

**Certificate of Need
Certificates Issued
January 2018**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Buncombe	B-011270-16	Buncombe Senior Living	160507	ACH	Construct a replacement 60-bed ACH by relocating 24 ACH beds from Nana's Assisted Living and 36 ACH beds from The Laurels of Summit Ridge	11/1/2016	3/15/2017	1/24/2018	\$8,443,050
Caldwell	E-011401-17	BMA Lenoir	170328	ESRD	Add seven stations for a total of 27 stations upon completion of this project, Project ID #E-11376-17 (relocate 14 stations to develop the new FKC Caldwell County) and Project ID #E-11377-17 (relocate the remaining 20 stations)	10/1/2017	12/12/2017	1/12/2018	\$26,250
Caswell	G-011393-17	RENAL CARE GROUP-CASWELL	960925	ESRD	Add four dialysis stations for a total of 15 stations upon project completion	10/1/2017	12/20/2017	1/29/2018	\$1,737,938
Catawba	E-011390-17	FMC of Catawba Valley	010648	ESRD	Add five dialysis stations to the existing facility for a total of 24 stations upon completion of this project and Project ID #E-11209-16 (relocate six stations to the new FKC Newton facility)	10/1/2017	12/18/2017	1/18/2018	\$0
Durham	J-011405-17	Freedom Lake Dialysis Center	955622	ESRD	Add six dialysis stations for a total of 26 stations upon completion of this project and Project ID # J-11373-17 (relocate six stations to FKC Eno River)	10/1/2017	12/22/2017	1/23/2018	\$0
Durham	J-011382-17	Duke-Provision Proton Therapy Center, LLC	170365	HOSPITAL	Acquire two proton therapy machines	9/1/2017	11/30/2017	1/3/2018	\$88,394,048
Guilford	G-011395-17	FMC of East Greensboro	001324	ESRD	Add four dialysis stations for a total of 43 dialysis stations upon completion of this project	10/1/2017	12/18/2017	1/18/2018	\$125,189
Guilford	G-011398-17	Northwest Greensboro Kidney Center	990214	ESRD	Add four dialysis stations for a total of 37 dialysis stations upon completion of this project	10/1/2017	12/18/2017	1/18/2018	\$15,000
Johnston	J-011407-17	BMA of Johnston County	944566	ESRD	Add one dialysis station for a total of 32 stations upon completion of this project and Project ID # J-11230-16 (add six stations)	10/1/2017	12/21/2017	1/23/2018	\$3,750

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County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Mecklenburg	F-011404-17	FMC MATTHEWS	080137	ESRD	Add three dialysis stations for a total of 21 stations upon completion of this project, Project ID # F-11241-16 (add two stations) and Project ID # F-11207-16 (relocate five stations to FKC Southeast Mecklenburg County)	10/1/2017	12/29/2017	1/30/2018	\$0
Mecklenburg	F-011389-17	Arbor Ridge at Huntersville	170366	ACH	Relocate the 40 ACH beds authorized by Project ID #F-8522-10 (add 40 for a total of 80 SCU beds) to a new location instead of adding them to the existing Preston House	9/1/2017	12/20/2017	1/20/2018	\$4,180,131
Mecklenburg	F-011392-17	FMC Charlotte	955947	ESRD	Add three dialysis stations for a total of 44 stations upon completion of this project, Project ID # F-11099-15 (relocate six stations to FMC Aldersgate), Project ID # F-11306-17 (add seven stations), and Project ID # F-11345-17 (relocate three stations to FMC Southwest Charlotte)	10/1/2017	12/18/2017	1/18/2018	\$0
Moore	H-011385-17	FirstHealth Moore Regional Hospital	943358	HOSPITAL	Develop one additional shared OR pursuant to the need determination in the 2017 SMFP	9/1/2017	11/29/2017	1/2/2018	\$77,500
New Hanover	O-011279-16	New Hanover Senior Living	160565	ACH	Relocate 40 ACH beds from Sherwood Manor to the existing 61-bed New Hanover House for a total of 101 ACH beds and rename facility to New Hanover Senior Living	12/1/2016	4/11/2017	1/24/2018	\$2,497,070
Pitt	Q-011391-17	FMC Care of Ayden	011155	ESRD	Add six stations for a total of 16 stations upon completion of this project and Project ID #Q-11304-17 (relocate six stations to the new FKC Captains Cove)	10/1/2017	12/22/2017	1/23/2018	\$0
Rutherford	C-011244-16	Lake Lure Assisted Living	110040	ACH	Relocate beds from 2 facilities to a new 62-bed adult care home facility (16 beds from Oak Grove and 46 beds from Lake Lure), which is a change of scope for Project ID #C-8626-11	10/1/2016	2/27/2017	1/24/2018	\$3,913,055

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: B-11270-16

FID #: 160507

ISSUED TO: Buncombe Opco, LLC and Buncombe Propco, LLC
P.O. Box 2568
Hickory, NC 28603

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

SCOPE: Develop a replacement 60-bed adult care home facility by relocating 24 adult care home beds from Nana's Assisted Living Facility and 36 adult care home beds from The Laurels of Summit Ridge/ Buncombe County

CONDITIONS: See Reverse Side

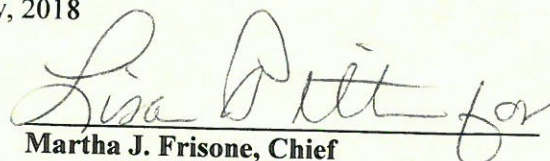
PHYSICAL LOCATION: Buncombe Senior Living
200 Riceville Road
Asheville, NC 28805

MAXIMUM CAPITAL EXPENDITURE: \$8,443,050

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2018

This certificate is effective as of the 24th day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Buncombe Opco, LLC and Buncombe Propco, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Buncombe Opco, LLC and Buncombe Propco, LLC shall materially comply with the last made representation.
2. Buncombe Opco, LLC and Buncombe Propco, LLC shall develop a replacement 60-bed adult care home facility by relocating 24 adult care home beds from Nana's Assisted Living Facility and 36 adult care home beds from The Laurels of Summit Ridge.
3. Upon completion of the project, Buncombe Senior Living shall be licensed for no more than 60 adult care home beds.
4. Buncombe Opco, LLC and Buncombe Propco, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
5. For the first two years of operation following completion of the project, Buncombe Opco, LLC and Buncombe Propco, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section IX 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.
6. 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, Buncombe Opco, LLC and Buncombe Propco, LLC 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.

TIMETABLE:

Financing Obtained _____	December 2, 2017
Drawings Completed _____	December 16, 2017
Land Acquired _____	December 2, 2017
Construction/Renovation Contract(s) Executed _____	October 7, 2018
25% of Construction Completed (25% of the cost is in place) _____	April 6, 2019
50% of Construction Completed _____	October 23, 2019
75% of Construction Completed _____	November 25, 2019
Construction Completed _____	February 17, 2020
Building/Space Occupied _____	April 1, 2020
Licensure Obtained _____	April 1, 2020
Services Offered _____	April 1, 2020
Medicare and/or Medicaid Certification Obtained _____	April 1, 2020
Final Annual Report Due _____	June 30, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: E-11401-17

FID #: 170328

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3390 Dunn Road
Eastover, NC 28303**

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 7 dialysis stations for a total of 27 stations upon completion of this project, Project ID #E-11376-17 (relocate 14 stations to develop the new FKC Caldwell County) and Project ID #E-11377-17 (relocate the remaining 20 stations)/ Caldwell County

CONDITIONS: See Reverse Side

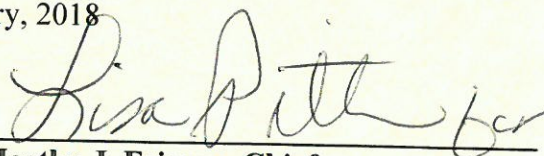
**PHYSICAL LOCATION: BMA Lenoir
322 Mulberry Street SW
Lenoir, NC 28645**

MAXIMUM CAPITAL EXPENDITURE: \$26,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2018

This certificate is effective as of the 12th day of January, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 7 additional dialysis stations for a total of no more than 27 certified stations at BMA Lenoir upon completion of this project, Project I.D. #E-11376-17 (relocate 14 stations to develop the new FKC Caldwell County), and Project I.D. #E-11377-17 (relocate the remaining 20 stations), which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than seven dialysis stations which shall include any isolation stations.**
4. **Bio-Medical Applications of North Carolina, Inc. 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 December 15, 2017.

TIMETABLE:

Drawings Completed	April 25, 2018
Construction/Renovation Contract(s) Executed	May 23, 2018
25% of Construction/Renovation Completed (25% of the cost is in place)	June 7, 2018
50% of Construction/Renovation Completed	July 17, 2018
75% of Construction/Renovation Completed	August 31, 2018
Construction/Renovation Completed	October 15, 2018
Equipment Ordered	October 17, 2018
Equipment Installed	December 1, 2018
Equipment Operational	December 15, 2018
Services Offered	December 31, 2018
Medicare and/or Medicaid Certification Obtained	December 31, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11393-17

FID #: 960925

ISSUED TO: Renal Care Group of the South, Inc.
3390 Dunn Road
Eastover, NC 28303

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 15 stations upon project completion/ Caswell County

CONDITIONS: See Reverse Side

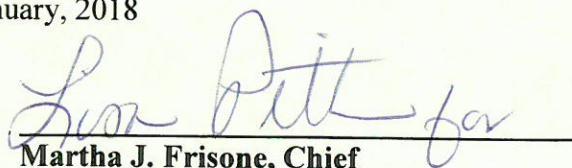
PHYSICAL LOCATION: Renal Care Group-Caswell
1402 NC Highway 86N
Yanceyville, NC 27379

MAXIMUM CAPITAL EXPENDITURE: \$1,737,938

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2018

This certificate is effective as of the 29th day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Renal Group of the South, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2017 SDR, Renal Group of the South, Inc. shall develop no more than 4 additional dialysis stations for a total of no more than 15 certified stations at Renal Care Group Caswell upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Renal Group of the South, Inc. shall install plumbing and electrical wiring through the walls for no more than 15 dialysis stations which shall include any isolation stations.
4. Renal Group of the South, Inc., shall provide a letter from either an architect or engineer verifying the construction costs of the proposed project.
5. Renal Group of the South, 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 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 January 29, 2018.

TIMETABLE:

Drawings Completed _____	May 9, 2018
Construction/Renovation Contract(s) Executed _____	June 8, 2018
25% of Construction/Renovation Completed (25% of the cost is in place) ____	July 23, 2018
50% of Construction/Renovation Completed _____	September 26, 2018
75% of Construction/Renovation Completed _____	October 21, 2018
Construction/Renovation Completed _____	December 5, 2018
Equipment Ordered _____	October 17, 2018
Equipment Installed _____	December 1, 2018
Equipment Operational _____	December 15, 2018
Services Offered _____	December 31, 2018
Medicare and/or Medicaid Certification Obtained _____	December 31, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: E-11390-17

FID #: 010648

**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 24 stations upon completion of this project and Project I.D. #E-11209-16 (Relocate six stations to the new FKC Newton facility) /Catawba County

CONDITIONS: See Reverse Side

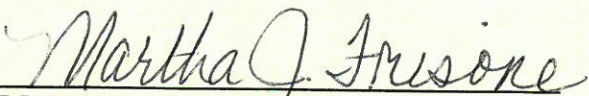
**PHYSICAL LOCATION: FMC of Catawba Valley
301 10th Street NW, Suite C101
Conover, NC 28613**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2018

This certificate is effective as of the 18th day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Catawba Valley shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Catawba Valley shall develop and operate no more than five additional dialysis station for a total of no more than 24 certified stations upon completion of this project and Project I.D. # E-11209-16 (Relocate six stations from FMC Catawba Valley and six stations from FMC Hickory to the new 12-station FKC Newton facility), which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Catawba Valley 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 December 28, 2017.

TIMETABLE:

1. **Equipment Ordered _____ April 16, 2018**
2. **Services Offered _____ June 30, 2018**

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11405-17

FID #: 955622

**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 26 dialysis stations upon completion of this project and Project I.D. #J-11373-17 (relocate six dialysis stations to FKC Eno River)/ Durham County

CONDITIONS: See Reverse Side

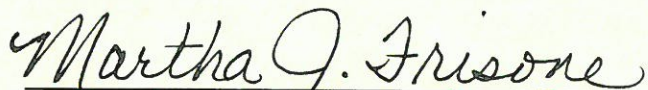
**PHYSICAL LOCATION: Freedom Lake Dialysis Unit
4016 Freedom Lake Drive
Durham, NC 27705**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2018

This certificate is effective as of the 23rd day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Freedom Lake Dialysis Unit shall materially comply with all representations made in the certificate of need application as conditioned.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 6 additional dialysis stations for a total of no more than 26 certified stations at Freedom Lake Dialysis Unit upon completion of this project and Project I.D. # J-11373-17 (relocate 6 dialysis stations to FKC Eno River) which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Freedom Lake Dialysis Unit shall install plumbing and electrical wiring through the walls for no more than six additional dialysis stations, which shall include any isolation or home hemodialysis training stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Freedom Lake Dialysis Unit 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 December 28, 2017.

TIMETABLE:

- | | | |
|----|---|-------------------|
| 1. | Equipment Ordered _____ | October 17, 2018 |
| 2. | Equipment Operational _____ | December 15, 2018 |
| 3. | Services Offered _____ | December 31, 2018 |
| 4. | Medicare and/or Medicaid Certification Obtained _____ | 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-11382-17

FID #: 170365

**ISSUED TO: Duke-Provision Proton Therapy Center, LLC
Duke University Health System, Inc.
Provision Trust, 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: Develop a two-room proton therapy center/ Durham County

CONDITIONS: See Reverse Side

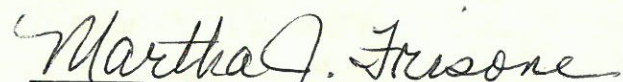
**PHYSICAL LOCATION: Duke Proton Therapy Center
3000 Erwin Road
Durham, NC 27705**

MAXIMUM CAPITAL EXPENDITURE: \$88,394,048

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2018

This certificate is effective as of the 3rd day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Duke-Provision Proton Therapy Center, LLC, Duke University Health System, Inc. and Provision Trust, Inc. shall materially comply with all representations made in the certificate of need application.
2. Duke-Provision Proton Therapy Center, LLC, Duke University Health System, Inc. and Provision Trust, Inc. shall develop no more than one two-room proton therapy center, with one cyclotron and two gantry treatment rooms.
3. Duke-Provision Proton Therapy Center, LLC, Duke University Health System, Inc. and Provision Trust, Inc. shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. Duke-Provision Proton Therapy Center, LLC, Duke University Health System, Inc. and Provision Trust, Inc. 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. 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-Provision Proton Therapy Center, LLC, Duke University Health System, Inc. and Provision Trust, Inc. 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. Duke-Provision Proton Therapy Center, LLC, Duke University Health System, Inc. and Provision Trust, Inc. 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 2, 2018.

TIMETABLE:

1. Drawings Completed _____ July 31, 2018
2. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ October 31, 2018
3. 50% of Construction/Renovation Completed _____ March 15, 2019
4. 75% of Construction/Renovation Completed _____ July 31, 2019
5. Construction/Renovation Completed _____ December 15, 2019
6. Services Offered _____ July 1, 2020
7. Final Annual Report Due _____ October 1, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11395-17

FID #: 001324

**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 43 dialysis stations upon completion of this project/ Guilford County

CONDITIONS: See Reverse Side

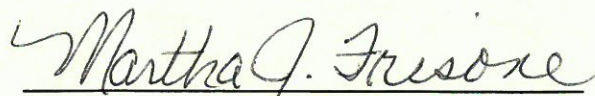
**PHYSICAL LOCATION: FMC of East Greensboro
3839 Burlington Road
Greensboro, NC 27405**

MAXIMUM CAPITAL EXPENDITURE: \$125,189

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2018

This certificate is effective as of the 18th day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of East Greensboro shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of East Greensboro shall develop no more than four additional dialysis stations for a total of no more than 43 certified stations at FMC of East Greensboro upon completion of this project, which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of East Greensboro shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of East Greensboro 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 3, 2018.

TIMETABLE:

Financing Obtained	_____	September 15, 2017
Equipment Ordered	_____	October 17, 2018
Equipment Installed	_____	December 1, 2018
Equipment Operational	_____	December 15, 2018
Services Offered	_____	December 31, 2018
Medicare and/or Medicaid Certification Obtained	_____	December 31, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11398-17

FID #: 990214

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

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

SCOPE: Add no more than four dialysis stations for a total of 37 dialysis stations upon completion of this project/ Guilford County

CONDITIONS: See Reverse Side

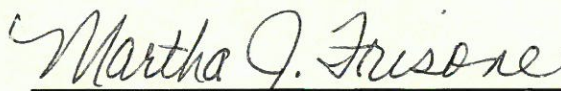
**PHYSICAL LOCATION: Northwest Greensboro Kidney Center
2837 Horse Pen Creek Rd.
Greensboro, NC 27410**

MAXIMUM CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2018

This certificate is effective as of the 18th day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall develop no more than four additional dialysis stations for a total of no more than 37 certified stations at Northwest Greensboro Kidney Center upon completion of this project, which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 3, 2018.

TIMETABLE:

Financing Obtained	_____	September 15, 2017
Equipment Ordered	_____	October 17, 2018
Equipment Installed	_____	December 1, 2018
Equipment Operational	_____	December 15, 2018
Services Offered	_____	December 31, 2018
Medicare and/or Medicaid Certification Obtained	_____	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-11407-17

FID #: 944566

**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 28 stations upon completion of this project, Project I.D. #J-11230-16 (Add six stations), and Project I.D. J-11372-17 (Relocate four stations)/ Johnston County

CONDITIONS: See Reverse Side

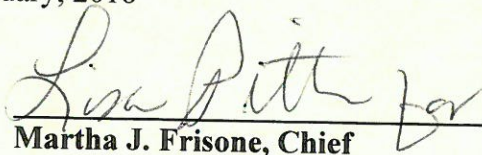
**PHYSICAL LOCATION: Johnston Dialysis Center
545 E. Market Street
Smithfield, NC 27577**

MAXIMUM CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2018

This certificate is effective as of the 23rd day of January, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Johnston Dialysis Center shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a Johnston Dialysis Center shall develop and operate no more than one additional dialysis station for a total of no more than 28 certified stations upon completion of this project, Project I.D. # J-11230-16 (Add 6 stations), and Project I.D. #J-11372-17 (Relocate four stations to FKC Selma), which shall include any isolation or home hemodialysis stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Johnston Dialysis 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 December 28, 2017.

TIMETABLE:

Equipment Ordered _____ October 17, 2018
Services Offered _____ 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-11404-17

FID #: 080137

**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 3 dialysis stations for a total of no more than 21 stations upon completion of this project, Project ID # F-11241-16 (add 2 stations) and Project ID # F-11207-16 (relocate 5 stations to FKC Southeast Mecklenburg County)/ Mecklenburg County

CONDITIONS: See Reverse Side

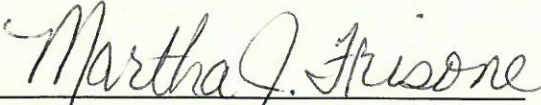
**PHYSICAL LOCATION: FMC Matthews
910 Park Center Drive
Matthews, NC 28105**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2018

This certificate is effective as of the 30th day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Matthews shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Matthews shall materially comply with the last made representation.**
- 2. Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Matthews shall develop no more than three additional dialysis stations for a total of no more than 21 certified stations upon completion of the project and Project I.D. #F-11241-16 (add 2 stations) and Project I.D. #F-11207-16 (relocate 5 stations to FKC Southeast Mecklenburg County, which shall include any isolation or home hemodialysis stations.**
- 3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Matthews shall install plumbing and electrical wiring through the walls for three additional dialysis stations for a total of no more than 21 dialysis stations which shall include any home hemodialysis training or isolation stations.**
- 4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Matthews 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 January 4, 2018.

TIMETABLE:

Services Offered _____ 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-11389-17

FID #: 170366

ISSUED TO: Arbor Ridge at Huntersville, LLC
533 Meadowmont Village Circle
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: Acquire and relocate the 40 beds authorized by Project ID #F-8522-10 (add 40 for a total of 80 SCU beds) to a new location instead of adding them to the existing Preston House/Mecklenburg County

CONDITIONS: See Reverse Side

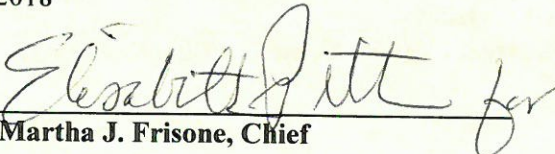
PHYSICAL LOCATION: Arbor Ridge at Huntersville
15797 Statesville Road
Huntersville, NC 28078

MAXIMUM CAPITAL EXPENDITURE: \$4,180,131

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 15, 2018

This certificate is effective as of the 20th day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Arbor Ridge at Huntersville, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Arbor Ridge at Huntersville, LLC shall materially comply with the last made representation.
2. Arbor Ridge at Huntersville, LLC shall acquire and relocate 40 adult care home beds from Preston House to Arbor Ridge at Huntersville.
3. Upon completion of the project, Arbor Ridge at Huntersville shall be licensed for no more than 40 adult care home beds.
4. Arbor Ridge at Huntersville, LLC shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.
5. Arbor Ridge at Huntersville, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
6. For the first two years of operation following completion of the project, Arbor Ridge at Huntersville, 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.
7. 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, Arbor Ridge at Huntersville, LLC 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.
8. Arbor Ridge at Huntersville, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 24, 2018.

TIMETABLE:

Construction/Renovation Contract(s) Executed	_____	April 2, 2018
25% of Construction/Renovation Completed (25% of the cost is in place)	_____	June 29, 2018
50% of Construction/Renovation Completed	_____	September 28, 2018
75% of Construction/Renovation Completed	_____	December 28, 2018
Construction/Renovation Completed	_____	March 22, 2018
Services Offered	_____	April 1, 2019
Medicare and/or Medicaid Certification Obtained	_____	April 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11392-17

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 3 dialysis stations for a total of no more than 44 stations upon completion of this project, Project ID # F-11306-17 (add 7 stations), Project ID # F-11099-15 (relocate 6 stations to FMC Aldersgate), and Project ID # F-11345-17 (relocate 3 stations to FMC Southwest Charlotte)/ Mecklenburg County

CONDITIONS: See Reverse Side

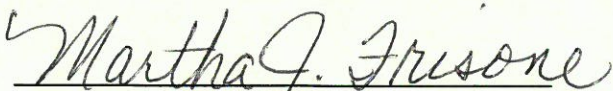
**PHYSICAL LOCATION: FMC Charlotte
928 Baxter Street
Charlotte, NC 28204**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2018

This certificate is effective as of the 18th day of January, 2018


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 and any supplemental responses. In the event that representations conflict, Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Charlotte shall materially comply with the last made representation.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Charlotte shall develop no more than three additional dialysis stations for a total of no more than 44 certified stations upon completion of the project and Project I.D. #F-11306-17 (add 7 stations), Project I.D. #F-11099-15 (relocate 6 stations to FMC Aldersgate), and Project I.D. #F-11345-17 (relocate 3 stations to FMC Southwest Charlotte), 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 three 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 December 28, 2017.

TIMETABLE:

Services Offered _____ December 31, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: H-11385-17

FID #: 943358

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

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

SCOPE: Develop one additional OR pursuant to the need determination in the 2017 State Medical Facilities Plan/ Moore County

CONDITIONS: See Reverse Side

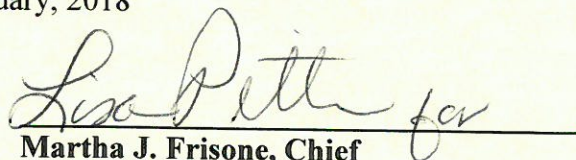
PHYSICAL LOCATION: FirstHealth Moore Regional Hospital
155 Memorial Drive
Pinehurst, NC 28374

MAXIMUM CAPITAL EXPENDITURE: \$77,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2018

This certificate is effective as of the 2nd day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall materially comply with all representations made in the certificate of need application.**
2. **FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall develop one additional shared operating room for a total of no more than 16 shared operating rooms and two dedicated open-heart surgery operating rooms.**
3. **FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital 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.**
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, FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional 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. **FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional 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 December 18, 2017.

TIMETABLE:

- | | | | |
|----|--------------------------------|-------|-------------------------|
| 1. | Building/Space Occupied | _____ | October 30, 2018 |
| 2. | Services Offered | _____ | October 30, 2018 |
| 3. | Final Annual Report Due | _____ | January 30, 2022 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11279-16

FID #: 160565

ISSUED TO: **Wilmington Propco, LLC and New Hanover House, LLC**
P.O. Box 2568
Hickory, NC 28403

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 40 ACH beds from Sherwood Manor to the existing 61-bed New Hanover House for a total of 101 ACH beds and rename the facility to New Hanover Senior Living/ New Hanover County**

CONDITIONS: **See Reverse Side**

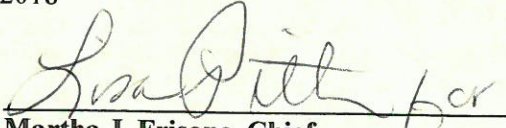
PHYSICAL LOCATION: **New Hanover Senior Living**
3915 Stedwick Court
Wilmington, NC 28412

MAXIMUM CAPITAL EXPENDITURE: **\$2,497,070**

TIMETABLE: **See Reverse Side**

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

This certificate is effective as of the 24th day of January, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. Wilmington Propco Holdings, LLC and New Hanover House, LLC, shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Wilmington Propco Holdings, LLC and New Hanover House, LLC shall materially comply with the last made representation.
2. Wilmington Propco Holdings, LLC and New Hanover House, LLC shall relocate 40 ACH beds from Sherwood Manor to the existing 61-bed New Hanover House for a total of 101 ACH beds and rename the facility to New Hanover Senior Living.
3. 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, Wilmington Propco Holdings, LLC and New Hanover House, LLC 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.
4. Wilmington Propco Holdings, LLC and New Hanover House, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
5. For the first two years of operation following completion of the project, Wilmington Propco Holdings, LLC and New Hanover House, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section IX 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.

TIMETABLE:

Financing Obtained	_____	June 2, 2018
Drawings Completed	_____	September 15, 2018
Land Acquired	_____	June 2, 2018
Construction/Renovation Contract(s) Executed	_____	April 7, 2018
25% of Construction/Renovation Completed (25% of the cost is in place)	_____	October 6, 2018
50% of Construction/Renovation Completed	_____	February 23, 2019
75% of Construction/Renovation Completed	_____	May 25, 2019
Construction/Renovation Completed	_____	August 18, 2019
Building/Space Occupied	_____	October 1, 2019
Licensure Obtained	_____	October 1, 2019
Services Offered	_____	October 1, 2019
County Special Assistance Certification Obtained	_____	January 1, 2020
Final Annual Report Due	_____	December 30, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

**Project ID #: Q-11391-17
FID #: 011155**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3390 Dunn Road
Eastover, NC 28303**

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 stations for a total of 16 stations upon completion of this project and Project ID #Q-11304-17 (relocate six stations to the new FKC Captains Cove)/ Pitt County

CONDITIONS: See Reverse Side

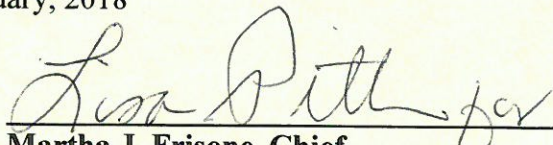
**PHYSICAL LOCATION: FMC Care of Ayden
3793 Lee Street
Ayden, NC 28513**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2018

This certificate is effective as of the 23rd day of January, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 6 additional dialysis stations for a total of no more than 16 certified stations at FMC Care of Ayden upon completion of this project and Project ID# Q-111304-17 (relocate six stations to the new FKC Captains Cove), which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, 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 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 January 3, 2018.

TIMETABLE:

Equipment Ordered	_____	October 17, 2018
Equipment Installed	_____	December 1, 2018
Equipment Operational	_____	December 15, 2018
Services Offered	_____	December 31, 2018
Medicare and/or Medicaid Certification Obtained	_____	December 31, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: C-11244-16

FID #: 110040

ISSUED TO: Rutherfordco, LLC and Bostic Health Holdings, LLC
P.O. Box 2568
Hickory, NC 28603

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

SCOPE: Relocate 16 adult care home beds from Oak Grove Healthcare Center to the previously approved Lake Lure Assisted Living for a total of 62 adult care home beds upon completion of this project and Project I.D. #C-8626-11/ Rutherford County

CONDITIONS: See Reverse Side

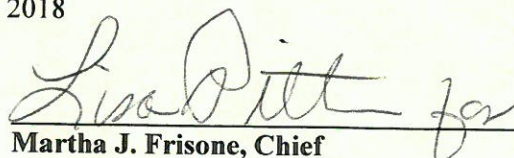
PHYSICAL LOCATION: Lake Lure Assisted Living
890 Buffalo Creek Road
Lake Lure, NC 28746

MAXIMUM CAPITAL EXPENDITURE: \$3,913,055

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2018

This certificate is effective as of the 24th day of January, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Rutherfordco, LLC and Bostic Health Holdings, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Rutherfordco, LLC and Bostic Health Holdings, LLC shall materially comply with the last made representation.
2. Rutherfordco, LLC and Bostic Health Holdings, LLC shall relocate 16 adult care home beds from Oak Grove Healthcare Center to the previously approved Lake Lure Assisted Living for a total of 62 adult care home beds upon completion of this project and Project I.D. #C-8626-11.
3. Rutherfordco, LLC and Bostic Health Holdings, LLC shall begin constructing the building no later than December 31, 2018. In the event that Rutherfordco, LLC and Bostic Health Holdings, LLC fail to begin constructing the building by December 31, 2018, the right to develop the projects (for both Project I.D. #s C-8626-11 and C-11244-16) shall cease.
4. Upon completion of the project and Project I.D. #C-8626-11, Lake Lure Assisted Living shall be licensed for no more than 62 adult care home beds.
5. Rutherfordco, LLC and Bostic Health Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
6. For the first two years of operation following completion of the project, Rutherfordco, LLC and Bostic Health Holdings, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section IX 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.
7. 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, Rutherfordco, LLC and Bostic Health Holdings, LLC 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.

TIMETABLE:

Financing Obtained _____	June 1, 2018
Drawings Approved by Construction, DHSR _____	June 14, 2018
Land Acquired _____	June 1, 2018
Construction/Renovation Contract(s) Executed _____	June 7, 2018
25% of Construction/Renovation Completed (25% of the cost is in place) _____	October 9, 2018
50% of Construction/Renovation Completed _____	March 20, 2019
75% of Construction/Renovation Completed _____	June 29, 2019
Construction/Renovation Completed _____	September 15, 2019
Licensure Obtained _____	November 1, 2019
Services Offered _____	November 1, 2019
State/County Special Assistance with Medicaid _____	November 1, 2019
Final Annual Report Due _____	January 31, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11406-17

FID #: 955949

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3390 Dunn Road
Eastover, NC 28303**

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 22 stations upon completion of this project, Project ID# F-11208-16 (relocate 10 stations to FKC Indian Trail), Project ID# F-11242-16 (add 5 stations and develop a home hemodialysis and a peritoneal dialysis program) and Project ID# F-11383-17 (cost overrun for Project ID# F-11242-16)/ Union County

CONDITIONS: See Reverse Side

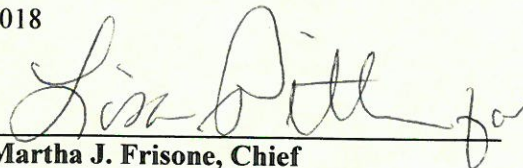
**PHYSICAL LOCATION: Metrolina Kidney Center
1338 East Sunset Drive
Monroe, NC 28112**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2018

This certificate is effective as of the 23rd day of January, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 6 additional dialysis stations for a total of no more than 22 certified stations at Metrolina Kidney Center upon completion of this project, Project ID# F-11208-16 (relocate 10 stations to FKC Indian Trail), Project ID# F-11242-16 (add 5 stations and develop a home hemodialysis and a peritoneal dialysis program) and Project ID# F-11383-17 (cost overrun for Project ID# F-11242-16), which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, 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 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 January 3, 2018.

TIMETABLE:

Construction/Renovation Completed	_____	October 18, 2018
Equipment Ordered	_____	December 1, 2018
Equipment Installed	_____	December 15, 2018
Services Offered	_____	December 31, 2018
Medicare and/or Medicaid Certification Obtained	_____	December 31, 2018