

**Certificate of Need  
Certificates  
May 2017**

<b>County</b>	<b>Project ID</b>	<b>Facility</b>	<b>FID</b>	<b>Project Description</b>	<b>Decision Date</b>	<b>Certificate Issue Date</b>	<b>Approved Capital Expenditure</b>
Alamance	G-011289-17	Mebane Dialysis	170018	Develop a new 10-station dialysis facility in Alamance County by relocating four stations from Burlington Dialysis and six stations from North Burlington Dialysis	3/31/2017	5/2/2017	\$1,588,434
Cumberland	M-11286-17	Fresenius Kidney Care Rockfish	170017	Develop a new 10 station dialysis facility by relocating five dialysis stations from FMC Dialysis Services South Ramsey Dialysis and five dialysis stations from FMC Services of West	4/21/2017	5/23/2017	\$1,569,013
Durham	J-011273-16	Downtown Durham Dialysis	160556	Develop a new 10-station facility by relocating 8 stations from Durham Dialysis and 2 from Durham West Dialysis	4/7/2017	5/9/2017	\$3,025,525
Guilford	G-11287-17	Northwest Greensboro Kidney Center	990214	Relocate no more than four dialysis stations from BMA of Southwest Greensboro to Northwest Greensboro Kidney Center for a total of no more than 37 stations at Northwest Greensboro Kidney Center upon project completion	4/12/2017	5/13/2017	\$15,000
Guilford	G-011293-17	Well-Spring	953536	Add 10 NF beds pursuant to NH-2 for a total of 70 NF beds and 72 ACH beds	4/18/2017	5/19/2017	\$2,635,600
Hoke	N-011284-17	FirstHealth Moore Regional Hospital - Hoke Campus	100390	Acquire a fixed MRI scanner pursuant to Policy TE-3	4/28/2017	5/31/2017	\$4,024,216
Mecklenburg	F-11182-16	Carolinas Imaging Services, LLC	020284	Acquire one fixed MRI scanner to be located at Carolinas Imaging Services-Huntersville	10/28/2016	5/6/2017	\$2,193,750
Mecklenburg	F-011288-17	Huntersville Dialysis	130490	Relocate four stations from North Charlotte Dialysis for a total of 14 stations upon project completion	4/7/2017	5/9/2017	\$67,460

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Nash	L-011285-17	FMC South Rocky Mount	130370	Relocate four dialysis stations from FMC Spring Hope to FMC South Rocky Mount for a total of 16 dialysis stations at FMC South Rocky Mount upon completion of the project	3/31/2017	5/2/2017	\$15,000
New Hanover	O-011063-15	Wilmington Health (MRI)	170258	Acquire one fixed MRI scanner	12/4/2015	5/31/2017	\$2,141,992
Northampton	L-011280-16	Hampton Manor	970267	Relocate 33 ACH beds from The Oaks at Pleasant Hills to the existing 82-bed ACH facility for a total of 115 ACH beds	4/21/2017	5/23/2017	\$1,995,893
Northampton	L-011281-16	Rich Square Villa	921023	Relocate 33 ACH beds from The Oaks at Pleasant Hills to the existing 38-bed ACH facility for a total of 71 ACH beds	4/21/2017	5/23/2017	\$1,998,643
Onslow	P-011215-16	Onslow Assisted Living	150505	Change of scope and cost overrun for Project ID #P-11113-15 (relocate and replace the 40-bed Holly Ridge Assisted Living) by relocating and replacing 40 ACH beds from Onslow House for a total of 80 ACH beds in the replacement facility	1/25/2017	5/3/2017	\$4,481,700
Wake	J-011290-17	Browning Breast Care Center	170022	Develop a new diagnostic center at the same site as an existing provider-based outpatient imaging center	4/19/2017	5/20/2017	\$48,000
Wake	J-011291-17	Browning Mobile MRI	170021	Develop a new freestanding diagnostic center through contribution of an existing provider-based mobile MRI unit	4/19/2017	5/20/2017	\$47,000

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Wake	J-011271-16	Fresenius Medical Care Rock Quarry	160555	Develop a new 10-station dialysis facility by relocating six dialysis stations from FMC New Hope Dialysis and four dialysis stations from Wake Dialysis Clinic. Upon completion of the project, FMC New Hope will have 30 dialysis stations and Wake Dialysis Clinic will have 46 dialysis stations	4/7/2017	5/9/2017	\$1,608,166
Wake	J-008713-11	Wake County Health & Rehab Center	110707	Develop a new nursing facility with 95 nursing facility beds	1/27/2012	5/3/2017	\$17,991,424
Wake	J-008727-11	Brightmore Healthcare Center of Cary	110717	Develop 25 nursing facility beds in a health care center at a CCRC in Cary	1/27/2012	5/3/2017	\$4,491,120
Total	18						

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11289-17**

**FID #: 170018**

**ISSUED TO: Renal Treatment Centers-Mid Atlantic, 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: Develop a new 10-station dialysis facility in Alamance County by relocating four stations from Burlington Dialysis and six stations from North Burlington Dialysis/ Alamance County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Mebane Dialysis  
630 North 1<sup>st</sup> Street  
Mebane, NC 23702**

**MAXIMUM CAPITAL EXPENDITURE: \$1,588,434**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 31, 2018**

This certificate is effective as of the 2<sup>nd</sup> day of May, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. Renal Treatment Centers-Mid Atlantic, Inc. d/b/a Mebane Dialysis shall materially comply with all representations made in the certificate of need application.
2. Renal Treatment Centers-Mid Atlantic, Inc. d/b/a Mebane Dialysis shall relocate no more than four dialysis stations from Burlington Dialysis and no more than six dialysis stations from North Burlington Dialysis for a total of no more than 10 dialysis stations at Mebane Dialysis.
3. Renal Treatment Centers-Mid Atlantic, Inc. d/b/a Mebane 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. Renal Treatment Centers-Mid Atlantic, Inc. shall take the necessary steps to decertify four dialysis stations at Burlington Dialysis for a total of no more than 12 dialysis stations at Burlington Dialysis upon completion of this project and Project I.D. # G-11212-16 (relocate eight stations).
5. Renal Treatment Centers-Mid Atlantic, Inc. shall take the necessary steps to decertify six dialysis stations at North Burlington Dialysis for a total of no more than 14 dialysis stations at North Burlington Dialysis upon completion of this project, Project I.D. # G-10265-14 (relocate two stations), Project I.D. # G-11015-15 (add two stations), Project I.D. # G-11089-16 (add six stations) and Project G-11212-16 (relocate two stations).
6. Renal Treatment Centers-Mid Atlantic, Inc. d/b/a Mebane 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 May 2, 2017.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	December 1, 2017
25% Completion of Construction/Renovation (25% of the Dollar Value of the Contract in Place) _____	April 15, 2018
75% Completion of Construction/Renovation _____	July 15, 2018
Completion of Construction/Renovation _____	September 15, 2018
Operation of Equipment _____	November 15, 2018
Occupancy/Offering of Service _____	December 1, 2018
Certification of Stations _____	January 1, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: M-11286-17**

**FID #: 170017**

**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 10 station dialysis facility by relocating five dialysis stations from FMC Dialysis Services South Ramsey Dialysis and five dialysis stations from FMC Services of West Fayetteville/ Cumberland County**

**CONDITIONS: See Reverse Side**

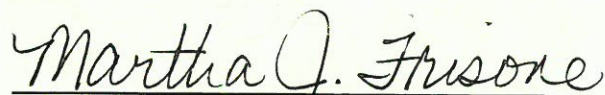
**PHYSICAL LOCATION: Fresenius Kidney Care Rockfish  
Hoke Loop Road  
Fayetteville, NC 28314**

**MAXIMUM CAPITAL EXPENDITURE: \$1,569,013**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 23<sup>rd</sup> day of May, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc., d/b/a Fresenius Care Rockfish shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. shall relocate no more than five dialysis stations from FMC South Ramsey and no more than five dialysis stations from FMC Services of West Fayetteville.**
3. **Bio-Medical Applications of North Carolina, Inc., d/b/a Fresenius Care Rockfish shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify five dialysis stations at FMC South Ramsey for a total of no more than 46 dialysis stations at FMC South Ramsey upon project completion.**
5. **Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify five dialysis stations at FMC Services of West Fayetteville for a total of no more than 35 dialysis stations at FMC Services of West Fayetteville upon completion of this project, Project ID #M-11225-16 (add five stations) and Project ID #M-11219-16 (relocate five stations).**
6. **Bio-Medical Applications of North Carolina, Inc., d/b/a Fresenius Care Rockfish 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 May 15, 2017.**

**TIMETABLE:**

<b>Completion of Preliminary Drawings</b>	<b>December 3, 2017</b>
<b>25% Completion of Construction</b>	<b>May 17, 2018</b>
<b>50% Completion of Construction</b>	<b>July 16, 2018</b>
<b>75% Completion of Construction</b>	<b>September 14, 2018</b>
<b>Occupancy/Offering of Services</b>	<b>December 31, 2018</b>

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11273-16**

**FID #: 160556**

**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: Develop a new 10-station dialysis facility by relocating no more than eight stations from Durham Dialysis and no more than two stations from Durham West Dialysis/ Durham County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Downtown Durham Dialysis  
1100 North Miami Boulevard  
Durham, NC 27703**

**MAXIMUM CAPITAL EXPENDITURE: \$3,025,525**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 1, 2018**

This certificate is effective as of the 9<sup>th</sup> day of May, 2017

  
Martha J. Frisone, Assistant Chief



**CONDITIONS:**

1. DVA Renal Healthcare, Inc. d/b/a Downtown Durham Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Renal Healthcare, Inc. d/b/a Downtown Durham Dialysis shall relocate no more than eight dialysis stations from Durham Dialysis and no more than two dialysis stations from Durham West Dialysis.
3. DVA Renal Healthcare, Inc. d/b/a Downtown Durham Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. DVA Renal Healthcare, Inc. shall take the necessary steps to decertify eight dialysis stations at Durham Dialysis for a total of no more than 17 dialysis stations at Durham Dialysis upon completion of this project and all of the following projects: Project I.D. #J-10319-14, Project I.D. #J-11084-15, Project I.D. #J-11216-15, and Project I.D. #J-11256-16.
5. DVA Renal Healthcare, Inc. shall take the necessary steps to decertify two dialysis stations at Durham West Dialysis for a total of no more than 21 dialysis stations at Durham West Dialysis upon completion of this project and all of the following projects: Project I.D. #J-10319-14, Project I.D. #J-10350-15, and Project I.D. #J-11216-15.
6. DVA Renal Healthcare, Inc. d/b/a Downtown Durham Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 27, 2017.

**TIMETABLE:**

Final Drawings and Specifications to Construction Section, DHSR	_____	January 15, 2018
Construction Contract Executed/Contract Award	_____	April 1, 2018
25% Completion of Construction	_____	May 31, 2018
50% Completion of Construction	_____	July 15, 2018
Ordering of Medical Equipment	_____	September 15, 2018
75% Completion of Construction	_____	September 30, 218
Completion of Construction	_____	October 15, 2018
Operation of Medical Equipment	_____	December 1, 2018
Occupancy/Offering of Services	_____	December 15, 2018
Certification	_____	January 1, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11287-17**

**FID #: 990214**

**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: Relocate no more than four dialysis stations from BMA of Southwest Greensboro to Northwest Greensboro Kidney Center for a total of no more than 37 stations at Northwest Greensboro Kidney Center upon project completion/ Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Northwest Greensboro Kidney Center  
2837 Horsepen Creek Road  
Greensboro, NC 27410**

**MAXIMUM CAPITAL EXPENDITURE: \$15,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 13<sup>th</sup> day of May, 2017

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall add no more than four dialysis stations for a total of 37 dialysis stations, which shall include any home hemodialysis or isolation stations, following project completion.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall install plumbing and electrical wiring through the walls for no more than four dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify four existing stations for a facility total of no more than 29 in-center dialysis stations upon completion of this project.**
5. **Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 18, 2017.**

**TIMETABLE:**

<b>25% Completion of Construction/Renovation (25% of the Dollar Value of the Contract in Place)</b>	<b>_____</b>	<b>October 4, 2017</b>
<b>50% Completion of Construction/Renovation</b>	<b>_____</b>	<b>October 19, 2017</b>
<b>75% Completion of Construction/Renovation</b>	<b>_____</b>	<b>November 3, 2017</b>
<b>Occupancy/Offering of Service</b>	<b>_____</b>	<b>December 31, 2017</b>

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11293-17**

**FID #: 953536**

**ISSUED TO: Well Spring Retirement Community, Inc.  
4100 Well Spring Drive  
Greensboro, NC 27410**

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

**SCOPE: Add no more than 10 NF beds pursuant to Policy NH-2 for a total of no more than 70 NF beds and 72 ACH beds upon completion/ Guilford County**

**CONDITIONS: See Reverse Side**

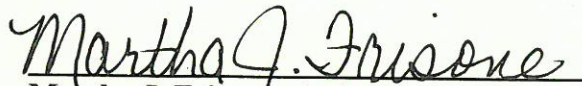
**PHYSICAL LOCATION: Well-Spring  
4100 Well Spring Drive  
Greensboro, NC 27410**

**MAXIMUM CAPITAL EXPENDITURE: \$2,635,600**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 15, 2018**

This certificate is effective as of the 19<sup>th</sup> day of May, 2017

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. Well-Spring Retirement Community, Inc. shall materially comply with all representations made in the certificate of need application.
2. Well-Spring Retirement Community, Inc. shall add no more than 10 nursing facility beds for a total of 70 nursing facility beds and 72 adult care home beds.
3. The nursing facility beds shall not be certified for participation in the Medicaid program.
4. The nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 10 new nursing facility beds shall be developed on the same site with the independent living units.
6. Well-Spring Retirement Community, Inc. 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.
7. Well-Spring Retirement Community, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 4, 2017.

**TIMETABLE:**

Final Drawings /Specifications to Construction Section, DHSR _____	April 9, 2018
Construction Contract Executed/Contract Award _____	June 20, 2018
25% Completion of Construction _____	January 14, 2019
50% Completion of Construction _____	March 4, 2019
75% Completion of Construction _____	June 5, 2019
Completion of Construction _____	August 15, 2019
Licensure _____	October 1, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: N-11284-17**

**FID #: 100390**

**ISSUED TO:** FirstHealth of the Carolinas, Inc.  
46 Memorial Drive  
Pinehurst, NC 28374

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 fixed MRI scanner to be located at FirstHealth Moore Regional Hospital – Hoke Campus pursuant to Policy TE-3/ Hoke County

**CONDITIONS:** See Reverse Side

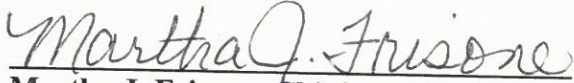
**PHYSICAL LOCATION:** FirstHealth Moore Regional Hospital – Hoke Campus  
6408 Fayetteville Road  
Raeford, NC 28376

**MAXIMUM CAPITAL EXPENDITURE:** \$4,024,216

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 31<sup>st</sup> day of May, 2017

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. FirstHealth of the Carolinas, Inc. shall materially comply with all representations made in the certificate of need application and supplemental information received April 16, 2017. In those instances where representations conflict, FirstHealth of the Carolinas, Inc. shall materially comply with the last made representation.
2. FirstHealth of the Carolinas, Inc. shall acquire no more than one fixed MRI scanner to be located at FirstHealth Moore Regional Hospital-Hoke Campus as part of this project.
3. FirstHealth of the Carolinas, Inc., as part of this project, shall not acquire 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. FirstHealth of the Carolinas, Inc. 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 May 17, 2017.

**TIMETABLE:**

Ordering of Medical Equipment _____	August 15, 2017
Final Drawings and Specifications to Construction Section, DHSR _____	September 15, 2017
Construction Contract Executed/Contract Award _____	December 1, 2017
25% Completion of Construction _____	February 1, 2018
50% Completion of Construction _____	April 1, 2018
75% Completion of Construction _____	June 1, 2018
Completion of Construction _____	August 15, 2018
Operation of Medical Equipment _____	September 1, 2018
Occupancy/Offering of Services _____	October 1, 2018
Licensure _____	October 1, 2018

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11182-16**

**FID #: 020284**

**ISSUED TO: Carolinas Imaging Services, LLC  
1701 East Boulevard  
Charlotte, NC 28203**

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 fixed MRI scanner to be located at Carolinas Imaging Services – Huntersville/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

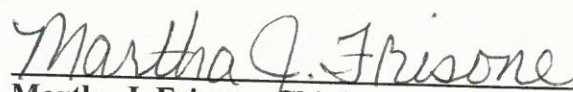
**PHYSICAL LOCATION: Carolinas Imaging Services – Huntersville  
16455 Statesville Road, Suite 110-A  
Huntersville, NC 28078**

**MAXIMUM CAPITAL EXPENDITURE: \$2,193,750**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 6<sup>th</sup> day of May, 2017

  
**Martha J. Frisone, Chief**



**CONDITIONS:**

1. Carolinas Imaging Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. Carolinas Imaging Services, Inc. shall acquire no more than one fixed MRI scanner as part of this project.
3. Carolinas Imaging Services, Inc. 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.

**TIMETABLE:**

Contract Award (Notice to Proceed)	December 1, 2017
25% Completion of Construction	December 15, 2017
50% Completion of Construction	January 1, 2018
75% Completion of Construction	February 1, 2018
Completion of Construction	March 1, 2018
Occupancy/Offering of Service(s)	June 1, 2018
Operation of Equipment	June 1, 2018

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11288-17  
FID #: 130490**

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

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

**SCOPE: Relocate no more than four dialysis stations from North Charlotte Dialysis Center for a total of no more than 14 dialysis stations upon project completion/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Huntersville Dialysis  
9622 Kincey Avenue  
Huntersville, NC 28078**

**MAXIMUM CAPITAL EXPENDITURE: \$67,460**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 9<sup>th</sup> day of May, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Huntersville Dialysis shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, Huntersville Dialysis shall materially comply with the last made representation.
2. DVA Healthcare Renal Care, Inc. d/b/a Huntersville Dialysis shall relocate no more than four dialysis stations from North Charlotte Dialysis Center for a total of no more than 14 certified dialysis stations upon completion of this project, which shall include any isolation or home hemodialysis stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Huntersville Dialysis shall install plumbing and electrical wiring through the walls for no more than 4 dialysis stations for a total of no more than 14 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. DVA Healthcare Renal Care, Inc. shall take the necessary steps to decertify four dialysis stations at North Charlotte Dialysis Center for a total of no more than 32 dialysis stations upon completion of this project and all of the following projects, #F-11019-15 (relocate four stations to Copperfield Dialysis Center), #F-11108-15 (relocate 10 stations to Sugar Creek Dialysis, formerly University City Dialysis), and #F-11252-16 (add nine stations), which shall include any isolation or home hemodialysis stations.
5. DVA Healthcare Renal Care, Inc. d/b/a Huntersville 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 April 27, 2017.

**TIMETABLE:**

Occupancy/Offering of Service \_\_\_\_\_ June 15, 2017  
Certification of Stations \_\_\_\_\_ July 1, 2017

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: L-11285-17**

**FID #: 130370**

**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: Relocate no more than four dialysis stations from FMC Spring Hope to FMC South Rocky Mount for a total of no more than 16 dialysis stations at FMC South Rocky Mount upon completion of the project/ Nash County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Fresenius Medical Care South Rocky Mount  
1676 South Wesleyan Boulevard  
Rocky Mount, NC 27803**

**MAXIMUM CAPITAL EXPENDITURE: \$15,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 20, 2017**

This certificate is effective as of the 2<sup>nd</sup> day of May, 2017

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Rocky Mount shall materially comply with all representations made in its certificate of need application. In those instances where representations conflict, FMC South Rocky Mount shall materially comply with the last made representation.**
2. **Bio-Medical Applications of North Carolina, Inc. shall relocate no more than four dialysis stations from FMC Spring Hope to FMC South Rocky Mount for a total of no more than 16 certified stations which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Rocky Mount shall install plumbing and electrical wiring through the walls for no more than four additions dialysis stations, for a total of no more than 16 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 four dialysis stations at FMC Spring Hope for a total of no more than 12 dialysis stations at FMC Spring Hope upon completion of this project.**
5. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Rocky Mount 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 April 5, 2017.**

**TIMETABLE:**

<b>Completion of Final Drawings and Specifications</b>	<b>_____ August 5, 2017</b>
<b>50% Completion of Construction/Renovation</b>	<b>_____ October 19, 2017</b>
<b>Completion of Construction/Renovation</b>	<b>_____ November 18, 2017</b>
<b>Occupancy/Offering of Service</b>	<b>_____ December 31, 2017</b>
<b>Certification of Stations</b>	<b>_____ December 31, 2017</b>

# STATE OF NORTH CAROLINA

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

## **CORRECTED CERTIFICATE OF NEED**

for

**Project ID #: O-11063-15**

**FID #: 170258**

**ISSUED TO: Wilmington Health, PLLC  
1202 Medical Center Drive  
Wilmington, NC 28401**

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 no more than one fixed MRI scanner and develop a diagnostic center/  
New Hanover County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Wilmington Health  
1202 Medical Center Drive  
Wilmington, NC 28401**

**MAXIMUM CAPITAL EXPENDITURE: \$2,141,992**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: May 1, 2016**

This certificate is effective as of the 5<sup>th</sup> day of January, 2016  
The corrected certificate was issued on May 31, 2017

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. **Wilmington Health, PLLC shall material comply with all representations made in the certificate of need application.**
2. **Wilmington Health, PLLC shall acquire no more than one fixed MRI scanner as part of this project**
3. **Wilmington Health, PLLC 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. **Wilmington Health, PLLC 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 30, 2015.**

**TIMETABLE:**

**Approval of Final Drawings & Specifications by the  
Construction Section, DHSR \_\_\_\_\_ May 1, 2016  
50% Completion of Construction \_\_\_\_\_ September 1, 2016  
Occupancy/Offering of Service(s) \_\_\_\_\_ January 1, 2017**

*Wilmington Health*

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: L-11280-16**

**FID #: 970267**

**ISSUED TO: RV Healthcare, LLC and RVHI, LLC  
P.O. Box 2568  
Hickory, NC 28603**

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

**SCOPE: Shall replace and relocate no more than 33 adult care home beds from The Oaks at Pleasant Hill for a total of no more than 115 adult care home beds at Hampton Manor upon project completion/ Northampton County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Hampton Manor  
320 Broughton Street  
Gaston, NC 27835**

**MAXIMUM CAPITAL EXPENDITURE: \$1,995,893**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 31, 2018**

This certificate is effective as of the 23<sup>rd</sup> day of May, 2017

  
Martha J. Frisone, Assistant Chief



**CONDITIONS:**

1. RV Healthcare, LLC and RVHI, LLC shall materially comply with all representations made in the certificate of need application and with all representation made in supplemental information received on February 11, 2017, March 24, 2017 and April 3, 2017. In those instances where representations conflict, RV Healthcare, LLC and RVHI, LLC shall materially comply with the last made representation.
2. RV Healthcare, LLC and RVHI, LLC shall relocate no more than 33 ACH beds from The Oaks at Pleasant Hill to Hampton Manor for a facility total of no more than 115 ACH beds which includes the exiting 40-bed special care unit, upon project completion.
3. For the first two years of operation following completion of the project, RV Healthcare, LLC and RVHI, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application, without first obtaining a determination from the Agency that the proposed increase is in material compliance with the representations in the certificate of need application.
4. RV Healthcare, LLC and RVHI, LLC shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in the application.
5. RV Healthcare, LLC and RVHI, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

Permanent Loan Executed _____	June 2, 2018
Final Drawings Approved by the Department of Insurance _____	September 15, 2018
50% Completion of Construction _____	February 23, 2019
Completion of Construction _____	August 17, 2019
Licensure of Facility _____	October 1, 2019
Certification _____	October 1, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: L-11281-16**

**FID #: 921023**

**ISSUED TO: RS Health Investors, LLC and RV Assisted Living, LLC  
P.O. Box 2568  
Hickory, NC 28603**

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

**SCOPE: Shall replace and relocate no more than 33 adult care home beds from The Oaks at Pleasant Hill for a total of no more than 71 adult care home beds at Rich Square Villa upon project completion/ Northampton County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Rich Square Villa  
310 North Main Street  
Rich Square, NC 27869**

**MAXIMUM CAPITAL EXPENDITURE: \$1,998,643**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 31, 2018**

This certificate is effective as of the 23<sup>rd</sup> day of May, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. RS Health Investors, LLC and RV Assisted Living, LLC shall materially comply with all representations made in the certificate of need application and with all representation made in supplemental information received on February 11, 2017 March 24, 2017 and April 3, 2017. In those instances where representations conflict, RS Health Investors, LLC and RV Assisted Living, LLC shall materially comply with the last made representation.
2. RS Health Investors, LLC and RV Assisted Living, LLC shall relocate no more than 33 ACH beds from The Oaks at Pleasant Hill to Rich Square Villa for a facility total of no more than 71 ACH beds upon project completion.
3. For the first two years of operation following completion of the project, RS Health Investors, LLC and RV Assisted Living, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application, without first obtaining a determination from the Agency that the proposed increase is in material compliance with the representations in the certificate of need application.
4. RS Health Investors, LLC and RV Assisted Living, LLC shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in the application.
5. RS Health Investors, LLC and RV Assisted Living, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

Permanent Loan Executed	_____	June 2, 2018
Final Drawings Approved by the Department of Insurance	_____	September 15, 2018
50% Completion of Construction	_____	February 23, 2019
Completion of Construction	_____	August 17, 2019
Licensure of Facility	_____	October 1, 2019
Certification	_____	October 1, 2019

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CORRECTED CERTIFICATE OF NEED**

for

**Project ID #: P-11215-16**

**FID #: 150505**

**ISSUED TO: Onslow Propco Holdings, LLC  
Onslow Opco Holdings, LLC  
PO Box 2568  
Hickory, NC 28603**

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

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

**CONDITIONS: See Reverse Side**

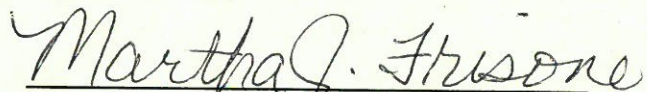
**PHYSICAL LOCATION: Onslow Assisted Living  
Hammock Beach Road  
Swansboro, NC 28584**

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

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 28<sup>th</sup> of February, 2017  
The corrected certificate was issued on May 3, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. Onslow Propco Holdings, LLC and Onslow Opco Holdings, LLC shall materially comply with all representations made in the certificate of need application and supplemental information received December 14, 2016, January 6, 2017, and January 11, 2017. In those instances where representations conflict, Onslow Propco Holdings, LLC and Onslow Opco Holdings, LLC shall materially comply with the last made representation.
2. Onslow Propco Holdings, LLC and Onslow Opco Holdings, LLC shall add no more than 40 adult care home beds for a total of no more than 80 adult care home beds upon completion of this project and Project I.D. #P-11113-15.
3. The total approved capital expenditure for Project I.D. #P-11113-15 and Project I.D. #P-11215-16 combined is \$9,079,500, an increase of \$4,481,700 over the previously approved capital expenditure of \$4,597,800.
4. For the first two years of operation following completion of the project, Onslow Propco Holdings, LLC and Onslow Opco Holdings, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
5. Onslow Propco Holdings, LLC and Onslow Opco Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
6. Upon issuance of the certificate of need for this project, Onslow House shall take the necessary steps to de-license 40 of its existing adult care home beds.
7. Onslow Propco Holdings, LLC and Onslow Opco Holdings, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

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

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11290-17**

**FID #: 170022**

**ISSUED TO: Browning Equipment SPE, LLC and Rex Hospital, Inc.  
211 Friday Center Drive, Suite G015  
Chapel Hill, NC 27517**

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

**SCOPE: Develop a new diagnostic center at the same site as an existing provider-based outpatient imaging center/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Browning Breast Care Center  
3100 Duraleigh Road, Suite 204  
Raleigh, NC 27612**

**MAXIMUM CAPITAL EXPENDITURE: \$48,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 20<sup>th</sup> day of May, 2017

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. **Browning Equipment SPE, LLC and Rex Hospital, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Browning Equipment SPE, LLC and Rex Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
3. **Browning Equipment SPE, LLC and Rex Hospital, Inc. 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 May 18, 2017.**

**TIMETABLE:**

**Services Offered \_\_\_\_\_ January 1, 2018**

**STATE OF NORTH CAROLINA**  
*Department of Health and Human Services*  
*Division of Health Service Regulation*

**CERTIFICATE OF NEED**

for

Project ID #: J-11291-17

FID #: 170021

**ISSUED TO:** Browning Equipment SPE, LLC and Rex Hospital, Inc.  
211 Friday Center Drive, Suite G015  
Chapel Hill, NC 27517

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

**SCOPE:** Develop a new freestanding diagnostic center through the contribution of an existing provider-based mobile MRI unit/ Wake County

**CONDITIONS:** See Reverse Side

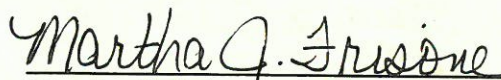
**PHYSICAL LOCATION:** Browning Mobile MRI  
Browning Diagnostic Imaging of Wakefield  
11200 Governor Manly Way, Suite 106  
Raleigh, NC 27614  
Browning Diagnostic Imaging of Knightdale  
6602 Knightdale Boulevard, Suite 108  
Knightdale, NC 27645  
Browning Diagnostic Imaging of Holly Springs  
781 Avent Ferry Road  
Holly Springs, NC 27540

**MAXIMUM CAPITAL EXPENDITURE:** \$47,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 20<sup>th</sup> day of May, 2017

  
Martha J. Frisone, Assistant Chief



**CONDITIONS:**

1. **Browning Equipment SPE, LLC and Rex Hospital, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Browning Mobile MRI shall provide mobile MRI services one day per week at Browning Diagnostic Imaging of Knightdale, as one host site, and one day per week at Browning Diagnostic Imaging of Holly Springs, as the second host site. Browning Mobile MRI shall provide mobile MRI service the remaining operating days per week at Browning Diagnostic Imaging of Wakefield, as the third host site.**
3. **The mobile MRI scanner shall be moved each week to provide MRI services to at least two host sites and shall not, at any time, serve less than two host sites each week.**
4. **For a period of three years from the date on which Browning Mobile MRI commences to provide the services authorized by this certificate of need, Browning Mobile MRI shall make quarterly reports for the first year and annual reports for the second and third years of operation, due within 15 days after the end of the period, to the Healthcare Planning and Certificate of Need Section, containing the following information: The identity of each host site served weekly and the number of procedures performed at each host site each week.**
5. **Browning Mobile MRI shall not change or add host sites unless it first obtains a material compliance determination authorizing the change in location of the equipment.**
6. **The mobile MRI scanner shall not, at any time, be converted to a fixed MRI scanner without first obtaining a new certificate of need for a fixed MRI scanner.**
7. **Browning Equipment SPE, LLC and Rex Hospital, Inc. shall not acquire as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.**
8. **Browning Equipment SPE, LLC and Rex Hospital, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 18, 2017.**

**TIMETABLE:**

**Services Offered \_\_\_\_\_ January 1, 2018**

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11271-16**

**FID #: 160555**

**ISSUED TO: Fresenius Medical Care Rock Quarry, 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: Develop a new 10-station dialysis facility by relocating no more than six dialysis stations from FMC New Hope Dialysis and no more than four dialysis stations from Wake Dialysis Clinic/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Fresenius Medical Care Rock Quarry  
814 Rock Quarry Road  
Raleigh, NC 27610**

**MAXIMUM CAPITAL EXPENDITURE: \$1,608,166**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 1, 2018**

This certificate is effective as of the 9<sup>th</sup> day of May, 2017

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. Fresenius Medical Care Rock Quarry, LLC shall materially comply with all representations made in the certificate of need application.
2. Fresenius Medical Care Rock Quarry, LLC shall ensure that its parent company, Bio-Medical Applications of North Carolina, Inc., shall relocate no more than six dialysis stations from Fresenius Medical Care New Hope and no more than four dialysis stations from Wake County Dialysis Center.
3. Fresenius Medical Care Rock Quarry, LLC 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. Fresenius Medical Care Rock Quarry, LLC shall ensure that its parent company, Bio-Medical Applications of North Carolina, Inc., shall take the necessary steps to decertify six dialysis stations at Fresenius Medical Care New Hope for a total of no more than 30 dialysis stations at Fresenius Medical Care New Hope upon completion of this project.
5. Fresenius Medical Care Rock Quarry, LLC shall ensure that its parent company, Bio-Medical Applications of North Carolina, Inc., shall take the necessary steps to decertify four dialysis stations at Wake County Dialysis Center for a total of no more than 46 dialysis stations at Wake County Dialysis Center upon completion of this project, Project I.D. #J-11220-16, and Project I.D. #J-11240-16.
6. Fresenius Medical Care Rock Quarry, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 18, 2017.

**TIMETABLE:**

Final Drawings and Specifications to Construction Section, DHSR _____	January 30, 2018
Construction Contract Executed/Contract Award _____	February 20, 2018
25% Completion of Construction _____	May 6, 2018
50% Completion of Construction _____	July 20, 2018
75% Completion of Construction _____	October 3, 2018
Ordering of Medical Equipment _____	October 17, 2018
Completion of Construction _____	November 17, 2018
Operation of Medical Equipment _____	December 22, 2018
Occupancy/Offering of Services _____	December 31, 2018
Certification _____	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-8713-11**

**FID #: 110707**

**ISSUED TO: Britthaven, Inc. (lessor) and Spruce LTC Group, LLC (lessee)**  
**1435 Highway 258 North**  
**Kinston, NC 28504**

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 nursing facility with no more than 95 nursing facility beds/ Wake County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Wake County Health and Rehabilitation Center**  
**9655 Collingdale Way**  
**Raleigh, NC 27617**

**MAXIMUM CAPITAL EXPENDITURE: \$17,991,424**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 3<sup>rd</sup> day of May, 2017

  
**Martha J. Frisone, Assistant Chief**

**CONDITIONS:**

1. Britthaven, Inc. (lessor) and Spruce LTC Group, LLC (lessee) shall materially comply with all representations made in the certificate of need application except as amended by the terms of the settlement agreement and to the extent necessary to comply with the conditions imposed herein.
2. Britthaven, Inc. (lessor) and Spruce LTC Group, LLC (lessee) shall develop a new nursing home facility with no more than 95 licensed nursing care beds upon completion of the project.
3. The capital cost, adjusted pursuant to N.C. Gen. Stat. §131 E-181(c), is \$17,991,424.
4. Britthaven, Inc. (lessor) and Spruce LTC Group, LLC (lessee) shall receive the Medicaid per diem reimbursement rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
5. Britthaven, Inc. (lessor) and Spruce LTC Group, LLC (lessee) shall file the proposed budget for the facility with the Division of Medical Assistance no later than thirty days prior to the prospective certification date of the new beds.
6. Britthaven, Inc. (lessor) and Spruce LTC Group, LLC (lessee) shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.

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 6, 2012.

**TIMETABLE:**

Site Approval _____	May 1, 2018
Final Drawings Submitted to Construction, DHSR _____	July 1, 2018
Site Preparation _____	March 1, 2019
25% Completion of Construction _____	November 1, 2019
50% Completion of Construction _____	April 1, 2020
75% Completion of Construction _____	September 1, 2020
Completion of Construction _____	February 1, 2021
Licensure of Facility _____	April 1, 2021
Medicare and Medicaid Certification _____	April 1, 2021

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-8727-11**

**FID #: 110717**

**ISSUED TO:** Liberty Healthcare Properties of West Wake County, LLC  
Liberty Commons Nursing and Rehabilitation Center of West Wake  
County, LLC (Wake County Rehabilitation Center)  
Liberty Healthcare Properties of Wake County, LLC (Capital Properties)  
Liberty Commons Nursing and Rehabilitation Center of Wake County,  
LLC (Capital Nursing)

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 nursing facility with no more than 25 nursing facility beds/ Wake County

**CONDITIONS:** See Reverse Side

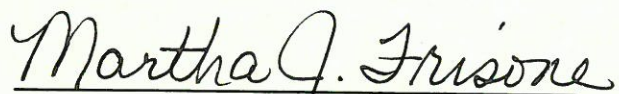
**PHYSICAL LOCATION:** Brightmore Healthcare Center of Cary  
101 Guernsey Trail  
Cary, NC 27518

**MAXIMUM CAPITAL EXPENDITURE:** \$4,491,120

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 3<sup>rd</sup> day of May, 2017

  
Martha J. Frisone, Assistant Chief

**CONDITIONS:**

1. The certificate holders shall materially comply with all representations made in the certificate of need application except as amended by the terms of the settlement agreement.
2. No more than 25 nursing facility beds shall be developed as part of this project.
3. The approved capital cost is \$4,491,120
4. The facility shall receive the Medicaid per diem reimbursement rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.\
5. The facility shall file its proposed budget with the Division of Medical Assistance no later than thirty days prior to the prospective certification date of the new beds.

**TIMETABLE:**

Final Drawings Submitted to DHSR	December 1, 2017
Final Drawings Approved by DHSR	March 1, 2018
Construction Contract Awarded	June 1, 2018
Site Preparation	December 1, 2018
25% Completion of Construction	June 1, 2019
50% Completion of Construction	December 1, 2019
75% Completion of Construction	June 1, 2020
Completion of Construction	December 1, 2020
Licensure of Facility	March 1, 2021
Facility Opening	April 1, 2021