

**Certificate of Need
Certificates
June 2017**

County	Project ID	Facility	FID	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Alamance	G-011321-17	Burlington Dialysis Center	956036	Add 4 dialysis stations for a total of 16 stations upon completion of this project, Project ID #G-11212-16 (relocate 8 stations), and Project ID #G-11289-17 (relocate 4 stations)	5/9/2017	6/10/2017	\$0
Davie	G-011295-17	Autumn Care of Mocksville	090838	Cost overrun for Project I.D. #G-8431-09 (construct replacement facility)	5/26/2017	6/27/2017	\$3,305,299
Davie	G-011299-17	Davie Medical Center	080175	Develop one additional shared OR and one minor procedure room for a total of 3 ORs and 3 procedure rooms	5/18/2017	6/20/2017	\$13,668,000
Forsyth	G-011302-17	Miller Street Dialysis Center of Wake Forest University	070671	Add 8 dialysis stations for a total of 44 stations upon completion	5/23/2017	6/23/2017	\$140,000
Forsyth	G-011300-17	Novant Health Clemmons Outpatient Surgery	170068	Develop a multispecialty ambulatory surgical facility on the Novant Health Clemmons Medical Center campus by relocating two ORs from the Novant Health Winston-Salem campus and developing a new procedure room	5/11/2017	6/15/2017	\$13,170,892
Granville	K-011308-17	FMS Dialysis Services of Oxford	041025	Add 2 dialysis stations for a total of 25 stations	5/19/2017	6/20/2017	\$7,500
Guilford	G-011303-17	Fresenius Kidney Care Garber-Olin	170123	Develop a new 28 station dialysis facility by relocating 14 stations from BMA of Greensboro and 14 stations from BMA of South Greensboro	5/23/2017	6/23/2017	\$2,868,546
Harnett	M-11311-17	FMC Anderson Creek	110803	Relocate three dialysis stations from FMC Lillington for a total of 14 stations	5/30/2017	6/30/2017	\$11,250

**Certificate of Need
Certificates
June 2017**

County	Project ID	Facility	FID	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-011294-17	WillowBrooke Court SC Ctr at Plantation Estates	923412	Add 10 NF beds pursuant to Policy NH-2 and 40 ACH beds pursuant to Policy LTC-1 for a total of 90 NF beds and 100 ACH beds	5/25/2017	6/27/2017	\$32,167,686
Moore	H-011317-17	Southern Pines Dialysis Center	020648	Add 2 dialysis stations for a total of 17 stations	5/19/2017	6/20/2017	\$42,220
Onslow	P-011325-17	New River Dialysis	130178	Add 2 dialysis stations for a total of 20 stations upon project completion	5/24/2017	6/24/2017	\$32,258
Orange	J-011297-17	University of North Carolina Hospitals-Hillsborough	090274	Cost overrun for Project ID# J-11035-15 (relocate one existing linear accelerator from UNC Hospitals main campus to UNC Hospitals' Hillsborough campus)	5/4/2017	6/6/2017	\$4,227,714
Pitt	Q-011304-17	Fresenius Kidney Care Captains Cove	170125	Develop a new 12-station dialysis facility by relocating 6 stations from FMC Care of Ayden, 3 stations from FMC Dialysis Services East Carolina University, and 3 stations from Greenville Dialysis Center	5/11/2017	6/13/2017	\$1,791,490
Wake	J-011161-16	Raleigh Orthopaedic Surgery Center - West Cary	160151	Develop a single-specialty ambulatory surgical facility by relocating one OR from Raleigh Orthopaedic Surgery Center and developing two new procedure rooms	9/27/2016	6/27/2017	\$9,769,796
Wilson	L-011319-17	Forest Hills Dialysis	020166	Add 5 stations for a total of 36 stations upon completion of this project, Project ID #L-11132-16 (relocate 5 stations), and Project ID# L-11153-16 (add 5 stations)	5/9/2017	6/9/2017	\$0
Total	15						

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11321-17

FID #: 956036

**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: Add no more than four dialysis stations for a total of no more than 16 stations upon completion of this project, Project ID #G-11212-16 (relocate eight stations), and Project ID #G-11289-17 (relocate four stations)/ Alamance County

CONDITIONS: See Reverse Side

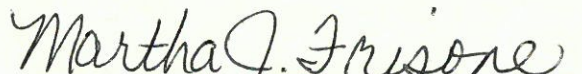
**PHYSICAL LOCATION: Burlington Dialysis Center
873 Heather Road
Burlington, NC 27215**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 30, 2018

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


Martha J. Frisone, Chief

CONDITIONS:

1. Renal Treatment Centers-Mid Atlantic, Inc. d/b/a Burlington Dialysis shall materially comply with all representations made in the certificate of need application.
2. Renal Treatment Centers-Mid Atlantic, Inc. d/b/a Burlington Dialysis shall add no more than four dialysis stations for a total of no more than 16 dialysis stations at Burlington Dialysis following completion of this project, Project I.D. # G-11212-16 and Project I.D. # 11289-17.
3. Renal Treatment Centers-Mid Atlantic, Inc. d/b/a Burlington Dialysis shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Renal Treatment Centers-Mid Atlantic, Inc. d/b/a Burlington 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 24, 2017.

TIMETABLE:

Occupancy/Offering of Service _____	January 1, 2019
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 #: G-11295-17

FID #: 090838

**ISSUED TO: Omega Healthcare Investors, Inc., and Autumn Corporation
P.O. Box 21133
Roanoke, VA 24018**

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

SCOPE: Cost overrun for Project I.D. #G-8431-09 (relocate and replace NF facility)/ Davie County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Autumn Care of Mocksville
1304 Madison Road
Mocksville, NC 27028**

MAXIMUM CAPITAL EXPENDITURE: \$3,305,299

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2017

This certificate is effective as of the 27th day of June, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Omega Healthcare Investors, Inc. and Autumn Corporation shall materially comply with all the conditions of approval on the certificate of need for Project I.D. #G-8431-09, certificate of need application for Project I.D. #G-11295-17, and supplemental information received April 28, 2017. In those instances where representations conflict, Omega Healthcare Investors, Inc. and Autumn Corporation shall materially comply with the last made representation.
2. The total approved capital expenditure for Project I.D. #G-8431-09 and Project I.D. #G-11295-17 combined is \$12,987,199, an increase of \$3,305,299 over the previously approved capital expenditure of \$9,681,900.
3. Prior to the issuance of the certificate of need, Autumn Corporation shall provide written documentation confirming that the revolving line of credit with Wells Fargo Capital Finance shall be used for the capital and working capital needs of the project, if necessary.
4. Omega Healthcare Investors, Inc. and Autumn Corporation shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VI of the application or that would otherwise require a certificate of need.
5. Omega Healthcare Investors, Inc. and Autumn Corporation 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 June 5, 2017.

TIMETABLE:

Funds Available	June 10, 2017
Construction Contract Execute/Contract Award	June 10, 2017
25% Completion of Construction	October 15, 2017
50% Completion of Construction	February 15, 2018
75% Completion of Construction	May 15, 2018
Completion of Construction	September 15, 2018
Occupancy/Offering of Services	October 1, 2018
Licensure	October 1, 2018
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 #: G-11299-17

FID #: 080175

**ISSUED TO: Davie County Emergency Health Corporation d/b/a/ Davie Medical Center
and North Carolina Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157**

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 one additional shared operating room and one minor procedure room
for a total of three operating rooms and three procedure rooms/ Davie County**

CONDITIONS: See Reverse Side

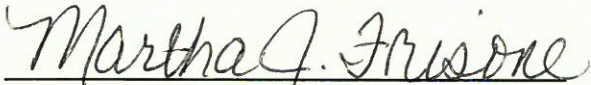
**PHYSICAL LOCATION: Davie Medical Center
329 NC Highway 801 N
Bermuda Run, NC 27006**

MAXIMUM CAPITAL EXPENDITURE: \$13,668,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2017

This certificate is effective as of the 20th day of June, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Davie County Emergency Health Corporation d/b/a Davie Medical Center and North Carolina Baptist Hospital shall materially comply with all representations made in the certificate of need application.
2. Davie County Emergency Health Corporation d/b/a Davie Medical Center and North Carolina Baptist Hospital shall develop one additional operating room for a total of no more than three operating rooms.
3. Davie County Emergency Health Corporation d/b/a Davie Medical Center and North Carolina Baptist Hospital 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.
4. Davie County Emergency Health Corporation d/b/a Davie Medical Center and North Carolina Baptist Hospital 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 June 5, 2017.

TIMETABLE:

Approval of Site by Construction Section, DHSR	_____	September 22, 2017
Completion of Preliminary Drawings	_____	January 2, 2018
25% Completion of Construction (25% of the Dollar Value of the Contract in Place)	_____	June 15, 2018
75% Completion of Construction	_____	November 2, 2018
Licensure of Facility	_____	March 4, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11302-17

FID #: 070671

**ISSUED TO: Wake Forest University Health Sciences and
Miller Street Dialysis Center of Wake Forest University
1804 King Road
Tifton, GA 31793**

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

SCOPE: Add no more than eight dialysis stations for a total of no more than 44 stations upon project completion/ Forsyth County

CONDITIONS: See Reverse Side

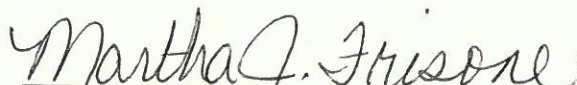
**PHYSICAL LOCATION: Miller Street Dialysis Center of Wake Forest University
120 Miller Street
Winston-Salem, NC 27103-2500**

MAXIMUM CAPITAL EXPENDITURE: \$140,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2017

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


Martha J. Frisone, Chief

CONDITIONS:

1. **Wake Forest University Health Sciences and Miller Street Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.**
2. **Wake Forest University Health Sciences and Miller Street Dialysis Center of Wake Forest University shall develop and operate no more than eight (8) additional dialysis stations for a total of 44 certified stations upon project completion, which shall include any home hemodialysis training or isolation stations.**
3. **Wake Forest University Health Sciences and Miller Street Dialysis Center of Wake Forest University 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 June 16, 2017.

TIMETABLE:

Occupancy/Offering of Service/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 #: G-11300-17

FID #: 170068

**ISSUED TO: Novant Health Clemmons Outpatient Surgery, LLC
2085 Frontis Plaza Blvd.
Winston-Salem, NC 27103**

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 multi-specialty ambulatory surgical facility by relocating two ORs from the Novant Health Winston-Salem campus and developing a new procedure room on the Novant Health Clemmons Medical Center campus/ Forsyth County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Novant Health Clemmons Outpatient Surgery
Village Medical Circle
Clemmons, NC 27012**

MAXIMUM CAPITAL EXPENDITURE: \$13,170,892

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2018

This certificate is effective as of the 15th day of June, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. **Novant Health Clemmons Outpatient Surgery, LLC shall materially comply with all representations made in the certificate of need application.**
2. **Novant Health Clemmons Outpatient Surgery, LLC shall develop an ambulatory surgery center with no more than two ambulatory surgical operating rooms and one minor procedure room.**
3. **Novant Health Forsyth Medical Center shall de-license two shared operating rooms. Following completion of this project and Project I.D. #G-8165-08, and Project I.D. #G-11150-16, Novant Health Forsyth Medical Center shall be licensed for no more than 18 operating rooms, including 13 shared operating rooms, three dedicated open heart surgery operating rooms, and two dedicated C-section operating rooms.**
4. **Novant Health Clemmons Outpatient Surgery, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.**
5. **Novant Health Clemmons Outpatient Surgery, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
6. **Novant Health Clemmons Outpatient Surgery, 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 June 15, 2017.

TIMETABLE:

Final Drawings/Specifications/Construction Section, DHSR	_____	March 9, 2018
Construction Contract Executed/Contract Award	_____	June 4, 2018
25% Completion of Construction	_____	September 14, 2018
50% Completion of Construction	_____	December 14, 2018
75% Completion of Construction	_____	March 15, 2019
Completion of Construction	_____	May 31, 2019
Occupancy/Offering of Service/Licensure	_____	July 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: K-11308-17

FID #: 041025

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

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

SCOPE: Add no more than two dialysis stations for a total of no more than 25 dialysis stations upon project completion/ Granville County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMS Dialysis Services of Oxford
1620 Williamsboro Street
Oxford, NC 27565**

MAXIMUM CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2017

This certificate is effective as of the 20th day of June, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Dialysis Services of Oxford shall materially comply with all representations made in the certificate of need application as conditioned.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Dialysis Services of Oxford shall develop and operate no more than two additional dialysis stations at FMS Dialysis Services of Oxford for a total of no more than 25 certified dialysis stations which shall include any isolation or home hemodialysis training stations upon project completion.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Dialysis Services of Oxford shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. Prior to the issuance of the certificate of need Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Dialysis Services of Oxford shall provide documentation that FMS Oxford will accommodate the clinical needs of health professional training programs in its area.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Dialysis Services of Oxford 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 25, 2017.

TIMETABLE:

Completion of Final Drawings and Specifications _____	October 28, 2017
50% Completion of Construction/Renovation _____	November 25, 2017
Completion of Construction/Renovation _____	December 9, 2017
Operation of Equipment _____	December 22, 2017
Occupancy/Offering of Service _____	December 31, 2017
Certification of Stations _____	December 31, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11303-17

FID #: 170123

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 28 stations dialysis facility by relocating 14 stations from BMA of Greensboro and 14 stations from BMA of South Greensboro/ Guilford County

CONDITIONS: See Reverse Side

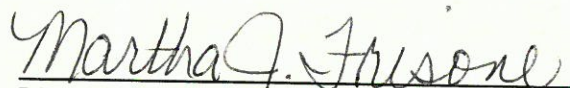
PHYSICAL LOCATION: Fresenius Kidney Care Garber-Olin
Maple Professional Park, Lot 1C, 912 3rd Street
Greensboro, NC 27401

MAXIMUM CAPITAL EXPENDITURE: \$2,868,546

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2018

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


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Garber-Olin 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 Garber-Olin shall relocate no more than 14 dialysis stations from BMA of Greensboro and no more than 14 dialysis stations from BMA of South Greensboro.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Garber-Olin shall install plumbing and electrical wiring through the walls for no more than 28 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 14 dialysis stations at BMA of Greensboro for a total of no more than 42 dialysis stations at BMA of Greensboro upon completion of this project and to decertify 14 dialysis stations at BMA of South Greensboro for a total of no more than 35 dialysis stations at BMA of South Greensboro upon completion of this project and Project ID #G-11055-15 (relocate 10 stations to Fresenius Medical Care High Point).
5. The approved capital expenditure is \$2,868,546.
6. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Garber-Olin 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 26, 2017.

TIMETABLE:

Final Drawings and Specifications to Construction Section, DHSR _____	October 3, 2017
Construction Contract Executed/Contract Award _____	November 3, 2017
25% Completion of Construction _____	February 1, 2018
50% Completion of Construction _____	April 17, 2018
75% Completion of Construction _____	July 1, 2018
Completion of Construction _____	September 14, 2018
Occupancy/Offering of Service/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 #: M-11311-17

FID #: 110803

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 three dialysis stations from FMC Lillington for a total of no more than 14 stations at FMC Anderson Creek/ Harnett County

CONDITIONS: See Reverse Side

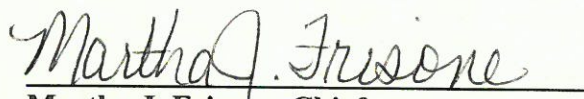
PHYSICAL LOCATION: FMC Anderson Creek
290 H M Cagle Drive
Cameron, NC 28326

MAXIMUM CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2017

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


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc., d/b/a Fresenius Medical Care Anderson Creek 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 three dialysis stations from FMC Lillington.**
3. **Bio-Medical Applications of North Carolina, Inc., d/b/a Fresenius Medical Care Anderson Creek shall install plumbing and electrical wiring through the walls for three additional dialysis stations for a total of 14 dialysis stations which shall include any home hemodialysis training or isolation stations.**
4. **Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify three dialysis stations at FMC Lillington for a total of no more than 14 dialysis stations at FMC Lillington upon project completion.**
5. **Bio-Medical Applications of North Carolina, Inc., d/b/a Fresenius Medical Care Anderson Creek 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 June 13, 2017.

TIMETABLE:

Construction/Renovation Contract Executed	_____	October 18, 2017
50% of Construction/Renovation Completed	_____	November 23, 2017
Services Offered	_____	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-11294-17

FID #: 923412

**ISSUED TO: ACTS Retirement-Life Communities, Inc.
P.O. Box 90
West Point, PA 19486**

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 and 40 ACH beds pursuant to Policy LTC-1 for a total of no more than 90 NF beds and 100 ACH beds/ Mecklenburg County

CONDITIONS: See Reverse Side

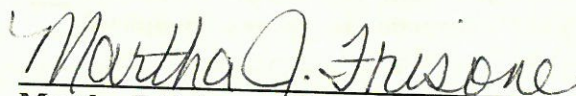
**PHYSICAL LOCATION: Willow Brooke Court SC Ctr at Plantation Estates
701 Plantation Estates Drive
Matthews, NC 28105**

MAXIMUM CAPITAL EXPENDITURE: \$32,167,686

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2018

This certificate is effective as of the 27th day of June, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. ACTS Retirement-Life Communities, Inc. d/b/a WillowBrooke Court SC Ctr at Plantation Estates shall materially comply with all representations made in the certificate of need application.
2. ACTS Retirement-Life Communities, Inc. d/b/a WillowBrooke Court SC Ctr at Plantation Estates shall develop no more than 10 Policy NH-2 nursing facility beds and 40 Policy LTC-1 adult care home beds for a facility total of no more than 90 NF beds and 100 ACH beds upon completion of the project.
3. The 10 Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
4. The 10 Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring the nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 40 Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
6. The 40 Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
7. The 10 new Policy NH-2 nursing facility beds and the 40 new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
8. ACTS Retirement-Life Communities, Inc. d/b/a WillowBrooke Court SC Ctr at Plantation Estates 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.
9. ACTS Retirement-Life Communities, Inc. d/b/a WillowBrooke Court SC Ctr at Plantation Estates shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 5, 2017.

TIMETABLE:

Drawings Completed _____	November 15, 2017
Construction/Renovation Contract Executed _____	February 15, 2018
25% of Construction/Renovation Completed (25% of the Cost is in Place) _____	September 1, 2018
50% of Construction/Renovation Completed _____	January 1, 2019
75% of Construction/Renovation Completed _____	May 1, 2019
Services Offered _____	October 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: H-11317-17

FID #: 020648

**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: Shall add two dialysis stations for a total of no more than 17 stations upon project completion/ Moore County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Southern Pines Dialysis Center
209 Windstar Place
Southern Pines, NC 28387**

MAXIMUM CAPITAL EXPENDITURE: \$42,220

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2017

This certificate is effective as of the 20th day of June, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southern Pines Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Southern Pines Dialysis Center shall add no more than two dialysis stations to the existing facility for a total of no more than 17 dialysis stations upon project completion.
3. Total Renal Care of North Carolina, LLC d/b/a Southern Pines Dialysis Center shall install plumbing and electrical wiring through the walls for no more than two dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC d/b/a Southern Pines Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 24, 2017.

TIMETABLE:

Ordering of Equipment	_____	October 1, 2018
Arrival of Equipment	_____	November 15, 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 #: P-11325-17

FID #: 130178

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

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

SCOPE: Add no more than two dialysis stations for a total of no more than 20 dialysis stations upon project completion/ Onslow County

CONDITIONS: See Reverse Side

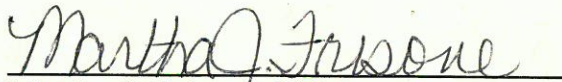
**PHYSICAL LOCATION: New River Dialysis
111 Yopp Road
Jacksonville, NC 28540**

MAXIMUM CAPITAL EXPENDITURE: \$32,258

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2018

This certificate is effective as of the 24th day of June, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a New River 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 New River Dialysis shall develop and operate no more than two additional dialysis stations at New River Dialysis for a total of no more than 20 certified dialysis stations, which shall include any isolation or home hemodialysis training stations, upon project completion.
3. Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. Total Renal Care of North Carolina, LLC d/b/a New River 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 June 8, 2017.

TIMETABLE:

Ordering of Medical Equipment _____	September 15, 2018
Operation of Medical Equipment _____	December 1, 2018
Occupancy/Offering of Services _____	December 1, 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 #: J-11297-17

FID #: 090274

**ISSUED TO: University of North Carolina Hospitals at Chapel Hill
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: Cost overrun for Project ID# J-11035-15 (relocate one existing linear accelerator from the main campus to the Hillsborough campus)/ Orange County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: University of North Carolina Hospitals-Hillsborough
460 Waterstone Drive
Hillsborough, NC 27278**

MAXIMUM CAPITAL EXPENDITURE: \$4,227,714

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 30, 2018

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


Martha J. Frisone, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all the conditions of approval on the certificate of need for Project I.D. #J-11035-15, supplemental materials, and this application. Where representations made in this application and the original application differ, the University of North Carolina Hospitals at Chapel Hill shall materially comply with the representation made in this application.
2. The total approved capital expenditure for both Project I.D. # J-11035-15 and Project I.D. # J-11297-17 is \$7,067,578.
3. University of North Carolina Hospitals at Chapel Hill 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 that would otherwise require a certificate of need.
4. University of North Carolina Hospitals at Chapel Hill 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:

Construction / Renovation Contract(s) Executed _____	November 30, 2017
50% of Construction / Renovation Completed _____	May 31, 2018
Equipment Operational _____	February 28, 2019
Services Offered _____	March 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: Q-11304-17

FID #: 170125

**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 six stations from FMC Care of Ayden, three stations from FMC Dialysis Services East Carolina University, and three stations from Greenville Dialysis Center/ Pitt County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Fresenius Kidney Care Captains Cove
Regency Blvd., Parcel #74010
Winterville, NC 28590**

MAXIMUM CAPITAL EXPENDITURE: \$1,791,490

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 15, 2018

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


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Captains Cove 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 Captains Cove shall relocate no more than six dialysis stations from FMC Care of Ayden, no more than three dialysis stations from FMC Dialysis Services East Carolina University and no more than three dialysis stations from Greenville Dialysis Center.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Captains Cove 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 6 dialysis stations from FMC Care of Ayden for a total of 10 certified dialysis stations, 3 dialysis stations from FMC Dialysis Services East Carolina University for a total of 38 and 3 dialysis stations from Greenville Dialysis Center for a total of 48 upon completion of this project, Project ID # Q-11141-16 (add 10 dialysis stations) and Project ID # L-11011-15 (relocate four stations to FMC Tarboro).
5. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Captains Cove 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 16, 2017.

TIMETABLE:

Final Drawings and Specifications to Construction Section, DHSR _____	January 17, 2018
Construction Contract Executed/Contract Award _____	March 3, 2018
25% Completion of Construction _____	May 17, 2018
50% Completion of Construction _____	July 16, 2018
75% Completion of Construction _____	September 14, 2018
Completion of Construction _____	November 13, 2018
Occupancy/Offering of Service/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-11161-16

FID #: 160151

ISSUED TO: Rex Orthopaedic Ventures, LLC, Rex Hospital, Inc., ASC JV, LLC,
Group I Ventures Panther Creek, LLC and Orthopaedic Surgery
Center of Raleigh, LLC
3001 Edwards Mill Road, Suite 100
Raleigh, NC 27612

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-specialty ambulatory surgical facility by relocating one existing operating room from Raleigh Orthopaedic Surgery Center and developing two new procedure rooms/ Wake County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Raleigh Orthopaedic Surgery Center-West Cary
Intersection of Highway 55 and McCrimmon Parkway
Cary, NC 27519

MAXIMUM CAPITAL EXPENDITURE: \$9,769,796

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2017

This certificate is effective as of the 27th day of June, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Rex Orthopaedic Ventures, LLC, Rex Hospital Inc., ASC JV LLC, Group I Ventures Panther Creek LLC and Orthopaedic Surgery Center of Raleigh LLC shall materially comply with all representations made in the certificate of need application.
2. Rex Orthopaedic Ventures, LLC, Rex Hospital Inc., ASC JV LLC, Group I Ventures Panther Creek LLC and Orthopaedic Surgery Center of Raleigh LLC 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. Rex Orthopaedic Ventures, LLC, Rex Hospital Inc., ASC JV LLC, Group I Ventures Panther Creek LLC and Orthopaedic Surgery Center of Raleigh LLC shall construct a single specialty ambulatory surgical facility licensed for no more than one operating room.
4. Rex Orthopaedic Ventures, LLC, Rex Hospital Inc., ASC JV LLC, Group I Ventures Panther Creek LLC and Orthopaedic Surgery Center of Raleigh LLC shall meet all criteria to receive accreditation of the ambulatory surgical facility from JCAHO, AAAHC or a comparable accreditation authority within two years following completion of the facility.
5. Upon licensure of ROSC-West Cary Rex Orthopaedic Ventures, LLC, Rex Hospital Inc., ASC JV LLC, Group I Ventures Panther Creek LLC and Orthopaedic Surgery Center of Raleigh LLC shall take the steps necessary to delicense one operating room at ROSC such that ROSC shall be licensed for no more than three operating rooms.
6. Procedures performed in the minor procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the hospital's license renewal application as procedures performed in an operating room.
7. Rex Orthopaedic Ventures, LLC, Rex Hospital Inc., ASC JV LLC, Group I Ventures Panther Creek LLC and Orthopaedic Surgery Center of Raleigh LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 17, 2016.

TIMETABLE:

Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	July 30, 2017
Contract Award _____	August 15, 2017
25% Completion of Construction _____	November 15, 2017
50% Completion of Construction _____	March 1, 2018
75% Completion of Construction _____	May 15, 2018
Completion of Construction _____	July 30, 2018
Operation of Equipment _____	July 30, 2018
Licensure of Facility _____	August 15, 2018
Occupancy/Offering of Service _____	September 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: L-11319-17

FID #: 020166

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

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

SCOPE: Add no more than five dialysis stations for a total of no more than 36 dialysis stations upon completion of this project, Project I.D. #L-11132-16 (relocate five stations), and Project I.D. #L-11153-16 (add five stations)/ Wilson County

CONDITIONS: See Reverse Side

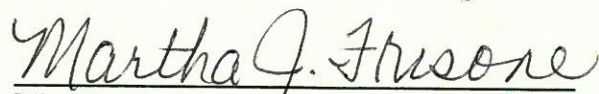
**PHYSICAL LOCATION: Forest Hills Dialysis
1605 Medical Park Drive West
Wilson, NC 27893**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2018

This certificate is effective as of the 9th day of June, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Forest Hills Dialysis shall materially comply with all representations made in the certificate of need application except as modified by the conditions of approval.
2. DVA Renal Healthcare, Inc. d/b/a Forest Hills Dialysis shall develop and operate no more than five additional dialysis stations at Forest Hills Dialysis for a total of no more than 36 certified dialysis stations, which shall include any isolation or home hemodialysis training stations, upon completion of this project, Project I.D. #L-11132-16 (relocate five stations), and Project I.D. #L-11153-16 (add five stations).
3. DVA Renal Healthcare, Inc. d/b/a Forest Hills Dialysis shall not develop a home hemodialysis and peritoneal dialysis training program as part of this project.
4. DVA Renal Healthcare, Inc. d/b/a Forest Hills Dialysis shall install plumbing and electrical wiring through the walls for no more than five additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
5. DVA Renal Healthcare, Inc. d/b/a Forest Hills 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 24, 2017.

TIMETABLE:

Occupancy/Offering of Services _____ January 1, 2019
Certification _____ January 1, 2019