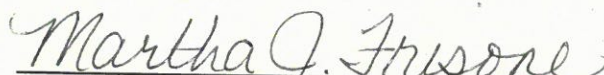
**PHYSICAL LOCATION: Hickory Ridge Dialysis
9250 McCorkle Lane
Charlotte, NC 28215**

MAXIMUM CAPITAL EXPENDITURE: \$2,837,220

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2018

This certificate is effective as of the 11th day of April, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Hickory Ridge Dialysis shall materially comply with all representations made in the certificate of need application except as modified by the conditions of approval.
2. Total Renal Care of North Carolina, LLC d/b/a Hickory Ridge Dialysis shall relocate no more than eight dialysis stations from Harrisburg Dialysis and no more than two dialysis stations from Copperfield Dialysis.
3. Total Renal Care of North Carolina, LLC d/b/a Hickory Ridge Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation stations and home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify eight dialysis stations at Harrisburg Dialysis for a total of no more than 17 dialysis stations at Harrisburg Dialysis upon completion of this project and Project F-11088-15 (add six stations).
5. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify two dialysis stations at Copperfield Dialysis for a total of no more than 25 dialysis stations at Copperfield Dialysis upon completion of this project and Project I.D. # F-11019-15 (add four stations).
6. Total Renal Care of North Carolina, LLC d/b/a Hickory Ridge 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 March 21, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications _____	January 15, 2018
25% Completion of Construction/Renovation (25% of the Dollar Value of the Contract in Place) _____	May 31, 2018
Completion of Construction/Renovation _____	October 15, 2018
Operation of Equipment _____	December 1, 2018
Occupancy/Offering of Service _____	December 15, 2018
Certification of Stations _____	January 1, 2019

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: M-11219-16

FID #: 140236

**ISSUED TO: Bio-Medical Applications of Fayetteville
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: Relocate 5 dialysis stations from FMC West Fayetteville to Fayetteville Kidney Center for a total of 50 stations at Fayetteville Kidney Center upon completion of this project, Project ID# M-10191-13 (add 3 stations), Project ID# M-10304-14 (relocate Fayetteville Kidney Center to be known as BMA Fayetteville), and Project ID# M-10340-14 (add 3 stations)/Cumberland County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: BMA Fayetteville (formerly Fayetteville Kidney Center)
1315 Avon Street
Fayetteville, NC 28304**

MAXIMUM CAPITAL EXPENDITURE: \$18,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 15, 2017

This certificate is effective as of the 30th day of December, 2016
Corrected certificate issued April 10, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Bio-Medical Applications of Fayetteville, Inc. d/b/a Fayetteville Kidney Center shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of Fayetteville, Inc. shall relocate no more than five dialysis stations from FMC West Fayetteville to Fayetteville Kidney Center for a total of no more than 50 certified stations which shall include any home hemodialysis training or isolation stations, following completion of this project and all of the following projects: Project ID# M-10191-13 (add three stations), Project ID# M-10304-14 (relocate Fayetteville Kidney Center to be known as BMA Fayetteville) and Project ID# M-10340-14 (add three stations).
3. Bio-Medical Applications of Fayetteville, Inc. d/b/a Fayetteville Kidney Center shall install plumbing and electrical wiring through the walls for no more than five additional dialysis stations, for a total of no more than 50 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of Fayetteville, Inc. shall take the necessary steps to decertify five dialysis stations at FMC West Fayetteville for a total of no more than 35 dialysis stations at FMC West Fayetteville upon project completion.
5. Bio-Medical Applications of Fayetteville, Inc. d/b/a Fayetteville Kidney 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 December 5, 2016.

TIMETABLE:

25% Completion of Construction (25% of the Dollar Value of the Contract in Place)	_____	March 29, 2017
Completion of Construction/Renovation	_____	May 31, 2017
Occupancy/Offering of Service	_____	June 30, 2017
Certification of Stations	_____	June 30, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: F-11266-16

FID #: 160496

**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: Develop a new 12-station dialysis facility by relocating 12 dialysis stations from FMC Gastonia and offer home training and support for home hemodialysis and peritoneal patients/ Gaston County

CONDITIONS: See Reverse Side

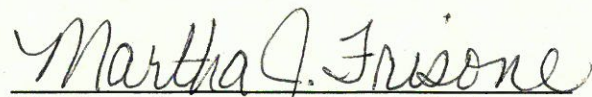
**PHYSICAL LOCATION: Fresenius Kidney Care North Gaston
1508 Lower Dallas Highway
Dallas, NC 28034**

MAXIMUM CAPITAL EXPENDITURE: \$1,837,078

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 5, 2018

This certificate is effective as of the 29th day of April, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care North Gaston shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care North Gaston shall relocate no more than 12 dialysis stations from FMC Gastonia.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care North Gaston shall install plumbing and electrical wiring through the walls for no more than 12 dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 12 dialysis stations at FMC Gastonia for a total of no more than 27 dialysis stations at FMC Gastonia upon completion of this project.**
5. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care North Gaston 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 April 3, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications	December 31, 2017
25% Completion of Construction/Renovation (25% of the Dollar Value of the Contract in Place)	May 15, 2018
Completion of Construction/Renovation	November 11, 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-11268-16

FID #: 923352

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

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: Renovate existing space on the Mercy Campus related to surgical services and relocate one existing OR from Carolinas Medical Center-Main/ Mecklenburg County

CONDITIONS: See Reverse Side

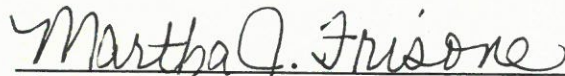
**PHYSICAL LOCATION: Carolinas Medical Center (Mercy Campus)
2001 Vail Avenue
Charlotte, NC 28207**

MAXIMUM CAPITAL EXPENDITURE: \$18,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 31, 2017

This certificate is effective as of the 4th day of April, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center – Mercy Campus shall materially comply with all representations made in its certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center – Mercy Campus shall relocate no more than one operating room from Carolinas Medical Center - Main to Carolinas Medical Center – Mercy Campus for a total of no more than 16 licensed shared operating rooms at Carolinas Medical Center – Mercy Campus.
3. Upon completion of this project and Project I.D. #F-11106-15, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center - Main shall have a total of no more than 44 licensed operating rooms, including 5 open heart surgery, 4 dedicated C-Section, 1 dedicated inpatient surgery, 8 dedicated ambulatory surgery, and 26 shared operating rooms.
4. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center – Mercy Campus shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
5. 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 shall be developed and implemented. The plan must be consistent with the applicant’s representations in the written statement as described in paragraph one of Policy GEN-4.
6. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center – Mercy Campus shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing 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 29, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications _____	October 2, 2017
Contract Award _____	January 1, 2018
25% Completion of Construction _____	April 15, 2018
50% Completion of Construction _____	July 1, 2018
75% Completion of Construction _____	October 1, 2018
Completion of Construction _____	December 1, 2018
Occupancy/Offering of Services _____	January 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: R-11274-16

FID #: 160558

**ISSUED TO: Chesapeake Regional Medical Center
736 Battlefield Boulevard North
Chesapeake, VA 23320**

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: Bring existing mobile mammography van into northeastern North Carolina to provide services which results in the development of a mobile diagnostic program (i.e., a diagnostic center)/ Multi-County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Chesapeake Regional Medical Center
736 Battlefield Boulevard North
Chesapeake, VA 23320**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2017

This certificate is effective as of the 11th day of April, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. **Chesapeake Regional Medical Center shall materially comply with all representations made in the certificate of need application and in supplemental information received March 8, 2017, March 7, 2017, March 3, 2017, February 28, 2017, February 27, 2017 and January 30, 2017. In those instances where representations conflict, Chesapeake Regional Medical Center shall materially comply with the last made representation.**
2. **Chesapeake Regional Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.**
3. **Chesapeake Regional 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:

Radiation Protection Sign-Off _____ March 20, 2017
Offering Service _____ April 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: Q-11292-17

FID #: 170020

ISSUED TO: Vidant Radiation Oncology, LLC
P.O. Box 6028
Greenville, NC 27835-6028

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 five existing linear accelerators, two from NC Radiation Therapy Center and three from Leo Jenkins Cancer Center (replacing four) to a new outpatient cancer center at Vidant Medical Center which is currently under construction for a total of five linear accelerators upon project completion/ Pitt County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Vidant Radiation Oncology Center at Vidant Medical Center
2100 Stantonsburg Road
Greenville, NC 27834

MAXIMUM CAPITAL EXPENDITURE: \$24,159,964

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2017

This certificate is effective as of the 25th day of April, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Vidant Radiation Oncology, LLC shall material comply with all representation made in the certificate of need application.
2. Vidant Radiation Oncology, LLC shall acquire no more than four linear accelerators, including a CyberKnife, to replace four of the existing five linear accelerators being relocated to Vidant Radiation Oncology Center at Vidant Medical Center. The applicant shall dispose of the four existing linear accelerators being replaced by removing them from North Carolina.
3. Vidant Radiation Oncology, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section F of the application and that would otherwise require a certificate of need.
4. Vidant Radiation Oncology, 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.
5. Vidant Radiation Oncology, 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 April 5, 2017.

TIMETABLE:

Phase 1 (Replace and Relocate Four Linear Accelerators, Including the CyberKnife)

Equipment Ordered	August 5, 2017
Construction Contract Executed/Contract Award	November 1, 2017
25% Completion of Construction	December 1, 2017
50% Completion of Construction	January 1, 2018
75% Completion of Construction	February 1, 2018
Completion of Construction	March 15, 2018
Occupancy/Offering of Services	April 1, 2018

Phase 2 (Relocate the Fifth Linear Accelerator)

Construction Contract Executed/Contract Award	May 1, 2019
25% Completion of Construction	June 1, 2019
50% Completion of Construction	July 1, 2019
75% Completion of Construction	August 1, 2019
Completion of Construction	September 1, 2019
Occupancy/Offering of Services	October 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11264-16

FID #: 160495

**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 facility by relocating eight stations from Dialysis Care of Rowan County and two stations from Dialysis Care of Kannapolis/ Rowan County

CONDITIONS: See Reverse Side

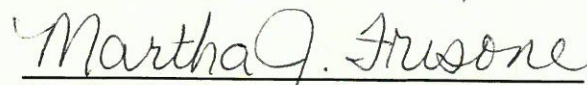
**PHYSICAL LOCATION: Spencer Dialysis
North Salisbury Avenue and Sowers Road
Spencer, NC 28159**

MAXIMUM CAPITAL EXPENDITURE: \$2,151,711

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2018

This certificate is effective as of the 4th day of April, 2017


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Spencer 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 Spencer Dialysis shall develop no more than 10 dialysis stations at Spencer Dialysis by relocating 8 stations from Dialysis Care of Rowan County and 2 stations from Dialysis Care of Kannapolis.
3. Total Renal Care of North Carolina, LLC d/b/a Spencer Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify 8 stations at Dialysis Care of Rowan County for a total of no more than 25 dialysis stations at Dialysis Care of Rowan County upon completion of this project and Project ID # F-11154-16.
5. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify 2 stations at Dialysis Care of Kannapolis for a total of no more than 28 dialysis stations at Dialysis Care of Kannapolis upon completion of this project and Project ID #F-11245-16.
6. Total Renal Care of North Carolina, LLC d/b/a Spencer 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 March 21, 2017.

TIMETABLE:

25% Completion of Construction/Renovation (25% of the Dollar Value of the Contract in Place)	_____	May 31, 2018
50% Completion of Construction/Renovation	_____	July 15, 2018
75% Completion of Construction/Renovation	_____	September 30, 2018
Occupancy/Offering of Service	_____	December 15, 2018