

**Certificate of Need
Certificates Issued
May 2018**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Review Status / Decision	Review- Analyst	Co-Signer	Approved Capital Expenditure
Caldwell	E-011446-18	Caldwell Memorial Hospital, Inc.	933051	HOSPITAL	Acquire one unit of shared fixed cardiac catheterization equipment	2/1/2018	4/19/2018	5/22/2018	Conditional Approval	Julie Faenza	Lisa Pittman	\$1,620,651
Craven	P-011334-17	River Bend Senior Living	170192	ACH	Replace and relocate 48 existing ACH beds from New Bern House to create River Bend Senior Living, a new 48-bed ACH facility.	5/1/2017	9/22/2017	5/15/2018	Denied - Settlement	Jane Rhoe-Jones	Fatimah Wilson	\$7,214,460
Durham	J-011450-18	Bull City Dialysis	180047	ESRD	Relocate an existing 16 station dialysis facility known as Duke Hospital Dialysis to new location and change the name of the facility to Bull City Dialysis	2/1/2018	4/5/2018	5/8/2018	Conditional Approval	Bernetta Thorne-Williams	Fatimah Wilson	\$2,415,000
Hoke	N-011445-18	Cape Fear Valley Hoke Hospital	100392	HOSPITAL	Develop a fixed MRI scanner in the existing acute care hospital in Hoke County pursuant to Policy TE-3	2/1/2018	4/10/2018	5/11/2018	Conditional Approval	Celia Inman	Lisa Pittman	\$3,966,000
Johnston	J-011435-17	Fresenius Kidney Care West Johnston	170520	ESRD	Develop a new 10-station dialysis facility by relocating 10 existing stations from FMC Stallings Station	12/1/2017	4/5/2018	5/8/2018	Conditional Approval	Bernetta Thorne-Williams	Lisa Pittman	\$1,875,991
Mecklenburg	F-011425-17	Carolinas HealthCare System Pineville	110878	HOSPITAL	Acquire a second fixed MRI scanner at CHS Pineville pursuant to a Need Determination in the 2017 SMEP	11/1/2017	3/29/2018	5/2/2018	Conditional Approval	Gloria Hale	Lisa Pittman	\$5,200,000
Orange	J-011449-18	Carolina Dialysis- Orange County	180044	ESRD	Develop a new 10 station dialysis facility by relocation of a seven stations from Carolina Dialysis - Carrboro and three stations from BMA Burlington. The entire home training program at Carolina Dialysis - Carrboro will also relocate to the new location	2/1/2018	4/30/2018	5/31/2018	Conditional Approval	Gloria Hale	Lisa Pittman	\$3,109,110
Robeson	N-011447-18	Fresenius Kidney Care East Lumberton	180042	ESRD	Develop a new 20 station dialysis facility by relocating 20 existing certified dialysis stations and the home therapies program from BMA Lumberton to the new facility	2/1/2018	4/27/2018	5/31/2018	Conditional Approval	Mike McKillip	Fatimah Wilson	\$2,611,841

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Stokes	G-011430-17	Priddy Manor Assisted Living	030406	ACH	Acquire and relocate nine adult care home beds from Walnut Cove Health & Rehab to Priddy Manor Assisted Living for a total 79 ACH beds upon project completion	11/1/2017	3/29/2018	5/1/2018	Conditional Approval	Jane Rhoe- Jones	Fatimah Wilson	\$1,953,440
Total		9										

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: E-11446-18

FID #: 933051

ISSUED TO: Caldwell Memorial Hospital, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

**SCOPE: Acquire no more than one unit of shared fixed cardiac catheterization equipment/
Caldwell County**

CONDITIONS: See Reverse Side

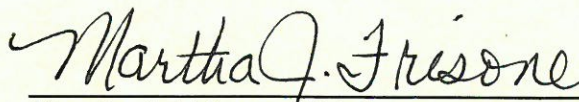
**PHYSICAL LOCATION: Caldwell Memorial Hospital
321 Mulberry Street SW
Lenoir, NC 28645**

MAXIMUM CAPITAL EXPENDITURE: \$1,620,651

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2019

This certificate is effective as of the 22nd day of May, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Caldwell Memorial Hospital, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Caldwell Memorial Hospital, Inc. shall materially comply with the last made representation.
2. Caldwell Memorial Hospital, Inc. shall acquire no more than one unit of shared fixed cardiac catheterization equipment.
3. Upon completion of the project, Caldwell Memorial Hospital shall be licensed for no more than one unit of shared fixed cardiac catheterization equipment.
4. Caldwell Memorial Hospital, Inc. shall not acquire as part of this project 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, Caldwell Memorial Hospital, 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. Caldwell Memorial Hospital, 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 May 8th, 2018.

TIMETABLE:

- | | | |
|----|-------------------------------|--------------------|
| 1. | Financing Obtained _____ | January 1, 2019 |
| 2. | Equipment Ordered _____ | January 1, 2019 |
| 3. | Equipment Installed _____ | June 1, 2019 |
| 4. | Equipment Operational _____ | June 15, 2019 |
| 5. | Services Offered _____ | July 1, 2019 |
| 6. | Final Annual Report Due _____ | September 30, 2022 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11334-17

FID #: 170192

**ISSUED TO: Craven Propco, LLC
Craven Opco, LLC**

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 and relocate no more than 48 existing adult care home beds from New Bern House to create a new 48-bed adult care home facility / Craven County

CONDITIONS: See Reverse Side

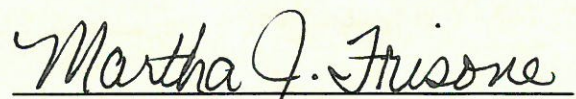
PHYSICAL LOCATION: River Bend Senior Living
316 Old Pollocksville Road
New Bern, NC

MAXIMUM CAPITAL EXPENDITURE: \$7,214,460

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2018

This certificate is effective as of the 15th day of May, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Craven Propco, LLC and Craven Opco, LLC shall materially comply with all the representations made in the certificate of need application and any supplemental responses. In the event that the representations conflict, Craven Propco, LLC and Craven Opco, LLC shall materially comply with the last made representation.
2. Craven Propco, LLC and Craven Opco, LLC shall replace and relocate 48 existing adult care home beds from New Bern House to create River Bend Senior Living, a new 48-bed adult care home facility.
3. Upon completion of the project, River Bend Senior Living shall be licensed for no more than 48 adult care home beds.
4. Upon completion of the project, New Bern House shall be licensed for no more than 60 adult care home beds.
5. Craven Propco, LLC and Craven Opco, 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, Craven Propco, LLC and Craven Opco, 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, Craven Propco, LLC and Craven Opco, 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, 2018
Drawings Completed	March 15, 2019
Land Acquired	December 2, 2018
Construction/Renovation Contract(s) Executed	October 7, 2018
25% Completion of Construction (25% of the cost in place)	April 6, 2019
50% Completion of Construction	August 23, 2019
75% Completion of Construction	November 25, 2019
Completion of Construction	February 18, 2020
Building/Space Occupied	April 1, 2020
Licensure Obtained	April 1, 2020
Services Offered	April 1, 2020
County Special Assistance Certification Obtained	July 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

Total Renal Care of North Carolina, LLC

Project ID #: J-11450-18

FID #: 180047

ISSUED TO: Total Renal Care of North Carolina, LLC

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 an existing 16 station dialysis facility known as Duke Hospital Dialysis to new location and change the name of the facility to Bull City Dialysis/ Durham County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Bull City Dialysis
3607 Witherspoon Blvd
Durham NC, 27707**

MAXIMUM CAPITAL EXPENDITURE: \$2,415,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2018

This certificate is effective as of the 8th day of May, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care West Johnston shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD 2, Bio-Medical Applications of North Carolina, Inc. shall develop a new kidney disease treatment center to be known as Fresenius Kidney Care West Johnston by relocating ten dialysis stations from FMC Stallings Station.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care West Johnston shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify ten dialysis stations from FMC Stallings Station for a total of no more than fourteen dialysis stations at FMC Stallings Station.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care West Johnston 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 April 23, 2018.

TIMETABLE:

1. Financing Obtained _____ January 1, 2018
2. Drawings Completed _____ September 1, 2018
3. Construction/Renovation Contract(s) Executed _____ October 1, 2018
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ December 1, 2018
5. 50% of Construction/Renovation Completed _____ January 15, 2019
6. 75% of Construction/Renovation Completed _____ March 1, 2019
7. Construction/Renovation Completed _____ April 15, 2019
8. Equipment Ordered _____ February 1, 2019
9. Equipment Installed _____ May 1, 2019
10. Equipment Operational _____ May 15, 2019
11. Building/Space Occupied _____ June 1, 2019
12. Services Offered _____ June 1, 2019
13. Medicare and/or Medicaid Certification Obtained _____ July 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

Hoke Healthcare, LLC

Project ID #: N-11445-18

FID #: 100392

ISSUED TO: Hoke Healthcare, LLC

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 fixed MRI scanner in the existing acute care hospital in Hoke County pursuant to Policy TE-3

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Cape Fear Valley Hoke Hospital
210 Medical Pavilion Drive
Raeford, NC 28376**

MAXIMUM CAPITAL EXPENDITURE: \$3,966,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2019

This certificate is effective as of the 11th day of May, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Hoke Healthcare, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Hoke Healthcare, LLC shall materially comply with the last made representation.
2. Hoke Healthcare, LLC shall acquire no more than one fixed MRI scanner to be located at CFV Hoke Hospital as part of this project.
3. Hoke Healthcare, LLC shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
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, Hoke Healthcare, 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.
5. Hoke Healthcare, 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 April 27, 2018.

TIMETABLE:

- | | | |
|-----|---|-------------------|
| 1. | Financing Obtained _____ | October 1, 2018 |
| 2. | Drawings Completed _____ | January 15, 2019 |
| 3. | Construction/Renovation Contract(s) Executed _____ | March 15, 2019 |
| 4. | 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ | May 15, 2019 |
| 5. | 50% of Construction/Renovation Completed _____ | August 1, 2019 |
| 6. | 75% of Construction/Renovation Completed _____ | October 15, 2019 |
| 7. | Construction/Renovation Completed _____ | January 2, 2020 |
| 8. | Equipment Operational _____ | March 15, 2020 |
| 9. | Building/Space Occupied _____ | March 25, 2020 |
| 10. | Licensure Obtained _____ | March 15, 2020 |
| 11. | Services Offered _____ | April 1, 2020 |
| 12. | Facility or Service Accredited _____ | October 1, 2020 |
| 13. | Final Annual Report Due _____ | December 31, 2023 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11435-17

FID #: 170323

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

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

SCOPE: Develop a new 10-station dialysis facility by relocating no more than 10 existing dialysis stations from FMC Stallings Station / Johnston County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Fresenius Kidney Care West Johnston
5771 NC Highway 42
Garner, NC 27529**

MAXIMUM CAPITAL EXPENDITURE: \$1,875,991

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2018

This certificate is effective as of the 8th day of May, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care West Johnston shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD 2, Bio-Medical Applications of North Carolina, Inc. shall develop a new kidney disease treatment center to be known as Fresenius Kidney Care West Johnston by relocating ten dialysis stations from FMC Stallings Station.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care West Johnston shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify ten dialysis stations from FMC Stallings Station for a total of no more than fourteen dialysis stations at FMC Stallings Station.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care West Johnston 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 April 11, 2018.

TIMETABLE:

1. Financing Obtained _____ November 15, 2017
2. Drawings Completed _____ October 2, 2018
3. Construction/Renovation Contract(s) Executed _____ December 31, 2018
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ April 30, 2019
5. 50% of Construction/Renovation Completed _____ July 14, 2019
6. 75% of Construction/Renovation Completed _____ September 12, 2019
7. Construction/Renovation Completed _____ November 11, 2019
8. Equipment Ordered _____ October 17, 2019
9. Equipment Installed _____ December 1, 2019
10. Equipment Operational _____ December 15, 2019
11. Services Offered _____ December 31, 2019
12. Medicare and/or Medicaid Certification Obtained _____ December 31, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11425-17

FID #: 110878

**ISSUED TO: Mercy Hospital, Inc.
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217**

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

SCOPE: Acquire no more than one new fixed MRI scanner pursuant to the Need Determination in the 2017 SMFP for a total of no more than two fixed MRI scanners/ Mecklenburg County

CONDITIONS: See Reverse Side

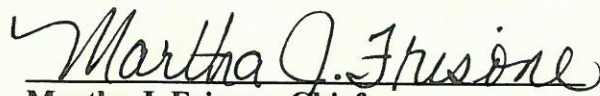
**PHYSICAL LOCATION: Carolinas HealthCare System Pineville
10628 Park Road
Charlotte, NC 28210**

MAXIMUM CAPITAL EXPENDITURE: \$5,200,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 31, 2018

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


Martha J. Frisone, Chief

CONDITIONS:

1. Mercy Hospital, Inc. shall materially comply with all representations made in the certificate of need application.
2. Mercy Hospital, Inc. shall acquire no more than one additional fixed MRI scanner, for a total of two fixed MRI scanners, to be located at CHS Pineville.
3. Mercy Hospital, 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. Mercy Hospital, 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, Mercy Hospital, 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. Mercy Hospital, 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 May 1, 2018.

TIMETABLE:

- | | | |
|---|-------|-------------------|
| 1. Schematics (i.e., Drawings) Completed | _____ | January 15, 2018 |
| 2. Construction/Renovation Contract(s) Executed | _____ | May 15, 2018 |
| 3. 50% of Construction/Renovation Completed | _____ | July 29, 2018 |
| 4. Construction/Renovation Completed | _____ | October 12, 2018 |
| 5. Equipment Operational | _____ | December 15, 2018 |
| 6. Services Offered | _____ | January 1, 2019 |
| 7. Final Annual Report Due | _____ | March 31, 2022 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11449-18

FID #: 180044

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

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Develop a new 10-station dialysis facility by relocating seven stations from Carolina Dialysis-Carrboro and three stations from BMA Burlington, and relocate the home training program from Carolina Dialysis-Carrboro to the new facility/ Orange County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Carolina Dialysis – Orange County
116 Weaver Dairy Road
Chapel Hill, NC 27514**

MAXIMUM CAPITAL EXPENDITURE: \$3,109,110

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2018

This certificate is effective as of the 31st day of May, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Carolina Dialysis, LLC d/b/a Carolina Dialysis-Orange County shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Carolina Dialysis, LLC d/b/a Carolina Dialysis-Orange County shall develop a new kidney disease treatment center to be known as Carolina Dialysis-Orange County by relocating seven dialysis stations from Carolina Dialysis-Carrboro and three dialysis stations from BMA Burlington.
3. Upon completion of this project, Carolina Dialysis, LLC shall take the necessary steps to decertify seven dialysis stations at Carolina Dialysis-Carrboro for a total of no more than 34 dialysis stations at Carolina Dialysis-Carrboro.
4. Upon completion of this project, Carolina Dialysis, LLC shall take the necessary steps to decertify three dialysis stations at BMA Burlington for a total of no more than 42 dialysis stations at BMA Burlington.
5. Carolina Dialysis, LLC d/b/a Carolina Dialysis-Orange County shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations which shall include any isolation stations.
6. Carolina Dialysis, LLC d/b/a Carolina Dialysis-Orange 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 May 3, 2018.

TIMETABLE:

1. Drawings Completed _____ November 3, 2018
2. Construction/Renovation Contract(s) Executed _____ February 1, 2019
3. 50% of Construction/Renovation Completed _____ July 16, 2019
4. 75% of Construction/Renovation Completed _____ September 29, 2019
5. Services Offered _____ December 31, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: N-11447-18

FID #: 180042

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Develop a new 20-station dialysis facility by relocating no more than 20 existing stations from BMA Lumberton, and relocate the home training program from BMA Lumberton to the new facility/ Robeson County

CONDITIONS: See Reverse Side

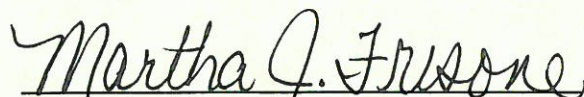
**PHYSICAL LOCATION: Fresenius Kidney Care East Lumberton
Intersection of Linkhaw Road and Gavintown Road
Lumberton, NC 28358**

MAXIMUM CAPITAL EXPENDITURE: \$2,611,841

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2018

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


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care East Lumberton shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care East Lumberton shall develop a new kidney disease treatment center to be known as FKC East Lumberton by relocating 20 dialysis stations and the home therapies program from BMA Lumberton.**
3. **Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 20 dialysis stations at BMA Lumberton for a total of no more than 15 dialysis stations at BMA Lumberton.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care East Lumberton shall install plumbing and electrical wiring through the walls for no more than 20 dialysis stations which shall include any isolation stations.**
5. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care East Lumberton 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 May 2, 2018.

TIMETABLE:

- | | | |
|----|--|--------------------|
| 1. | Drawings Completed _____ | November 3, 2018 |
| 2. | Construction/Renovation Contract(s) Executed _____ | February 1, 2019 |
| 3. | 50% of Construction/Renovation Completed _____ | July 16, 2019 |
| 4. | 75% of Construction/Renovation Completed _____ | September 29, 2019 |
| 5. | Services Offered _____ | December 31, 2019 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

Priddy Manor Assisted Living, LLC

Project ID #: G-11430-17

FID #: 030406

ISSUED TO: Priddy Manor Assisted Living, LLC

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 no more than nine adult care home beds from Walnut Cove Health & Rehab to Priddy Manor Assisted Living for a total of no more than 79 ACH beds upon project completion

CONDITIONS: See Reverse Side

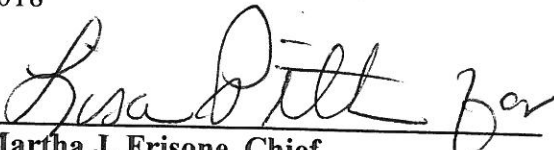
PHYSICAL LOCATION: Priddy Manor Assisted Living
1294 Priddy Road
King, NC 27021

MAXIMUM CAPITAL EXPENDITURE: \$1,953,440

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2018

This certificate is effective as of the 1st day of May, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Priddy Manor Assisted Living, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Priddy Manor Assisted Living, LLC shall materially comply with the last made representation.
2. Priddy Manor Assisted Living, LLC shall relocate no more than nine adult care home beds from Walnut Cove Health and Rehabilitation Center to Priddy Manor Assisted Living.
3. Upon completion of the project, Priddy Manor Assisted Living shall be licensed for no more than 79 ACH beds which includes 24 existing SCU beds.
4. Priddy Manor Assisted Living, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
5. Priddy Manor Assisted Living, LLC shall provide written documentation that the proposed health services have been offered to accommodate the clinical needs of health professional training programs in the area.
6. For the first two years of operation following completion of the project, Priddy Manor Assisted Living, 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, Priddy Manor Assisted Living, 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. Priddy Manor Assisted Living, 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 states in the conditional approval letter was received by the Agency on April 12, 2018.

TIMETABLE:

- | | | |
|----|---|--------------------|
| 1. | 50% of Construction/Renovation Completed _____ | November 28, 2018 |
| 2. | Construction/Renovation Completed _____ | May 22, 2019 |
| 3. | Licensure Obtained _____ | June 1, 2019 |
| 4. | Services Offered _____ | June 1, 2019 |
| 5. | Medicare and/or Medicaid Certification Obtained _____ | June 1, 2019 |
| 6. | Final Annual Report Due _____ | September 30, 2022 |