

**Certificate of Need  
Certificates Issued  
July 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-011318-17	North Burlington Dialysis	100785	Add 2 dialysis stations for a total of 16 stations upon completion of this project, Project ID #G-11089-15 (add 6 stations), Project ID #G-11212-16 (relocate 2 stations), and Project ID #G-11289-17 (relocate 6 stations)	6/12/2017	7/13/2017	\$0.00
Buncombe	B-011342-17	CarePartners Rehabilitation Hospital	923508	Cost overrun on Project ID #B-11180-16 (offer inpatient dialysis services)	6/23/2017	7/25/2017	\$72,140.00
Gaston	F-011309-17	FMC Gastonia	955615	Add no more than six dialysis stations to the existing facility for a total of no more than 33 stations upon completion of this project and Project ID #F-11266-16 (relocate 12 dialysis stations from FMC Gastonia to develop the new FKC North Gaston facility)	6/2/2017	7/4/2017	\$0.00
Graham	A-011316-17	Graham County Dialysis	170126	Develop a new five-station dialysis facility pursuant to an adjusted need determination and offer home peritoneal dialysis training and support	6/1/2017	7/4/2017	\$894,096.00
Johnston	J-011310-17	Fresenius Medical Care Stallings Station	030941	Relocate 4 dialysis stations from FMC Four Oaks for a total of 28 stations at Stallings Station	6/8/2017	7/11/2017	\$1,798,137.00
Mecklenburg	F-011339-17	CHS Southpark	110797	Replace existing CT scanner at the satellite ED	6/15/2017	7/18/2017	\$2,606,934.00

**Certificate of Need  
Certificates Issued  
July 2017**

County	Project ID	Facility	FID	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-011306-17	FMC Charlotte	955947	Add 7 dialysis stations for a total of 44 stations upon completion of this project, and Project ID # F-11099-15 (relocate six stations to FMC Aldersgate)	6/1/2017	7/4/2017	\$3,750.00
Mecklenburg	F-011307-17	BMA of East Charlotte	970301	Add 1 dialysis station for a total of 26 stations upon completion of this project, Project ID # F-10369-15 (relocate four stations to FMC Regal Oaks) and Project ID # F-11092-15 (add four stations)	6/2/2017	7/4/2017	\$3,750.00
Mecklenburg	F-011323-17	South Charlotte Dialysis	170127	Relocate facility to a new location and add 4 dialysis stations for a total of 27 stations. In addition, develop a home training program.	6/1/2017	7/4/2017	\$3,506,203.00
Nash	L-011142-16	FMC of Spring Hope	020870	Add 1 dialysis station for a total of 16 stations upon project completion	5/26/2016	7/20/2017	\$5,200.00
Nash	L-011305-17	FMC of Spring Hope	020870	Add 4 dialysis stations for a total of 16 stations upon completion of this project and Project ID #L-11285-17 (relocate 4 stations to FMC South Rocky Mount)	6/14/2017	7/15/2017	\$0.00
New Hanover	O-011275-16	Cape Fear Surgical Center, LLC	160563	Develop a new ASC facility licensed for no more than three operating rooms to be relocated from New Hanover Regional Medical Center and three multi-specialty GI Endoscopy rooms to be relocated from Wilmington Health	4/28/2017	7/3/2017	\$28,946,325.00
Onslow	P-011326-17	Southeastern Dialysis Center of Jacksonville	956056	Add 1 station for a total of 31 stations upon completion of this project and Project ID #P-10351-14 (add 5 stations)	6/2/2017	7/4/2017	\$0.00

**Certificate of Need  
Certificates Issued  
July 2017**

County	Project ID	Facility	FID	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Orange	J-011337-17	University of North Carolina Hospitals	923517	Add 9 new acute care beds on the Chapel Hill campus for a total of 798 acute care beds on that campus and 931 on the hospital license	6/27/2017	7/28/2017	\$9,731,257.00
Orange	J-011338-17	University of North Carolina Hospitals-Hillsborough	090274	Add 32 new acute care beds on the Hillsborough campus for a total of 133 acute care beds on that campus and 931 on the hospital license	6/27/2017	7/28/2017	\$160,000.00
Rowan	F-011324-17	Dialysis Care of Rowan County	944673	Add 1 dialysis station for a total of 26 stations upon completion of this project, Project ID #F-11154-16 (add 6 stations), and Project ID #F-11264-16 (relocate 8 stations)	6/22/2017	7/31/2017	\$0.00
Union	F-011322-17	Union County Dialysis	955953	Add three dialysis stations to the existing facility for a total of 33 stations upon completion of this project and Project I.D. #F-11259-16 (add two dialysis stations)	6/14/2017	7/15/2017	\$475,573.00
Wake	J-011301-17	WakeMed North Family Health & Women's Hospital	990974	Expand the ED and acquire a second CT scanner	6/28/2017	7/29/2017	\$9,196,579.00
Wake	J-011312-17	FMC New Hope Dialysis	020868	Add 6 dialysis stations for a total of 36 stations upon completion of this project and Project ID # J-11271-16 (relocate six stations to FMC Rock Quarry)	6/2/2017	7/4/2017	\$0.00
Wake	J-011315-17	Wake Dialysis Clinic, Inc	956094	Add 4 dialysis stations for a total of 50 stations upon completion of this project, Project ID #J-11220-16, (relocate 6 stations to FMC White Oak) Project ID #J-11240-16 (add 6 stations) and Project ID #J-11271-16 (relocate 4 stations to FMC Rock Quarry)	6/2/2017	7/4/2017	\$0.00

**Certificate of Need  
Certificates Issued  
July 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>
Total	20						

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11318-17**

**FID #: 100785**

**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 two dialysis stations for a total of no more than 16 stations upon completion of this project, Project I.D. #G-11089-15 (add six dialysis stations), Project I.D. #G-11212-16 (relocate two stations from North Burlington Dialysis to Elon Dialysis), and Project I.D. #G-11289-17 (relocate six stations from North Burlington Dialysis to Mebane Dialysis)/ Alamance County**

**CONDITIONS: See Reverse Side**

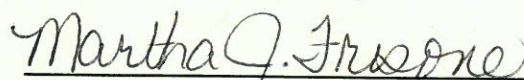
**PHYSICAL LOCATION: North Burlington Dialysis  
2019 North Church Street  
Burlington, NC 27217**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

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

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

**CONDITIONS:**

1. **Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a North 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 North Burlington Dialysis shall develop and operate no more than two additional dialysis stations for a total of no more than 16 certified stations upon completion of this project, Project I.D. # G-11089-15 (Add six dialysis stations), Project I.D. # G-11212-16 (Relocate two stations from North Burlington Dialysis to Elon Dialysis), and Project I.D. # G-11289-17 (Relocate six stations from North Burlington Dialysis to Mebane Dialysis), which shall include any isolation or home hemodialysis stations.**
3. **Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a North Burlington Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 16, 2017.**

**TIMETABLE:**

**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 #: B-11342-17**

**FID #: 923508**

**ISSUED TO: Community CarePartners, Inc.  
68 Sweeten Creek Road  
Asheville, NC 28803**

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 on Project I.D. #B-11180-16 (offer inpatient dialysis services)/  
Buncombe County**

**CONDITIONS: See Reverse Side**

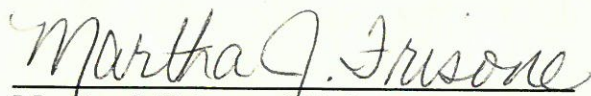
**PHYSICAL LOCATION: CarePartners Rehabilitation Hospital  
68 Sweeten Creek Road  
Asheville, NC 28803**

**MAXIMUM CAPITAL EXPENDITURE: \$72,140**

**TIMETABLE: See Reverse Side**

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

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

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Community CarePartners, Inc. shall materially comply with all the conditions of approval on the certificate of need for Project I.D. #B-11180-16 and certificate of need application for Project I.D. #B-11342-17. In those instances where representations conflict, Community CarePartners, Inc. shall materially comply with the last made representation.
2. The total approved capital expenditure for Project I.D. #B-11180-16 and Project I.D. #B-11342-17 combined is \$145,000, an increase of \$72,140 over the previously approved capital expenditure of \$72,860.
3. Community CarePartners, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.
4. Community CarePartners, 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 July 19, 2017.

**TIMETABLE:**

Financing for Project Obtained _____	November 3, 2017
Equipment Ordered _____	November 5, 2017
75% of Construction/Renovation Completed _____	November 10, 2017
Equipment Operational/Space Occupied _____	November 15, 2017
Construction/Renovation Completed _____	December 1, 2017
Services Offered _____	December 15, 2017



# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11309-17**

**FID #: 955615**

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

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

**SCOPE: Add no more than six dialysis stations to the existing facility for a total of no more than 33 stations upon completion of this project and Project I.D. #F-11266-16 (relocate 12 dialysis stations from FMC Gastonia to develop the new FKC North Gaston facility)/ Gaston County**

**CONDITIONS: See Reverse Side**

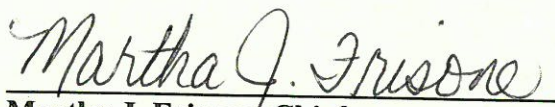
**PHYSICAL LOCATION: FMC Gastonia**  
**348 Burtonwood Drive**  
**Gastonia, NC 28054**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 4<sup>th</sup> day of July, 2017

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc., d/b/a FMC Gastonia shall materially comply with all representations made in its certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc., d/b/a FMC Gastonia shall develop and operate no more than six additional dialysis stations for a total of 33 certified stations following completion of this project and Project ID #F-11266-16 (relocate 12 dialysis stations), which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc., d/b/a FMC Gastonia 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 the 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 7, 2017.**

**TIMETABLE:**

<b>Ordering of Equipment</b>	<b>October 2, 2018</b>
<b>Arrival of Equipment</b>	<b>November 1, 2018</b>
<b>Operation of Equipment</b>	<b>November 22, 2018</b>
<b>Occupancy/Offering of Service</b>	<b>December 31, 2018</b>
<b>Certification of Stations</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 #: A-11316-17**

**FID #: 170126**

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

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

**SCOPE: Develop a new five-station dialysis facility pursuant to an adjusted need determination and offer home peritoneal dialysis training and support/ Graham County**

**CONDITIONS: See Reverse Side**

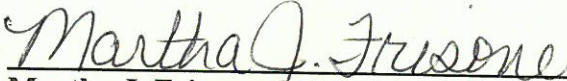
**PHYSICAL LOCATION: Graham County Dialysis  
21 South Main Street  
Robbinsville, NC 28771**

**MAXIMUM CAPITAL EXPENDITURE: \$894,096**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 4<sup>th</sup> day of July, 2017

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Graham County Dialysis shall materially comply with all representations made in the certificate of need application and in supplemental information received May 9, 2017, May 10, 2017, and May 30, 2017. In those instances where representations conflict, Total Renal Care of North Carolina, LLC d/b/a Graham County Dialysis shall materially comply with the last made representation.
2. Total Renal Care of North Carolina, LLC d/b/a Graham County Dialysis shall develop and be certified for no more than five dialysis stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Graham County Dialysis shall install plumbing and electrical wiring through the walls for no more than five dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Graham County Dialysis shall document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need.
5. Total Renal Care of North Carolina, LLC d/b/a Graham County Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 16, 2017.

**TIMETABLE:**

Final Drawings Submitted to Construction Section, DHSR	_____	April 1, 2018
Construction Contract Executed/Contract Award	_____	May 1, 2018
25% Completion of Construction	_____	June 15, 2018
50% Completion of Construction	_____	August 1, 2018
Ordering of Equipment	_____	August 1, 2018
75% Completion of Construction	_____	September 15, 2018
Completion of Construction	_____	November 1, 2018
Operation of Equipment	_____	November 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-11310-17**

**FID #: 030941**

**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 Four Oaks to FMC Stallings Station for a total of no more than 28 stations upon completion of this project/ Johnston County**

**CONDITIONS: See Reverse Side**

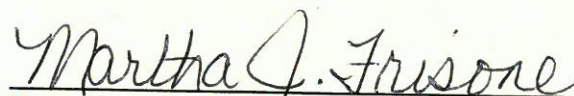
**PHYSICAL LOCATION: Fresenius Medical Care Stallings Station  
5420 Barber Mill Road  
Clayton, NC 27524**

**MAXIMUM CAPITAL EXPENDITURE: \$1,798,137**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 30, 2018**

This certificate is effective as of the 11<sup>th</sup> day of July, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station 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 four dialysis stations from FMC Four Oaks to FMC Stallings Station for a total of no more than 28 certified stations which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations, for a total of 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 four dialysis stations at FMC Four Oaks for a total of no more than 18 dialysis stations at FMC Four Oaks upon completion of this project.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station 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 12, 2017.

**TIMETABLE:**

Completion of Preliminary Drawings and Specifications	_____	October 18, 2017
25% Completion of Construction/Renovation (25% of the Dollar Value of the Contract in Place)	_____	April 16, 2018
75% Completion of Construction/Renovation	_____	September 13, 2018
Occupancy/Offering of Service	_____	December 31, 2018
Certification of Stations	_____	December 31, 2018

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11339-17**

**FID #: 110797**

**ISSUED TO:** The Charlotte-Mecklenburg Hospital Authority d/b/a  
Carolinas Medical Center  
2709 Water Ridge Parkway, Suite 200  
Charlotte, NC 28217

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

**SCOPE:** Replace existing CT scanner at the satellite ED/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carolinas HealthCare System SouthPark  
6965 Fairview Road  
Charlotte, NC 28211

**MAXIMUM CAPITAL EXPENDITURE:** \$2,606,934

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 18<sup>th</sup> day of July, 2017

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall acquire no more than one CT scanner to replace the existing 16-slice Siemens Sensation at CHS SouthPark for a total of no more than one CT scanner upon completion of this project.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.
4. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

Construction Contract Executed _____	December 15, 2017
25% Completion of Construction _____	January 19, 2018
50% Completion of Construction _____	February 19, 2018
75% Completion of Construction _____	March 5, 2018
Completion of Construction _____	April 1, 2018
Equipment Operational _____	April 16, 2018



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11306-17**

**FID #: 955947**

**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 seven dialysis stations for a total of no more than 44 dialysis stations upon completion of the project and Project I.D. #F-11099-15 (relocate six stations to FMC Aldergate)/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMC Charlotte  
928 Baxter Street  
Charlotte, NC 28204**

**MAXIMUM CAPITAL EXPENDITURE: \$3,750**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 4<sup>th</sup> day of July, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Charlotte shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Charlotte shall develop and operate no more than seven additional dialysis stations for a total of no more than 44 certified dialysis stations upon completion of the project and Project I.D. #F-11099-15 (relocate six stations to FMC Aldersgate), which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Charlotte shall install plumbing and electrical wiring through the walls for seven additional dialysis stations for a total of no more than 44 dialysis stations which shall include any home hemodialysis training or isolation stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Charlotte 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:**

<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*

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11307-17**

**FID #: 970301**

**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 one dialysis station for a total of no more than 26 dialysis stations upon completion of this project, Project I.D. #F-11092-15 (add four stations), and Project I.D. #F-10369-15 (relocate four stations to FMC Regal Oaks)/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

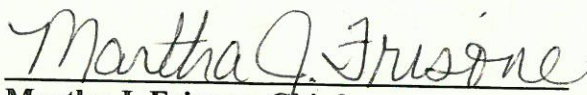
**PHYSICAL LOCATION: BMA of East Charlotte  
1334 Central Avenue  
Charlotte, NC 28205**

**MAXIMUM CAPITAL EXPENDITURE: \$3,750**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 4<sup>th</sup> day of July, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of East Charlotte shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of East Charlotte shall develop and operate no more than one additional dialysis station for a total of no more than 26 certified dialysis stations upon completion of the project and Project I.D. #F-11092-15 (add 4 stations) and Project I.D. #F-10369-15 (relocate 4 stations) which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of East Charlotte shall install plumbing and electrical wiring through the walls for one additional dialysis station for a total of no more than 26 dialysis stations which shall include any home hemodialysis training or isolation stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of East Charlotte 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 7, 2017.**

**TIMETABLE:**

<b>Occupancy/Offering of Service</b>	_____	<b>December 31, 2018</b>
<b>Certification of Stations</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 #: F-11323-17**

**FID #: 170127**

**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 facility to a new location, add no more than four dialysis stations for a total of no more than 27 stations, and develop a home training program/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

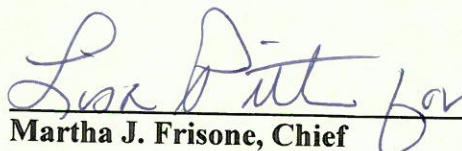
**PHYSICAL LOCATION: South Charlotte Dialysis  
7600 Little Avenue  
Charlotte, NC 28226**

**MAXIMUM CAPITAL EXPENDITURE: \$3,506,203**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 4<sup>th</sup> day of July, 2017

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

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, South Charlotte Dialysis shall materially comply with the last made representation.
2. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis shall develop and operate no more than four additional dialysis stations for a total of no more than 27 certified dialysis stations upon completion of Project I.D. #F-11247-16 (add one dialysis station) and the completion of this project.
3. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of 27 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 16, 2017.

**TIMETABLE:**

Contract Award _____	December 1, 2017
25% Completion of Construction _____	February 1, 2018
75% Completion of Construction _____	April 1, 2018
Completion of Construction _____	June 1, 2018
Occupancy/Offering of Service _____	July 15, 2018
Certification of Stations _____	January 1, 2019

# STATE OF NORTH CAROLINA

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

## **CORRECTED CERTIFICATE OF NEED**

for

**Project ID #: L-11142-16**

**FID #: 020870**

**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 one dialysis station for a total of no more than 16 stations upon completion of this project/ Nash County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMC Spring Hope  
102 Dodd Street  
Spring Hope, NC 27882**

**MAXIMUM CAPITAL EXPENDITURE: \$5,200**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: December 15, 2016**

This certificate is effective as of the 28<sup>th</sup> day of June, 2016  
The corrected certificate was issued on July 20, 2017

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope shall develop and operate no more than one additional dialysis station for a total of no more than 16 certified stations upon completion of this project, which shall include any isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station for a total of no more than 16 stations upon projection completion.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope 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 3, 2016.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	October 20, 2016
Completion of Construction _____	December 7, 2016
Occupancy/Offering of Services _____	December 31, 2016
Certification of Stations _____	December 31, 2016



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: L-11305-17**

**FID #: 020870**

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

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

**SCOPE: Add no more than four dialysis stations for a total of no more than 16 stations upon completion of this project and Project I.D. #L-11285-17 (relocate four stations to FMC South Rocky Mount)/ Nash County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: FMC of Spring Hope  
102 Dodd Street  
Spring Hope, NC 27882**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 15<sup>th</sup> day of July, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope shall develop and operate no more than four additional dialysis station for a total of no more than 16 certified stations upon completion of this project, which shall include any isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope 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 19, 2017.**

**TIMETABLE:**

<b>Operation of Equipment</b> _____	<b>December 22, 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*

## **CERTIFICATE OF NEED**

for

**Project ID #: O-11275-16**

**FID #: 160563**

**ISSUED TO: Cape Fear Surgical Center, LLC, New Hanover Regional Medical Center, Wilmington Health, PLLC and New Hanover Ambulatory Surgery, LLC  
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: Develop a new Ambulatory Surgical Facility licensed for no more than three operating rooms to be relocated from New Hanover Regional Medical Center and three multi-specialty GI Endoscopy rooms to be relocated from Wilmington Health/ New Hanover County**

**CONDITIONS: See Reverse Side**

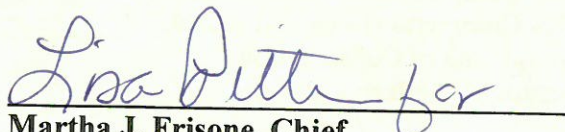
**PHYSICAL LOCATION: Cape Fear Surgical Center, LLC  
Iron Gate Drive  
Wilmington, NC 28412**

**MAXIMUM CAPITAL EXPENDITURE: \$28,946,325**

**TIMETABLE: See Reverse Side**

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

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

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

**CONDITIONS:**

1. Cape Fear Surgical Center, LLC, New Hanover Regional Medical Center, Wilmington Health, PLLC and New Hanover Ambulatory Surgery, LLC, shall materially comply with all representations made in the certificate of need application except as specifically amended by these conditions of approval.
2. Cape Fear Surgical Center, LLC, New Hanover Regional Medical Center, Wilmington Health, PLLC and New Hanover Ambulatory Surgery, 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 and that would otherwise require a certificate of need
3. Cape Fear Surgical Center, LLC, New Hanover Regional Medical Center, Wilmington Health, PLLC and New Hanover Ambulatory Surgery, LLC, shall not develop any new operating rooms as part of this project.
4. Cape Fear Surgical Center, LLC, New Hanover Regional Medical Center, Wilmington Health, PLLC and New Hanover Ambulatory Surgery, LLC, shall construct an ambulatory surgical facility licensed for no more than three operating rooms to be relocated from NHRMC and three multispecialty GI/endoscopy rooms to be relocated from Wilmington Health.
5. Cape Fear Surgical Center, LLC, New Hanover Regional Medical Center, Wilmington Health, PLLC and New Hanover Ambulatory Surgery, 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.
6. Upon licensure Cape Fear Surgical Center, LLC, New Hanover Regional Medical Center, Wilmington Health, PLLC and New Hanover Ambulatory Surgery, LLC, shall take the steps necessary to delicense three operating rooms at NHRMC and three multispecialty GI/endoscopy rooms at Wilmington Health such that NHRMC shall be licensed for no more than 32 operating rooms and that Wilmington Health Endoscopy Center shall no longer be licensed as an ambulatory surgical facility.
7. Cape Fear Surgical Center, LLC, New Hanover Regional Medical Center, Wilmington Health, PLLC and New Hanover Ambulatory Surgery, 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 June 5, 2017.

**TIMETABLE:**

Obtaining Funds Necessary to Undertake Project	June 1, 2017
Completion of Preliminary Drawings	September 27, 2017
Completion of Final Drawings and Specifications	January 19, 2018
Approval of Final Drawings and Specifications by the Construction Section, DHR	March 2, 2018
Contract Award	March 12, 2018
25% Completion of Construction (25% of the Dollar Value of the Contract in Place)	August 1, 2018
50% Completion of Construction	December 1, 2018
75% Completion of Construction	March 1, 2019
Completion of Construction	June 19, 2019
Occupancy/Offering of Services	July 1, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11326-17**

**FID #: 956056**

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

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

**SCOPE: Add no more than one dialysis station for a total of no more than 31 dialysis stations upon project completion/ Onslow County**

**CONDITIONS: See Reverse Side**

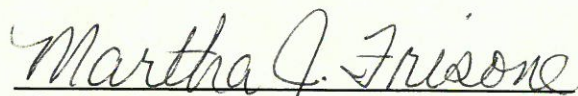
**PHYSICAL LOCATION: Southeastern Dialysis Center – Jacksonville  
14 Office Park Drive  
Jacksonville, NC 28546**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 4<sup>th</sup> day of July, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center - Jacksonville shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center - Jacksonville shall develop and operate no more than one additional dialysis station at Southeastern Dialysis Center - Jacksonville for a total of no more than 31 certified dialysis stations, which shall include any isolation or home hemodialysis training stations, upon project completion.
3. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center - Jacksonville shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station, which shall include any isolation or home hemodialysis training stations.

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 Services \_\_\_\_\_ January 1, 2019  
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-11337-17**

**FID #: 923517**

**ISSUED TO: University of North Carolina Hospitals at Chapel Hill  
UNC HCS, Hedrick Building  
211 Friday Center Drive, Suite G014  
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: Add nine new acute care beds on the Chapel Hill campus for a total of 798 acute care beds on that campus and 931 on the hospital license/ Orange County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: University of North Carolina Hospitals  
101 Manning Drive  
Chapel Hill, NC 27514**

**MAXIMUM CAPITAL EXPENDITURE: \$9,731,257**

**TIMETABLE: See Reverse Side**

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

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

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.
2. 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, Form F.1a of the application and which would otherwise require a certificate of need.
3. University of North Carolina Hospitals at Chapel Hill shall develop no more than nine additional acute care beds at UNC Hospitals Chapel Hill Campus for a total of no more than 798 acute care beds on that campus. This project and Project ID #J-11338-17 (add 32 acute care beds at UNC Hospitals Hillsborough Campus for a total of no more than 133) would bring the total number of acute care beds for UNC Hospitals to 931 beds, upon completion of both projects and previously approved Project ID #J-11163-16 and Project ID #J-11164-16.
4. University of North Carolina Hospitals at Chapel Hill shall develop and implement an energy efficiency and sustainability plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. Prior to issuance of the certificate of need, University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

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

**TIMETABLE:**

Final Drawings and Specifications _____	May 1, 2018
Construction Contract Executed/Contract Award _____	September 1, 2018
25% Completion of Construction _____	March 1, 2019
50% Completion of Construction _____	September 1, 2019
75% Completion of Construction _____	March 1, 2020
Completion of Construction _____	June 15, 2020
Occupancy/Offering of Service _____	July 1, 2020



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11338-17**

**FID #: 090274**

**ISSUED TO:** University of North Carolina Hospitals at Chapel Hill  
UNC HCS, Hedrick Building  
211 Friday Center Drive, Suite G014  
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:** Add 32 new acute care beds on the Hillsborough campus for a total of 133 acute care beds on that campus and 931 on the hospital license/ Orange County

**CONDITIONS:** See Reverse Side

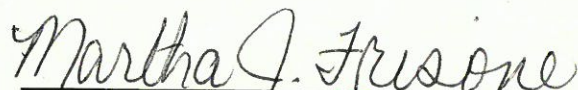
**PHYSICAL LOCATION:** University of North Carolina Hospitals-Hillsborough  
460 Waterstone Drive  
Hillsborough, NC 27278

**MAXIMUM CAPITAL EXPENDITURE:** \$160,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** June 30, 2018

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

  
Martha J. Frison, Chief

**CONDITIONS:**

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.
2. 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, Form F.1a of the application and which would otherwise require a certificate of need.
3. University of North Carolina Hospitals at Chapel Hill shall develop no more than 32 additional acute care beds at UNC Hospitals Hillsborough Campus for a total of no more than 133 acute care beds, including 18 ICU beds, on that campus. This project and Project ID #J-11337-17-16 (add nine acute care beds at UNC Hospitals Chapel Hill Campus for a total of no more than 798) would bring the total number of acute care beds for UNC Hospitals to 931 beds, upon completion of both projects and previously approved Project ID #J-11163-16 and Project ID #J-11164-16.
4. Prior to issuance of the certificate of need, University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

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

**TIMETABLE:**

Final Drawings and Specifications _____	August 29, 2017
Construction Contract Executed/Contract Award _____	June 17, 2018
25% Completion of Construction _____	January 4, 2019
50% Completion of Construction _____	July 24, 2019
75% Completion of Construction _____	February 9, 2020
Completion of Construction _____	August 20, 2020
Occupancy/Offering of Service _____	October 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11324-17**

**FID #: 944673**

**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 one dialysis station for a total of 26 stations upon completion of this project, Project I.D. #F-11154-16 (add six stations), and Project I.D. #F-11264-16 (relocate eight stations)/ Rowan County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Dialysis Care of Rowan County  
111 Dorsett Drive  
Salisbury, NC 28144**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 15, 2019**

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

*Martha J. Frisone*

**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall develop and operate no more than one additional dialysis station for a total of 26 certified stations upon completion of this project, Project ID #F-11154-16 (add six dialysis stations) and Project ID #F-11264-16 (relocate 8 stations) which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to the 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 July 31, 2017.

**TIMETABLE:**

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 #: F-11322-17**

**FID #: 955953**

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

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

**SCOPE: Add no more than three dialysis stations to the existing facility for a total of no more than 33 stations upon completion of this project and Project I.D. #F-11259-16 (add two dialysis stations)/ Union County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Union County Dialysis  
615 Comfort Lane  
Monroe, NC 28112**

**MAXIMUM CAPITAL EXPENDITURE: \$475,573**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 15<sup>th</sup> day of July, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Union County Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Union County Dialysis shall develop and operate no more than three additional dialysis stations for a total of 33 certified stations upon completion of this project and Project ID #F-11259-16 (add two dialysis stations) which shall include any home hemodialysis training or isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Union County Dialysis shall install plumbing and electrical wiring through the walls for three additional dialysis stations for a total of 33 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a Union County Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to the 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 28, 2017.

**TIMETABLE:**

Completion of Preliminary Drawings _____	March 1, 2018
Completion of Final Drawings and Specifications _____	May 1, 2018
Contract Award _____	June 1, 2018
50% Completion of Construction/Renovation _____	August 1, 2018
Completion of Construction/Renovation _____	October 15, 2018
Operation of Equipment _____	November 15, 2018
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 #: J-11301-17**

**FID #: 990974**

**ISSUED TO: WakeMed Health and Hospitals  
3000 New Bern Avenue  
Raleigh, NC 27610**

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: Expand the Emergency Department and acquire a second CT scanner/ Wake County**

**CONDITIONS: See Reverse Side**

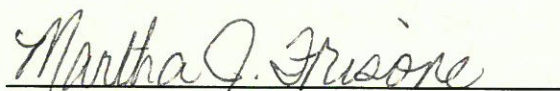
**PHYSICAL LOCATION: WakeMed North Family Health & Women's Hospital  
10000 Falls of Neuse Road  
Raleigh, NC 27614**

**MAXIMUM CAPITAL EXPENDITURE: \$9,196,579**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 29<sup>th</sup> day of July, 2017

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

**CONDITIONS:**

1. WakeMed and WakeMed Property Services shall materially comply with all representations made in the certificate of need application.
2. Prior to issuance of the certificate of need, WakeMed and WakeMed Property Services shall provide in writing, confirmation that the addition of a second CT scanner at WakeMed North will not reduce the number of HECT units performed at WakeMed Brier Creek Healthplex below 5,100 HECT units during the third year of operation of this project.
3. WakeMed and WakeMed Property Services shall not acquire, as part of this project at WakeMed North, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the applicant and which would otherwise require a certificate of need.
4. WakeMed and WakeMed Property Services shall develop and implement an energy efficiency and sustainability plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. WakeMed and WakeMed Property Services 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 July 28, 2017.

**TIMETABLE:**

Financing for Project Obtained _____	October 1, 2017
Schematics (i.e., Drawings) Completed _____	October 1, 2017
Land Acquired _____	October 1, 2017
Construction/Renovation Contract(s) Executed _____	November 1, 2017
25% of Construction/Renovation Completed (25% of the Cost in Place) _____	February 1, 2018
50% of Construction/Renovation Completed _____	April 15, 2018
Equipment Ordered _____	April 15, 2018
75% of Construction/Renovation Completed _____	June 1, 2018
Equipment Installed _____	August 1, 2018
Construction/Renovation Completed _____	August 15, 2018
Equipment Operational _____	September 1, 2018
Building/Space Occupied _____	September 1, 2018
Services Offered _____	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-11312-17

FID #: 020868

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

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

**SCOPE:** Add no more than six dialysis stations for a total of no more than 36 certified dialysis stations upon completion of this project, Project I.D. #J-11271-16, (relocate six stations from FMC New Hope Dialysis to FMC Rock Quarry for a total of 10 stations at FMC Rock Quarry)/ Wake County

**CONDITIONS:** See Reverse Side

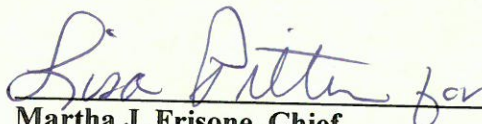
**PHYSICAL LOCATION:** FMC New Hope Dialysis  
835 South New Hope Road  
Raleigh, NC 27610

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 4<sup>th</sup> day of July, 2017

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

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC New Hope Dialysis shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC New Hope Dialysis shall develop and operate no more than six additional dialysis stations for a total of no more than 36 certified stations upon completion of this project and Project I.D. # J-11271-16 (Relocate six stations from FMC New Hope to FMC Rock Quarry), which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC New Hope 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 7, 2017.**

**TIMETABLE:**

**Certification of Stations \_\_\_\_\_ December 31, 2018**

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11315-17**

**FID #: 956094**

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

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

**SCOPE:** Add no more than four dialysis stations for a total of no more than 50 certified dialysis stations upon completion of this project, Project I.D. #J-11220-16, (relocate six dialysis stations from Wake Dialysis Clinic to FMC White Oak for a total of 12 stations at FMC White Oak), Project I.D. #J-11240-16 (add six stations) and Project I.D. #J-11271-16 (relocate four stations from Wake Dialysis Clinic to FMC Rock Quarry for a total of 10 stations at FMC Rock Quarry)/ Wake County

**CONDITIONS:** See Reverse Side

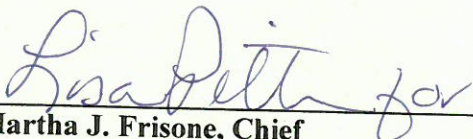
**PHYSICAL LOCATION:** Wake Dialysis Clinic  
3604 Bush Street  
Raleigh, NC 27609

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 4<sup>th</sup> day of July, 2017

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

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Wake Dialysis Clinic shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a Wake Dialysis Clinic shall develop and operate no more than four additional dialysis stations for a total of no more than 50 certified stations upon completion of this project, Project I.D. # J-11220-16 (Relocate six dialysis stations from Wake Dialysis Clinic to FMC White Oak), Project I.D. # J-11240-16 (Add 6 stations) and Project I.D. # J-11271-16 (Relocate 4 stations from Wake Dialysis Clinic to FMC Rock Quarry), which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Wake Dialysis Clinic 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 7, 2017.**

**TIMETABLE:**

**Certification of Stations \_\_\_\_\_ December 31, 2018**