



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11355-17**

**FID #: 944660**

**ISSUED TO: Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University**

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 the existing facility on same site/ Davidson County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Lexington Dialysis Center  
233 Anna Lewis Drive  
Lexington, NC 27292-6711**

**MAXIMUM CAPITAL EXPENDITURE: \$4,724,102**

**TIMETABLE: See Reverse Side**

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

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

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall materially comply with the last made representation.
2. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall develop a new building on the existing site and install plumbing and electrical wiring through the walls for no more than 37 dialysis stations, which shall include any isolation or home hemodialysis stations.
3. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 13, 2017.

**TIMETABLE:**

- |  |                    |
|--|--------------------|
| 1. Financing Obtained  | April 1, 2017      |
| 2. Drawings Completed  | June 1, 2017       |
| 3. Construction/Renovation Contract(s) Executed                              | March 31, 2018     |
| 4. 25% of Construction/Renovation Completed<br>(25% of the cost is in place) | June 30, 2018      |
| 5. 50% of Construction/Renovation Completed                                  | September 30, 2018 |
| 6. 75% of Construction/Renovation Completed                                  | December 30, 2018  |
| 7. Construction/Renovation Completed   | March 31, 2019     |
| 8. Services Offered  | June 30, 2019      |
| 9. Medicare and/or Medicaid Certification Obtained                           | June 30, 2019      |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11354-17**

**FID #: 943138**

**ISSUED TO: Duke University Health System  
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 Synaptive Brightmatter surgical equipment/ Durham County**

**CONDITIONS: See Reverse Side**

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

**MAXIMUM CAPITAL EXPENDITURE: \$1,700,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 31<sup>st</sup> day of October, 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 unit of Synaptive Brightmatter surgical equipment to be located at The Preston Robert Tisch Brain Tumor Center in the Duke Cancer Center.
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. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Duke University Health System, Inc. d/b/a Duke University Hospital shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service
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 October 25, 2017.

**TIMETABLE:**

- |                            |                 |
|----------------------------|-----------------|
| 1. Equipment Ordered       | January 2, 2018 |
| 2. Equipment Operational   | March 1, 2018   |
| 3. Services Offered        | March 1, 2018   |
| 4. Final Annual Report Due | June 1, 2021    |

# STATE OF NORTH CAROLINA

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

## **CORRECTED CERTIFICATE OF NEED**

for

**Project ID #: J-11359-17**

**FID #: 170278**

**ISSUED TO: Private Diagnostic Clinic, PLLC  
4825 Creekstone Drive, Suite 250  
Durham, NC 27703**

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 by relocating existing equipment and acquiring new equipment/ Durham County**

**CONDITIONS: See Reverse Side**

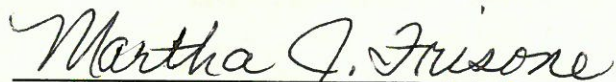
**PHYSICAL LOCATION: Duke Health Center South Durham  
234 Crooked Creek Parkway  
Durham, NC 27713**

**MAXIMUM CAPITAL EXPENDITURE: \$45,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 31<sup>st</sup> day of October, 2017  
The corrected certificate was issued on November 6, 2017

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Private Diagnostic Clinic, PLLC shall materially comply with all representations made in the certificate of need application.
2. Private Diagnostic Clinic, PLLC shall acquire no more than one PFT/body plethysmography (Body Box), one ultrasound machine, one EMG, nineteen LED slit lamps, one Humphrey Field Analyzer, one B-Scan ultrasound machine, one Topcon Autorefractor and supporting equipment, one Spectrails 6-mode unit, one slit lamp with imaging system Nikon Camera, and one flat film radiology unit to be located at Duke Health Center South Durham.
3. Private Diagnostic Clinic, PLLC shall not relocate any existing services or equipment other than those services and equipment that are outlined in Section C of the application to Duke Health Center South.
4. Private Diagnostic Clinic, PLLC, as part of this project, shall acquire 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.
5. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Private Diagnostic Clinic, PLLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
6. Private Diagnostic Clinic, PLLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 19, 2017.

**TIMETABLE:**

1. Financing Obtained	November 2, 2017
2. Equipment Ordered	November 2, 2017
3. Equipment Installed	December 15, 2017
4. Equipment Operational	December 22, 2017
5. Building/Space Occupied	December 1, 2017
6. Services Offered	January 1, 2018
7. Final Annual Report Due	April 1, 2021



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

October 25, 2017

Jim Swann  
3390 Dunn Road  
Eastover, NC 28312

**Transmittal of Corrected Certificate of Need**

Project ID #: L-11093-15  
Facility: BMA East Rocky Mount  
Project Description: Add no more than six dialysis station for a total of no more than 30 dialysis stations upon completion of this project and Project I.D. #L-11011-15 (relocate six stations to FMC Tarboro)  
County: Edgecombe  
FID #: 970528

Dear Mr. Swann:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your corrected certificate of need for the above referenced 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 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 first progress report on this project is due December 15, 2016.** 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.

**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

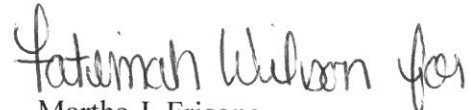




Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)).

Sincerely,

  
Jane Rhoe-Jones  
Project Analyst

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

JRJ:MJF:vm

Enclosures

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR

# STATE OF NORTH CAROLINA

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

## **CORRECTED CERTIFICATE OF NEED**

for

**Project ID #: L-11093-15**

**FID #: 970528**

**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 30 dialysis stations upon completion of this project and Project I.D. #L-11011-15 (relocate six stations to FMC Tarboro)/ Edgecombe County**

**CONDITIONS: See Reverse Side**

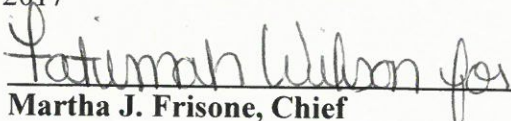
**PHYSICAL LOCATION: BMA East Rocky Mount  
2330 S. Fairview Road  
Rocky Mount, NC 28655**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: July 31, 2016**

This certificate is effective as of the 16<sup>th</sup> day of February, 2016  
The corrected certificate was issued on October 24, 2017

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

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount shall materially comply with all representations made in the certificate of need application.
2. The certificate of need for Project I.D. #L-11093-15 shall not be issued until the certificate of need is issued for Project I.D. #L-11011-15.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount shall develop no more than six additional stations for a total of no more than 30 certified stations upon completion of this project, which shall include any home hemodialysis or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount 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 January 28, 2016.

**TIMETABLE:**

Occupancy/Offering of Service \_\_\_\_\_ December 31, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11364-17**

**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: Develop a vascular interventional radiology suite on the Hillsborough Campus/  
Orange County**

**CONDITIONS: See Reverse Side**

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

**MAXIMUM CAPITAL EXPENDITURE: \$3,083,656**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 21<sup>st</sup> day of October, 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 purchase one unit of vascular interventional radiology equipment and develop a vascular interventional radiology suite at UNC Hospitals Hillsborough Campus.
3. University of North Carolina Hospitals at Chapel Hill shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section Q, Form F.1a of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, University of North Carolina Hospitals at Chapel Hill shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.

University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

- |  |                    |
|--|--------------------|
| 1. Drawings Completed  | October 1, 2017    |
| 2. Construction/Renovation Contract(s) Executed                              | January 2, 2018    |
| 3. 25% of Construction/Renovation Completed<br>(25% of the cost is in place) | February 8, 2018   |
| 4. 50% of Construction/Renovation Completed                                  | March 18, 2018     |
| 5. 75% of Construction/Renovation Completed                                  | April 28, 2018     |
| 6. Construction/Renovation Completed   | June 1, 2018       |
| 7. Services Offered  | July 1, 2018       |
| 8. Final Annual Report   | September 30, 2021 |