



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11418-17**

**FID #: 060249**

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

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

**SCOPE: Add no more than one dialysis station for a total of no more than 16 stations upon project completion/ Duplin County**

**CONDITIONS: See Reverse Side**

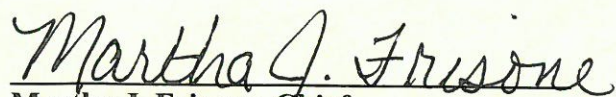
**PHYSICAL LOCATION: Wallace Dialysis  
5650 NC 41 Highway  
Wallace, NC 28466-6094**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 27<sup>th</sup> day of February, 2018

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis 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, Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis shall develop no more than one additional dialysis station for a total of no more than 16 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 31, 2018.

**TIMETABLE:**

1. Services Offered \_\_\_\_\_ January 1, 2019
2. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: L-11394-17**

**FID #: 945259**

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

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

**SCOPE: Add no more than two dialysis stations for a total of no more than 21 stations upon project completion/ Northampton County**

**CONDITIONS: See Reverse Side**

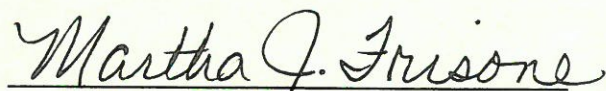
**PHYSICAL LOCATION: FMC East Northampton County  
121 North Church Street  
Conway, NC 27820**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 27<sup>th</sup> day of February, 2018

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC East Northampton County 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 East Northampton County 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 East Northampton County shall develop no more than two additional dialysis stations for a total of no more than 21 certified stations 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 East Northampton County 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 February 1, 2018.

**TIMETABLE:**

1. Services Offered \_\_\_\_\_ December 31, 2018
2. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ December 31, 2018