

**Certificate of Need  
Certificates  
August 2017**

| County      | Project ID  | Facility   | FID    | Project Description  | Decision Date | Certificate Issue Date | Approved Capital Expenditure |
|-------------|-------------|--|--------|--|---------------|------------------------|------------------------------|
| Catawba     | E-011347-17 | Gastroenterology Associates                              | 061239 | Add two GI endo rooms to existing facility for a total of five GI endo rooms   | 7/28/2017     | 8/29/2017              | \$1,593,734                  |
| Cumberland  | M-011344-17 | Fresenius Kidney Care Hope Mills                         | 170235 | Develop a new 10-station dialysis facility by relocating 5 stations from FMC Dialysis Services South Ramsey and 5 stations from FMC Dialysis Services North Ramsey. Upon completion of the project, FMC Dialysis Services South Ramsey will have 41 stations and FMC Dialysis Services North Ramsey will have 35 stations. | 7/21/2017     | 8/22/2017              | \$1,631,674                  |
| Cumberland  | M-011314-17 | FMC Services of West Fayetteville                        | 011019 | Add 5 dialysis stations for a total of 40 stations upon completion of this project, Project ID #M-11219-16, (relocate 5 stations to BMA Fayetteville) Project ID #M-11225-16 (add 5 stations) and Project ID #M-11286-17 (relocate 5 stations to the new FKC Rockfish)   | 7/6/2017      | 8/8/2017               | \$0                          |
| Durham      | J-011331-17 | Duke University Hospital                                 | 943138 | Acquire a cardiac MRI scanner pursuant to Policy AC-3  | 7/20/2017     | 8/22/2017              | \$4,793,318                  |
| Halifax     | L-011313-17 | BMA of Roanoke Rapids                                    | 956044 | Add 4 dialysis stations for a total of 50 stations   | 7/20/2017     | 8/22/2017              | \$15,000                     |
| Harnett     | M-011330-17 | Cape Fear Valley Outpatient Imaging - Spout Springs, LLC | 170189 | Develop a new diagnostic center with a CT scanner, X-ray unit, ultrasound unit, and mammography unit   | 7/14/2017     | 8/16/2017              | \$2,000,658                  |
| Mecklenburg | F-011349-17 | Carolinas HealthCare System Huntersville Surgery Center  | 170239 | Separately license CHS Huntersville Surgery Center, which is currently licensed as part of Carolinas HealthCare System University, as a freestanding ambulatory surgical facility  | 7/27/2017     | 8/29/2017              | \$355,000                    |
| Montgomery  | H-011340-17 | Sandy Ridge Assisted Living                              | 960947 | Add 16 Special Care Unit (SCU) ACH beds for a total of 120 ACH beds upon completion, including 104 SCU ACH beds  | 6/29/2017     | 8/1/2017               | \$2,463,000                  |
| New Hanover | O-011328-17 | New Hanover Regional Medical Center                      | 943372 | Acquire a 4th CT scanner for the main campus   | 7/20/2017     | 8/22/2017              | \$1,277,364                  |

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| <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> |
|---------------|-------------------|------------------------------|------------|--|----------------------|-------------------------------|-------------------------------------|
| Pasquotank    | R-011320-17       | Elizabeth City Dialysis      | 955812     | Add 9 stations for a total of 28 stations upon completion of this project, Project ID #R-10176-13 (relocate 14 stations), Project ID #R-10202-13 (add 9 stations) and Project ID #R-10264-14 (relocate 6 stations) | 7/14/2017            | 8/15/2017                     | \$0                                 |
| Wayne         | P-011346-17       | RAI Care Centers - Goldsboro | 170236     | Relocate the entire dialysis facility to a new location in Goldsboro   | 7/20/2017            | 8/22/2017                     | \$1,943,205                         |
| Total         | 11                |                              |            |  |                      |                               |                                     |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: E-11347-17**

**FID #: 061239**

**ISSUED TO: Gastroenterology Associates, PA  
Gastrocorp, LLC  
415 North Center Street, Suite 300  
Hickory, NC 28601**

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 GI endoscopy rooms to an existing facility for a total of no more than five GI endoscopy rooms/ Catawba County**

**CONDITIONS: See Reverse Side**

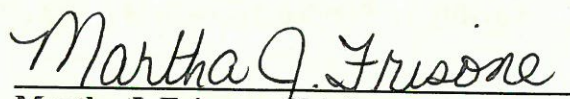
**PHYSICAL LOCATION: Gastroenterology Associates  
415 North Center Street, Suite 300  
Hickory, NC 28601**

**MAXIMUM CAPITAL EXPENDITURE: \$1,593,734**

**TIMETABLE: See Reverse Side**

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

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

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

**CONDITIONS:**

1. Gastroenterology Associates, P.A. and Gastrocorp, LLC shall materially comply with all representations made in the certificate of need application and supplemental information received July 12, 2017 and July 18, 2017. In those instances where representations conflict, Gastroenterology Associates, P.A. and Gastrocorp, LLC shall materially comply with the last made representation.
2. Gastroenterology Associates, P.A. and Gastrocorp, LLC shall develop no more than two additional licensed gastrointestinal endoscopy procedure rooms and shall be licensed for a total of no more than five gastrointestinal endoscopy procedure rooms at Gastroenterology Associates following project completion.
3. Gastroenterology Associates, P.A. and Gastrocorp, 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.
4. For the first two years of operation following completion of the project, Gastroenterology Associates, P.A. and Gastrocorp, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
5. Gastroenterology Associates, P.A. and Gastrocorp, 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 August 9, 2017.

**TIMETABLE:**

|  |                   |
|--|-------------------|
| 1. Financing Obtained  | December 28, 2017 |
| 2. Drawings Completed  | March 28, 2018    |
| 3. Construction/Renovation Contract(s) Executed                              | August 7, 2018    |
| 4. 25% of Construction/Renovation Completed<br>(25% of the cost is in place) | October 5, 2018   |
| 5. 50% of Construction/Renovation Completed                                  | November 5, 2018  |
| 6. 75% of Construction/Renovation Completed                                  | December 5, 2018  |
| 7. Construction/Renovation Completed   | December 23, 2018 |
| 8. Equipment Ordered   | September 6, 2018 |
| 9. Equipment Operational   | December 5, 2018  |
| 10. Licensure Obtained   | January 1, 2019   |
| 11. Services Offered   | January 1, 2019   |
| 12. Facility or Service Accredited (AAAHC Accreditation)                     | July 5, 2018      |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: M-11344-17**

**FID #: 170235**

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

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

**SCOPE: Develop a new 10-station dialysis facility by relocating 5 stations from FMC Dialysis Services South Ramsey and 5 stations from FMC Dialysis Services North Ramsey. Upon completion of the project, FMC Dialysis Services South Ramsey will have 41 stations and FMC Dialysis Services North Ramsey will have 35 stations/ Cumberland County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Fresenius Kidney Care Hope Mills  
Town Center Drive  
Hope Mills, NC 28348**

**MAXIMUM CAPITAL EXPENDITURE: \$1,631,674**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 22<sup>nd</sup> day of August, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Hope Mills 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 Hope Mills shall relocate no more than five dialysis stations from FMC Dialysis Services South Ramsey and no more than five dialysis stations from FMC Dialysis Services North Ramsey.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Hope Mills shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify five dialysis stations from FMC Dialysis Services South Ramsey for a total of 41 certified dialysis stations upon completion of this project and Project ID #M-11286-17 (relocate five stations to FMC Rockfish) and five dialysis stations from FMC Dialysis Services North Ramsey for a total of 35 at project completion.**
5. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Hope Mills 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:**

- |  |                          |
|--|--------------------------|
| 1. <b>Construction/Renovation Contract(s) Executed</b>                               | <b>March 24, 2018</b>    |
| 2. <b>25% of Construction/Renovation Completed<br/>(25% of the cost is in place)</b> | <b>June 7, 2018</b>      |
| 3. <b>50% of Construction/Renovation Completed</b>                                   | <b>August 6, 2018</b>    |
| 4. <b>75% of Construction/Renovation Completed</b>                                   | <b>October 5, 2018</b>   |
| 5. <b>Construction/Renovation Completed</b>  | <b>November 19, 2018</b> |
| 6. <b>Services Offered</b>   | <b>December 31, 2018</b> |
| 7. <b>Medicare and/or Medicaid Certification Obtained</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 #: M-11314-17**

**FID #: 011019**

**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 five dialysis stations for a total of no more than 40 stations upon completion of this project, Project ID #M-11219-16, (relocate five stations to BMA Fayetteville) Project ID #M-11225-16 (add five stations) and Project ID #M-11286-17 (relocate five stations to the new FKC Rockfish)/ Cumberland County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: FMC Services of West Fayetteville  
6969 Nexus Court  
Fayetteville, NC 28304**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 8<sup>th</sup> day of August, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc., d/b/a FMC Services of West Fayetteville shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. shall develop and operate no more than five additional dialysis stations for a total of 40 certified stations following completion of this project, Project ID #M-11219-16 (relocate five stations to BMA Fayetteville), Project ID #M-11225-16 (add five stations) and Project ID #M-11286-17 (relocate five stations to develop FKC Rockfish) which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc., d/b/a FMC Services of West Fayetteville 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 10, 2017.**

**TIMETABLE:**

|  |       |                          |
|--|-------|--------------------------|
| <b>Equipment Ordered</b>                               | _____ | <b>October 17, 2018</b>  |
| <b>Equipment Installed</b>                             | _____ | <b>December 1, 2018</b>  |
| <b>Equipment Operational</b>                           | _____ | <b>December 22, 2018</b> |
| <b>Service Offered</b>                                 | _____ | <b>December 31, 2018</b> |
| <b>Medicare and/or Medicaid Certification Obtained</b> | _____ | <b>December 31, 2018</b> |



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11331-17**

**FID #: 943138**

**ISSUED TO: Duke University Health System, Inc.  
3100 Tower Blvd, Suite 1300  
Durham, NC 27707**

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

**SCOPE: Acquire one dedicated cardiac magnetic resonance imaging scanner at Duke University Hospital pursuant to Policy AC-3/ Durham County**

**CONDITIONS: See Reverse Side**

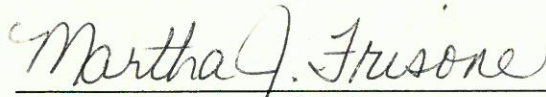
**PHYSICAL LOCATION: Duke University Hospital  
2301 Erwin Drive  
Durham, NC 27710**

**MAXIMUM CAPITAL EXPENDITURE: \$4,793,318**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 22<sup>nd</sup> day of August, 2017

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

**CONDITIONS:**

1. Duke University Health System, Inc. d/b/a Duke University Hospital shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System, Inc. d/b/a Duke University Hospital shall acquire no more than one cardiovascular MRI scanner to be located in the Duke Medicine Pavilion on the Duke University Hospital campus for a total of no more than three cardiovascular MRI scanners.
3. Duke University Health System, Inc. d/b/a Duke University Hospital as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section F of the application and that would otherwise require a certificate of need.
4. Duke University Health System, Inc. d/b/a Duke University Hospital shall report Policy AC-3 assets, (including beds, operating rooms and equipment) and the annual volume of days, cases or procedures performed for the reporting year on the Policy AC-3 approved asset on the annual license renewal application.
5. Duke University Health System, Inc. d/b/a Duke University 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 August 14, 2017.

**TIMETABLE:**

- |                                      |                   |
|--------------------------------------|-------------------|
| 1. Drawings Completed                | April 30, 2017    |
| 2. Construction/Renovation Completed | December 31, 2017 |
| 3. Equipment Ordered                 | November 2, 2017  |
| 4. Equipment Installed               | December 15, 2017 |
| 5. Equipment Operational             | February 1, 2018  |
| 6. Services Offered                  | February 1, 2018  |



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

August 25, 2017

Jim Swann  
3390 Dunn Road  
Eastover, NC 28312

**Transmittal of Certificate of Need**

Project ID #: L-11313-17  
Facility: BMA of Roanoke Rapids  
Project Description: Add no more than four dialysis stations for a total of no more than 50 stations upon completion of this project  
County: Halifax  
FID #: 956044

Dear Mr. Swann:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

**The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209.** The applicant shall notify this office of any variations

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION  
WWW.NCDHHS.GOV

TELEPHONE: 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

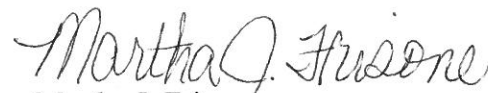
**The first progress report on this project is due February 1, 2018.** Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,

  
Jane Rhoe-Jones  
Project Analyst

  
Martha J. Frisone  
Chief, Healthcare Planning and  
Certificate of Need Section

JRJ:MJF:vm

Enclosures

cc: Acute and Home Care Licensure and Certification Section, DHSR  
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: L-11313-17**

**FID #: 956044**

**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 stations upon completion of this project/ Halifax County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: BMA of Roanoke Rapids  
260 Smith Church Road  
Roanoke Rapids, NC 27870**

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

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 22<sup>nd</sup> day of August, 2017

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

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Roanoke Rapids 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 Roanoke Rapids shall develop and operate no more than four additional dialysis station for a total of no more than 50 certified stations upon completion of this project, which shall include any isolation stations and home training stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Roanoke Rapids 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 24, 2017.**

**TIMETABLE:**

|  |                           |
|--|---------------------------|
| <b>1. Construction/Renovation Contract(s) Executed</b>                               | <b>April 16, 2018</b>     |
| <b>2. 25% of Construction/Renovation Completed<br/>(25% of the cost is in place)</b> | <b>June 30, 2018</b>      |
| <b>3. 50% of Construction/Renovation Completed</b>                                   | <b>August 14, 2018</b>    |
| <b>4. 75% of Construction/Renovation Completed</b>                                   | <b>September 28, 2018</b> |
| <b>5. Construction/Renovation Completed</b>  | <b>November 12, 2018</b>  |
| <b>6. Equipment Ordered</b>  | <b>October 2, 2018</b>    |
| <b>7. Equipment Operational</b>  | <b>November 22, 2018</b>  |
| <b>8. Building/Space Occupied</b>  | <b>December 31, 2018</b>  |
| <b>9. Medicare and/or Medicaid Certification Obtained</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 #: M-11330-17**

**FID #: 170189**

**ISSUED TO: Cape Fear Valley Outpatient Imaging, Spout Springs, LLC  
1638 Owen Drive  
Fayetteville, NC 28302**

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

**SCOPE: Develop a new diagnostic center with a CT scanner, X-ray unit, ultrasound unit and mammography unit/ Harnett County**

**CONDITIONS: See Reverse Side**

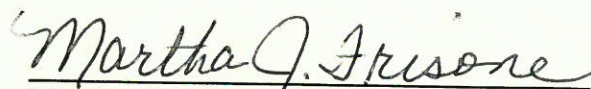
**PHYSICAL LOCATION: Cape Fear Valley Outpatient Imaging – Spout Springs, LLC  
Highway 24/87 intersection with Linden Oaks Parkway and  
HM Cagle Drive  
Spout Springs, NC 28326**

**MAXIMUM CAPITAL EXPENDITURE: \$2,000,658**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 16<sup>th</sup> day of August, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Cape Fear Valley Outpatient Imaging – Spout Springs, LLC shall materially comply with all representations made in the certificate of need application.**
2. **Cape Fear Valley Outpatient Imaging – Spout Springs, LLC shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
3. **Cape Fear Valley Outpatient Imaging – Spout Springs, 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 August 16, 2017.**

**TIMETABLE:**

|  |                         |
|--|-------------------------|
| 1. <b>Drawings Completed</b>   | <b>March 15, 2018</b>   |
| 2. <b>Construction/Renovation Contract(s) Executed</b>                               | <b>June 1, 2018</b>     |
| 3. <b>25% of Construction/Renovation Completed<br/>(25% of the cost is in place)</b> | <b>August 15, 2018</b>  |
| 4. <b>50% of Construction/Renovation Completed</b>                                   | <b>October 15, 2018</b> |
| 5. <b>75% of Construction/Renovation Completed</b>                                   | <b>January 1, 2019</b>  |
| 6. <b>Construction/Renovation Completed</b>  | <b>March 15, 2019</b>   |
| 7. <b>Services Offered</b>   | <b>April 1, 2019</b>    |
| 8. <b>Medicare and/or Medicaid Certification Obtained</b>                            | <b>July 1, 2019</b>     |
| 9. <b>Facility or Service Accredited</b>   | <b>October 1, 2019</b>  |



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11349-17**

**FID #: 170239**

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

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

**SCOPE: Separately license CHS Huntersville Surgery Center, which is currently licensed as part of Carolinas HealthCare System University, as a freestanding ambulatory surgical facility/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

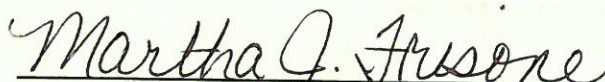
**PHYSICAL LOCATION: Carolinas HealthCare System Huntersville Surgery Center  
16455 Statesville Road, Suite 100  
Huntersville, NC 28078**

**MAXIMUM CAPITAL EXPENDITURE: \$355,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 28, 2018**

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

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority 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. The Charlotte-Mecklenburg Hospital Authority shall develop an ambulatory surgical facility that shall be licensed for no more than one ambulatory surgical operating room upon completion of this project and Project I.D. #F-11106-15.
4. Carolinas HealthCare System Huntersville Surgery Center shall meet all criteria to receive accreditation of the ambulatory surgical facility from JCAHO, AAAHS or a comparable accreditation authority within two years following completion of the facility.
5. Following completion of this project, Carolinas HealthCare System University shall reduce the number of licensed operating rooms operated under its license by one, such that at the completion of this project and Project I.D. #F-11106-15, Carolinas HealthCare System University shall not be licensed for more than eight operating rooms, including seven shared operating rooms, one dedicated C-section operating room, and one gastrointestinal endoscopy room.
6. The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
7. 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.
8. The Charlotte-Mecklenburg Hospital Authority 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 August 25, 2017.

**TIMETABLE:**

|  |                   |
|--|-------------------|
| Drawings Completed                           | February 16, 2018 |
| Construction/Renovation Contract(s) Executed | April 6, 2018     |
| 25% Completion of Construction               | April 20, 2018    |
| 50% Completion of Construction               | May 11, 2018      |
| 75% Completion of Construction               | June 1, 2018      |
| Completion of Construction                   | June 22, 2018     |
| Services Offered                             | July 1, 2018      |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: H-11340-17**

**FID #: 960947**

**ISSUED TO: Sandy Ridge Homes Holding Corp.  
326 Bowman Road  
Candor, NC 27229**

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 no more than 16 special care unit beds, pursuant to an adjusted need determination, for a total of no more than 120 adult care home beds, including no more than 104 special care unit beds, upon project completion/ Montgomery County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Sandy Ridge Assisted Living  
326 Bowman Road  
Candor, NC 27229**

**MAXIMUM CAPITAL EXPENDITURE: \$2,463,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 1<sup>st</sup> day of August, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Sandy Ridge Home Holdings Corp. shall materially comply with all representations made in the certificate of need application.**
2. **Sandy Ridge Home Holdings Corp. shall develop no more than 16 new adult care home beds for a total licensed bed complement of no more than 120 adult care home beds, including a 104-bed special care unit, upon completion of the project.**
3. **Sandy Ridge Home Holdings Corp. shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.**
4. **Sandy Ridge Home Holdings Corp. 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 7, 2017.**

**TIMETABLE:**

- |  |                           |
|--|---------------------------|
| 1. <b>Drawings Completed</b>   | <b>October 15, 2017</b>   |
| 2. <b>Construction/Renovation Contract(s) Executed</b>                               | <b>January 1, 2018</b>    |
| 3. <b>25% of Construction/Renovation Completed<br/>(25% of the cost is in place)</b> | <b>April 15, 2018</b>     |
| 4. <b>50% of Construction/Renovation Completed</b>                                   | <b>June 1, 2018</b>       |
| 5. <b>75% of Construction/Renovation Completed</b>                                   | <b>August 1, 2018</b>     |
| 6. <b>Construction/Renovation Completed</b>  | <b>September 15, 2018</b> |
| 7. <b>Building/Space Occupied</b>  | <b>October 1, 2018</b>    |
| 8. <b>Licensure Obtained</b>   | <b>October 1, 2018</b>    |
| 9. <b>Services Offered</b>   | <b>October 1, 2018</b>    |
| 10. <b>Medicare and/or Medicaid Certification Obtained</b>                           | <b>October 1, 2018</b>    |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: O-11328-17**

**FID #: 943372**

**ISSUED TO: New Hanover Regional Medical Center  
2131 S 17<sup>th</sup> Street  
Wilmington, NC 28402**

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

**SCOPE: Acquire an additional CT scanner/ New Hanover County**

**CONDITIONS: See Reverse Side**

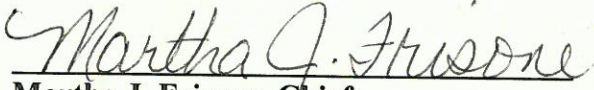
**PHYSICAL LOCATION: New Hanover Regional Medical Center  
2131 S 17<sup>th</sup> Street  
Wilmington, NC 28402**

**MAXIMUM CAPITAL EXPENDITURE: \$1,277,364**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 22<sup>nd</sup> day of August, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. New Hanover Regional Medical Center shall materially comply with all representations made in the certificate of need application.
2. New Hanover Regional Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.
3. New Hanover Regional Medical 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 August 3, 2017.

**TIMETABLE:**

- |  |                   |
|--|-------------------|
| 1. Construction/Renovation Contract(s) Executed                              | December 15, 2017 |
| 2. 25% of Construction/Renovation Completed<br>(25% of the cost is in place) | February 15, 2018 |
| 3. 50% of Construction/Renovation Completed                                  | April 15, 2018    |
| 4. 75% of Construction/Renovation Completed                                  | June 15, 2018     |
| 5. Construction/Renovation Completed   | August 15, 2018   |
| 6. 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 #: R-11320-17**

**FID #: 955812**

**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 nine stations for a total of no more than 28 stations upon completion of this project, Project I.D. #R-10176-13 (relocate 14 stations to Albemarle Dialysis), Project I.D. #R-10202-13 (add nine stations) and Project I.D. #R-10264-14 (relocate six stations to Perquimans Dialysis)/ Pasquotank County**

**CONDITIONS: See Reverse Side**

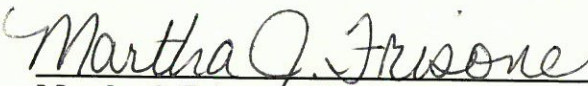
**PHYSICAL LOCATION: Elizabeth City Dialysis  
1840 West City Drive  
Elizabeth City, NC 27909**

**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 August, 2017

  
Martha J. Frisone  
Martha J. Frisone, Chief

**CONDITIONS:**

1. DVA Healthcare Renal, Care, Inc. d/b/a Elizabeth City Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal, Care, Inc. d/b/a Elizabeth City Dialysis shall add no more than nine dialysis stations at Elizabeth City Dialysis for a total of no more than 28 certified dialysis stations upon completion of this project, Project ID #R-10176-13 (relocate 14 stations – certified in July 2016), Project ID #R-10202-13 (add nine stations – certified in July 2016) and Project ID #R-10264-14 (relocate six stations to Perquimans Dialysis – projected certification is January 2019); which shall include any include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. d/b/a Elizabeth City 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 July 24, 2017.

**TIMETABLE:**

Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ 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-11346-17**

**FID #: 170236**

**ISSUED TO: RAI Care Centers of North Carolina, LLC  
3390 Dunn Road  
Eastover, NC 28312**

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

**SCOPE: Relocate the entire dialysis facility to a new location in Goldsboro/ Wayne County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: RAI Care Centers of Goldsboro  
Pin #3610139132 Hospital Road  
Goldsboro, NC 27534**

**MAXIMUM CAPITAL EXPENDITURE: \$1,943,205**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 22<sup>nd</sup> day of August, 2017

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. RAI Care Centers of North Carolina II, LLC d/b/a RAI Care Centers - Goldsboro shall materially comply with all representations made in the certificate of need application.
2. RAI Care Centers of North Carolina II, LLC d/b/a RAI Care Centers - Goldsboro shall relocate the entire facility and operate no more than 16 certified dialysis stations, which shall include any isolation stations and home training stations upon completion of this project.
3. RAI Care Centers of North Carolina II, LLC d/b/a RAI Care Centers - Goldsboro shall install plumbing and electrical wiring through the walls for no more than 16 dialysis stations which shall include any isolation and home hemodialysis training stations.
4. RAI Care Centers of North Carolina II, LLC d/b/a RAI Care Centers - Goldsboro 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 24, 2017.

**TIMETABLE:**

- |  |                   |
|--|-------------------|
| 1. Construction/Renovation Contract(s) Executed                              | February 16, 2018 |
| 2. 25% of Construction/Renovation Completed<br>(25% of the cost is in place) | June 16, 2018     |
| 3. 50% of Construction/Renovation Completed                                  | August 30, 2018   |
| 4. 75% of Construction/Renovation Completed                                  | November 13, 2018 |
| 5. Construction/Renovation Completed   | January 12, 2019  |
| 6. Equipment Operational   | December 22, 2018 |
| 7. Building/Space Occupied   | December 31, 2018 |
| 8. Medicare and/or Medicaid Certification Obtained                           | December 31, 2018 |