

**Certificate of Need  
Certificates Issued  
June 2018**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Alamance	G-011455-18	Mebane Dialysis	170018	ESRD	Cost overrun for Project I.D. #G-11289-17 (develop a new 10-station dialysis facility in Mebane by relocating four stations from Burlington Dialysis and six stations from North Burlington Dialysis)	3/1/2018	5/25/2018	6/29/2018	\$769,478
Anson	H-11472-18	FMC of Anson County	061094	ESRD	Add one dialysis station to the existing facility for a total of no more than 17 stations upon project completion	4/1/2018	5/21/2018	6/21/2018	\$3,750
Cabarrus	F-011452-18	Cannon Dialysis	180049	ESRD	Develop a new eleven-station facility in Cabarrus County by relocating eight (8) dialysis stations from Dialysis Care of Kannapolis in Rowan County and relocating three (3) dialysis stations from North Charlotte Dialysis in Mecklenburg County.	2/1/2018	5/25/2018	6/26/2018	\$1,957,000
Caldwell	E-011453-18	Grace Village	170469	ACH	Relocate 18 ACH beds from Gateway Rehabilitation and Healthcare NF to the previously proposed, but not yet approved 60-bed Grace Village (E-11429-17)	3/1/2018	5/8/2018	6/12/2018	\$2,103,042

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Catawba	E-011480-18	FMC of Catawba Valley	010648	ESRD	Add one dialysis station for a total of 25 stations upon completion of this project, Project I.D. #E-11209-16 (relocate six dialysis stations), and Project I.D. #E-11390-17 (add five dialysis stations)	4/1/2018	5/25/2018	6/26/2018	\$0
Davie	G-011465-18	Bermuda Village Retirement Center	932966	NH	Add 21 additional NF beds to Bermuda Village Retirement Center for a total of 36 NF beds and 21 ACH beds pursuant to Need Determination in 2018 SMFP	3/1/2018	5/11/2018	6/12/2018	\$100,000
Durham	J-011456-18	Durham Regional Dialysis	160396	ESRD	Cost overrun for Project I.D. #J-11216-16 (develop a new ten-station dialysis facility in Durham by relocating three stations from Durham Dialysis and seven stations from Durham West Dialysis)	3/1/2018	5/22/2018	6/25/2018	\$559,373
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	6/21/2018	\$2,415,000
Forsyth	G-011468-18	Salem Kidney Center	944758	ESRD	Add no more than six dialysis stations for a total of no more than 45 stations	4/1/2018	5/21/2018	6/21/2018	\$105,600

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Forsyth	G-011466-18	Arbor Ridge at Stanleyville	180100	ACH	Acquire and relocate 26 ACH beds to Arbor Ridge at Stanleyville (independent living facility) from The Crest of Clemmons. All 26 ACH beds may be SCU beds	3/1/2018	5/11/2018	6/12/2018	\$2,508,970
Guilford	G-011467-18	MedCenter Drawbridge	180104	HOSPITAL	Develop a satellite emergency department and diagnostic imaging center to include a CT scanner, diagnostic radiography, ultrasound, mammography, and bone densitometry	3/1/2018	5/1/2018	6/4/2018	\$23,491,739
Harnett	M-011448-18	Fresenius Medical Care of Lillington	050131	ESRD	Relocate two dialysis stations from Carolina Dialysis - Sanford to FMC Lillington for a total of 16 dialysis stations at FMC Lillington upon completion of the project	2/1/2018	4/26/2018	6/5/2018	\$0
Mecklenburg	F-011462-18	Liberty Commons of Mecklenburg Health & Rehabilitation Center	180099	OTHER	Develop a new 100-bed NF facility in Mecklenburg County by relocating 13 NF beds from The Oaks (Forsyth County), 20 NF beds from Warren Hills (Warren County), 20 NF beds from Cross Creek (Hyde County), 2 NF beds from Bermuda Commons (Davie County), and 45 NF beds from Mary Gran (Sampson County)	3/1/2018	5/25/2018	6/26/2018	\$18,604,791

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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-011463-18	Carolinas Rehabilitation	180102	HOSPITAL	Consolidate and relocate outpatient rehabilitation services in Pineville to a new medical office building in Pineville	3/1/2018	5/24/2018	6/26/2018	\$3,900,000
Mecklenburg	F-011461-18	Liberty Commons Nursing & Rehabilitation Center of Mint Hill	180101	OTHER	Develop a new 83-bed NF facility in Mecklenburg County by relocating 5 NF beds from Warren Hills (Warren County), 10 NF beds from Cross Creek (Hyde County), 20 NF beds from Bermuda Commons (Davie County), 22 NF beds from Mary Gran (Sampson County), 7 NF beds from Liberty Commons of Columbus (Columbus County), 9 NF beds from Shoreland (Columbus County), and 10 NF beds from Legion Road Healthcare (Orange)	3/1/2018	5/22/2018	6/25/2018	\$15,307,416
Mecklenburg	F-011361-17	Carolinas HealthCare System Pineville	110878	HOSPITAL	Add 15 acute care beds for a total of 221 acute care beds upon completion	7/1/2017	11/27/2017	6/12/2018	\$1,115,000
Mecklenburg	F-011362-17	Carolinas Medical Center	943070	HOSPITAL	Add 45 new acute care beds for a total of 1,055 acute care beds upon completion	7/1/2017	11/27/2017	6/12/2018	\$1,200,000

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County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Moore	H-011459-18	FirstHealth Moore Regional Hospital	943358	HOSPITAL	Add 22 acute care beds for a total of 359 acute care beds upon project completion pursuant to a Need Determination in the 2018 <b>SMED</b>	3/1/2018	5/25/2018	6/29/2018	\$17,761,800
Perquimans	R-011454-18	Perquimans County Dialysis	140091	ESRD	Change of site and cost overrun for Project I.D. #R-10264-14 (develop a new ten-station dialysis facility in Hertford by relocating six stations from Elizabeth City Dialysis Center and four stations from Edenton Dialysis Center)	3/1/2018	5/25/2018	6/29/2018	\$435,233
Vance	K-011278-16	Henderson Senior Living	160566	ACH	Replace and relocate Green Bullock Assisted Living, a 129-bed ACH on a new site and rename Henderson <b>Senior Living</b>	12/1/2016	3/31/2017	6/1/2018	\$6,822,224
Wayne	P-011458-18	Wayne Memorial Hospital	933535	COS	Cost overrun for Project I.D. #P-11050-15 (expand and renovate surgical and endoscopy services) and Project I.D. #P-7554-06 (add 1 OR) for a total of 14 ORs, including one dedicated C-section OR, one hybrid OR, two outpatient ORs and 10 shared ORs	3/1/2018	5/25/2018	6/26/2018	\$13,580,577



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11455-18**

**FID #: 170018**

**ISSUED TO: Renal Treatment Centers – Mid Atlantic**

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: Cost overrun for Project I.D. #G-11289-17 (develop a new 10-station dialysis facility in Mebane by relocating four stations from Burlington Dialysis and six stations from North Burlington Dialysis)/ Alamance**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Mebane Dialysis  
630 North 1<sup>st</sup> Street  
Mebane, NC 27302**

**MAXIMUM CAPITAL EXPENDITURE: \$769,478**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: September 15, 2018**

This certificate is effective as of the 26<sup>th</sup> day of June, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Renal Treatment Centers-Mid-Atlantic, Inc. d/b/a Mebane Dialysis shall materially comply with the representations in this application and the representations in G-11289-17. Where representations conflict, Renal Treatment Centers-Mid-Atlantic, Inc. d/b/a Mebane Dialysis shall materially comply with the last made representation.
2. The total approved capital expenditure for Project I.D. # G-11289-17 and Project I.D. # G-11455-18 combined is \$2,357,912, an increase of \$769,478 over the previously approved capital expenditure of \$1,588,434.
3. Renal Treatment Centers-Mid-Atlantic, Inc. d/b/a Mebane Dialysis shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.
4. Renal Treatment Centers-Mid-Atlantic, Inc. d/b/a Mebane Dialysis 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 June 15, 2018.

**TIMETABLE:**

1. 75% of Construction/Renovation Completed \_\_\_\_\_ July 15, 2018
2. Construction/Renovation Completed \_\_\_\_\_ September 15, 2018
3. Equipment Operational \_\_\_\_\_ November 15, 2018
4. Services Offered \_\_\_\_\_ December 1, 2018
5. 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 #: H-11472-18**

**FID #: 061094**

**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: Add one dialysis station to existing facility for a total of no more than 17 stations upon project completion**

**CONDITIONS: See Reverse Side**

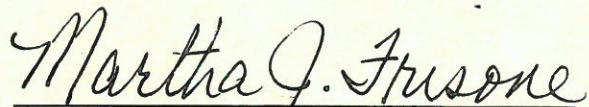
**PHYSICAL LOCATION: Fresenius Medical Care of Anson County  
2349 US Hwy 74 West  
Wadesboro, NC 28170**

**MAXIMUM CAPITAL EXPENDITURE: \$3,750**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 1, 2019**

This certificate is effective as of the 21<sup>st</sup> day of June, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care of Anson County shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2018 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than one additional dialysis station for a total of no more than 17 certified stations at Fresenius Medical Care of Anson County upon project completion which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care of Anson County shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station, which shall include any isolation or home hemodialysis training stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care of Anson 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 24, 2018.**

**TIMETABLE:**

- |    |  |       |                          |
|----|--|-------|--------------------------|
| 1. | <b>Financing Obtained</b>                              | _____ | <b>March 5, 2018</b>     |
| 2. | <b>Drawings Completed</b>                              | _____ | <b>October 10, 2018</b>  |
| 3. | <b>Equipment Ordered</b>                               | _____ | <b>October 17, 2018</b>  |
| 4. | <b>Equipment Installed</b>                             | _____ | <b>November 28, 2018</b> |
| 5. | <b>Equipment Operational</b>                           | _____ | <b>December 8, 2018</b>  |
| 6. | <b>Building/Space Occupied</b>                         | _____ | <b>December 8, 2018</b>  |
| 7. | <b>Services Offered</b>                                | _____ | <b>December 31, 2018</b> |
| 8. | <b>Medicare and/or Medicaid Certification Obtained</b> | _____ | <b>December 31, 2018</b> |



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director

June 28, 2018

William Hyland  
2321 West Morehead Street  
Charlotte, NC 28208

**Transmittal of Certificate of Need**

Project ID #: F-11452-18  
Facility: Cannon Dialysis  
Project Description: Develop a new eleven-station facility in Cabarrus County by relocating eight dialysis stations from Dialysis Care of Kannapolis in Rowan County and relocating three dialysis stations from North Charlotte Dialysis in Cabarrus County.  
County: Cabarrus  
FID #: 180049

Dear Mr. Hyland:

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

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

**The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209.** The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 2704 Mail Service Center, Raleigh, NC 27699-2704  
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

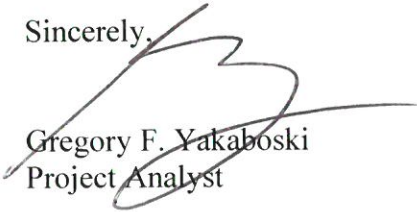
- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is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


**The first progress report on this project is due December 15, 2018.** Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

Please keep us informed of the progress in the development of this project. In the future, address your Progress Reports to Gregory F. Yakaboski, the Project Analyst for your county. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,

  
Gregory F. Yakaboski  
Project Analyst

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

Enclosures

cc: Acute & Home Care Licensure & Certification Section  
Amy Craddock, Assistant Chief, Healthcare Planning, DHSR

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11452-18**

**FID #: 180049**

**ISSUED TO: Total Renal Care of North Carolina, LLC**

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 eleven-station facility in Cabarrus County by relocating eight dialysis stations from Dialysis Care of Kannapolis in Rowan County and relocating three dialysis stations from North Charlotte Dialysis in Mecklenburg County / Cabarrus County**

**CONDITIONS: See Reverse Side**

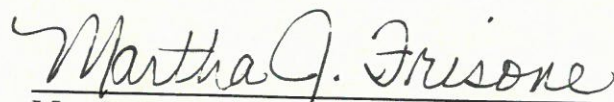
**PHYSICAL LOCATION: Cannon Dialysis  
267 North Cannon Boulevard  
Kannapolis, NC 28083**

**MAXIMUM CAPITAL EXPENDITURE: \$1,957,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: December 15, 2018**

This certificate is effective as of the 26th day of June 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC shall develop a new kidney disease treatment center to be known as Cannon Dialysis by relocating eight dialysis stations from Dialysis Care of Kannapolis and three dialysis stations from North Charlotte Dialysis.**
3. **Total Renal Care of North Carolina, LLC d/b/a Cannon Dialysis shall install plumbing and electrical wiring through the walls for no more than 11 dialysis stations which shall include any isolation stations.**
4. **Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify eight dialysis stations at Dialysis Care of Kannapolis for a total of no more than 20 dialysis stations at Dialysis Care of Kannapolis.**
5. **Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify three dialysis stations at North Charlotte Dialysis for a total of no more than 29 dialysis stations at North Charlotte Dialysis.**
6. **Total Renal Care of North Carolina, 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 June 15, 2018.**

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ November 1, 2018
2. Construction/Renovation Contract(s) Executed \_\_\_\_\_ January 1, 2019
3. 25% of Construction/Renovation Completed \_\_\_\_\_  
(25% of the cost is in place) \_\_\_\_\_ March 1, 2019
4. 50% of Construction/Renovation Completed \_\_\_\_\_ May 1, 2019
5. 75% of Construction/Renovation Completed \_\_\_\_\_ July 1, 2019
6. Construction/Renovation Completed \_\_\_\_\_ September 1, 2019
7. Equipment Operational \_\_\_\_\_ November 1, 2019
8. Building/Space Occupied \_\_\_\_\_ November 1, 2019
9. Services Offered \_\_\_\_\_ December 1, 2019
10. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: E-11453-18**

**FID #: 170469**

**ISSUED TO: Spartan Holdings, LLC  
Grace Village, 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: Relocate no more than 18 existing adult care home beds from Gateway Rehabilitation and Healthcare to Grace Village for a total of no more than 78 adult care beds upon completion of this project and Project I.D # E-11429-17 (develop a new adult care home and relocate 60 beds)/ Caldwell County**

**CONDITIONS: See Reverse Side**

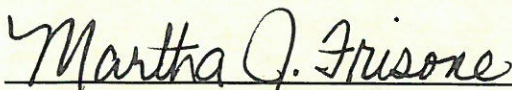
**PHYSICAL LOCATION: Grace Village  
New Farm Road  
Granite Falls, NC 28630**

**MAXIMUM CAPITAL EXPENDITURE: \$2,103,042**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: December 15, 2018**

This certificate is effective as of the 8<sup>th</sup> day of June, 2018.

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

**CONDITIONS:**

1. Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village shall materially comply with all representations made in the certificate of need application. Where representations made in this application and the original application differ, the Spartan Holdings, LLC and Grace Village, Inc. shall materially comply with the representation made in this application.
2. Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village shall relocate no more than 18 adult care home beds from Gateway Rehabilitation and Healthcare to Grace Village for a total of no more than 78 ACH beds upon completion of this project and Project I.D. # E-11429-17.
3. Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
4. For the first two years of operation following completion of the project, Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village shall not increase private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
5. 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, Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village 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. Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village 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 25, 2018.

**TIMETABLE:**

1.	Financing Obtained _____	March 15, 2019
2.	Drawings Completed _____	November 30, 2018
3.	Land Acquired _____	March 15, 2019
4.	Construction/Renovation Contract(s) Executed _____	April 1, 2019
5.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	August 1, 2019
6.	50% of Construction/Renovation Completed _____	November 15, 2019
7.	75% of Construction/Renovation Completed _____	April 15, 2020
8.	Construction/Renovation Completed _____	August 15, 2020
9.	Equipment Ordered _____	June 1, 2020
10.	Equipment Installed _____	August 1, 2020
11.	Equipment Operational _____	May 15, 2020
12.	Building/Space Occupied _____	August 15, 2020
13.	Licensure Obtained _____	October 1, 2020
14.	Services Offered _____	October 1, 2020
15.	Medicare and/or Medicaid Certification Obtained _____	October 1, 2020
16.	Final Annual Report Due _____	January 1, 2023



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: E-11480-18**

**FID #: 010648**

**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: Add one dialysis station for a total of no more than 25 stations upon completion of this project, Project I.D. #E-11209-16 (relocate six dialysis stations), and Project I.D. #E-11390-17 (add five dialysis stations) / Catawba**

**CONDITIONS: See Reverse Side**

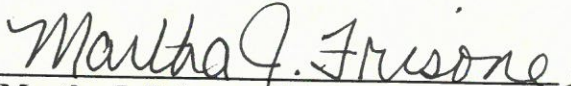
**PHYSICAL LOCATION: FMC of Catawba Valley  
301 10<sup>th</sup> Street NW, Suite C101  
Conover, NC 28613**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 26th day of June, 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 January 2018 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Catawba Valley shall develop no more than one additional dialysis station for a total of no more than 25 certified stations upon completion of this project, Project I.D. #E-11209-16 (relocate six dialysis stations), and Project I.D. #E-11390-17 (add five stations), which shall include any home hemodialysis training or isolation 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 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 June 5, 2018.**

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ March 15, 2018
2. Equipment Ordered \_\_\_\_\_ October 17, 2018
3. Equipment Installed \_\_\_\_\_ December 16, 2018
4. Equipment Operational \_\_\_\_\_ December 26, 2018
5. Building/Space Occupied \_\_\_\_\_ December 26, 2018
6. Services Offered \_\_\_\_\_ December 31, 2018
7. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ December 31, 2018



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director

June 28, 2018

Jim Swann  
3390 Dunn Road  
Eastover, NC 28312

**Transmittal of Certificate of Need**

Project ID #: E-11480-18  
Facility: FMC of Catawba Valley  
Project Description: Add one dialysis station for a total of 25 dialysis stations upon completion of this project, Project I.D. #E-11209-16 (relocate six dialysis stations), and Project I.D. #E-11390-17 (add five stations)  
County: Catawba  
FID #: 010648

Dear Mr. Swann:

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

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

**The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209.** The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 2704 Mail Service Center, Raleigh, NC 27699-2704  
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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

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

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

Please keep us informed of the progress in the development of this project. In the future, address your Progress Reports to Julia Faenza, the Project Analyst for your county. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Julie M. Faenza  
Project Analyst



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

Enclosures

cc: Acute and Home Care Licensure and Certification Section, DHSR  
Amy Craddock, Assistant Chief, Healthcare Planning, DHSR

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11465-18**

**FID #: 932966**

**ISSUED TO: Batangas Consulting, LLC**

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: Add no more than 21 NF beds to Bermuda Village Retirement Center for a total of no more than 36 NF beds and 21 ACH beds pursuant to Need Determination in 2018 SMFP / Davie County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Bermuda Village Retirement Center  
142 Bermuda Village Drive  
Bermuda Run, NC 27006**

**MAXIMUM CAPITAL EXPENDITURE: \$100,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 15, 2018**

This certificate is effective as of the 12<sup>th</sup> day of June, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Batangas Consulting, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Batangas Consulting, LLC shall materially comply with the last-made representation.
2. Batangas Consulting, LLC shall develop no more than 21 nursing facility beds for a total of 36 licensed nursing facility beds and 21 licensed adult care home beds upon project completion.
3. For the first two years of operation following completion of the project, Batangas Consulting, 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.
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, Batangas Consulting, 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. Batangas Consulting, 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 May 21, 2018.

**TIMETABLE:**

- |    |   |                   |
|----|---|-------------------|
| 1. | Building/Space Occupied _____                         | October 1, 2018   |
| 2. | Licensure Obtained _____                              | October 1, 2018   |
| 3. | Services Offered _____                                | October 1, 2018   |
| 4. | Medicare and/or Medicaid Certification Obtained _____ | October 1, 2018   |
| 5. | Final Annual Report Due _____                         | December 31, 2021 |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11456-18**

**FID #: 160396**

**ISSUED TO: DVA Renal Healthcare, 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: Cost overrun for Project I.D. #J-11216-16 (develop a new 10-station dialysis facility in Durham by relocating three dialysis stations from Durham Dialysis and seven dialysis stations from Durham West Dialysis)/ Durham County**

**CONDITIONS: See Reverse Side**

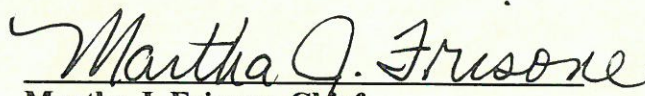
**PHYSICAL LOCATION: Durham Regional Dialysis  
3901 North Roxboro Road  
Durham, NC 27704**

**MAXIMUM CAPITAL EXPENDITURE: \$559,373**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 22<sup>nd</sup> day of June, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. DVA Renal Healthcare, Inc. d/b/a Durham Regional Dialysis shall materially comply with the representations in this application and the representations in Project I.D. # J-11216-16. Where representations conflict, DVA Renal Healthcare, Inc. d/b/a Durham Regional Dialysis shall materially comply with the last made representation.
2. The total approved capital expenditure for Project I.D. # J-11216-16 and Project I.D. # J-11456-18 combined is \$2,766,317, an increase of \$559,373 over the previously approved capital expenditure of \$2,206,944.
3. DVA Renal Healthcare, Inc. d/b/a Durham Regional Dialysis shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.
4. DVA Renal Healthcare, Inc. d/b/a Durham Regional Dialysis 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 June 15, 2018.

**TIMETABLE:**

1. Construction/Renovation Contract(s) Executed \_\_\_\_\_ June 1, 2018
2. 50% of Construction/Renovation Completed \_\_\_\_\_ September 1, 2018
3. Equipment Operational \_\_\_\_\_ November 15, 2018
4. Services Offered \_\_\_\_\_ December 1, 2018
5. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2019



# STATE OF NORTH CAROLINA

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

## **CORRECTED 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 8<sup>th</sup> day of May, 2018  
Corrected certificate issued June 21, 2018

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

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC, d/b/a Bull City Dialysis shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD 2, Total Renal Care of North Carolina, LLC shall relocate 16 stations from Duke Hospital Dialysis to Bull City Dialysis for a total of 16 stations at Bull City Dialysis upon project completion.
3. Total Renal Care of North Carolina, LLC, d/b/a Bull City Dialysis shall install plumbing and electrical wiring through the walls for no more than 16 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Prior to the issuance of the certificate of need Total Renal Care of North Carolina, LLC, d/b/a Bull City Dialysis shall provide documentation of the existence of ancillary and support services agreements at Bull City Dialysis.
5. Total Renal Care of North Carolina, LLC, d/b/a Bull City Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director

June 21, 2018

William Hyland  
2321 West Morehead Street  
Charlotte, NC 28208

**Corrected Transmittal of Certificate of Need**

Project ID #: J-11450-18  
Facility: Bull City Dialysis  
Project Description: 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.  
County: Mecklenburg  
FID #: 180047

Dear Mr. Hyland:

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

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

**The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209.** The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 2704 Mail Service Center, Raleigh, NC 27699-2704  
www.ncdhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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

**The first progress report on this project is due November 30, 2018.** Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

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

Sincerely,



Bernetta Thorne-Williams  
Project Analyst



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

BTW:MJF:enb

Enclosures

cc: Acute and Home Care Licensure and Certification Section, DHSR  
Amy Craddock, Assistant Chief, Healthcare Planning, DHSR

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-011468-18**

**FID #: 944758**

**ISSUED TO: Wake Forest University Health Sciences  
Salem Kidney Center of Wake Forest University**

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: Add no more than 6 dialysis stations for a total of no more than 45 stations / Forsyth County**

**CONDITIONS: See Reverse Side**

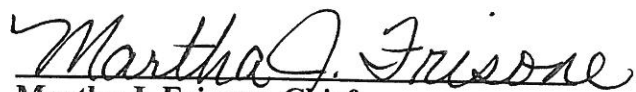
**PHYSICAL LOCATION: Salem Kidney Center  
2705 Boulder Park Court  
Winston-Salem, NC 27101-4776**

**MAXIMUM CAPITAL EXPENDITURE: \$105,600**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 15, 2019**

This certificate is effective as of the 21st day of June, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2018 SDR, Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University Dialysis shall develop no more than six additional dialysis stations for a total of no more than 45 certified dialysis stations at Salem Kidney Center upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University 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 June 11, 2018.

**TIMETABLE:**

- |    |   |                   |
|----|---|-------------------|
| 1. | Financing Obtained _____                              | January 1, 2018   |
| 2. | Drawings Completed _____                              | March 2, 2018     |
| 3. | Equipment Ordered _____                               | October 30, 2018  |
| 4. | Equipment Installed _____                             | November 30, 2018 |
| 5. | Equipment Operational _____                           | December 31, 2018 |
| 6. | Services Offered _____                                | December 31, 2018 |
| 7. | 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-11466-18**

**FID #: 180100**

**ISSUED TO: Arbor Ridge at Stanleyville, LLC**

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 and relocate no more than 26 ACH beds to Arbor Ridge at Stanleyville (independent living facility) from The Crest at Clemmons for a total of no more than 26 ACH beds upon project completion. All 26 ACH beds will be SCU beds / Forsyth County**

**CONDITIONS: See Reverse Side**

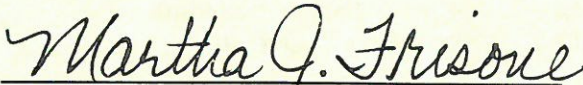
**PHYSICAL LOCATION: Arbor Ridge at Stanleyville  
350 Arbor View Lane  
Winston-Salem, NC 27105**

**MAXIMUM CAPITAL EXPENDITURE: \$2,508,970**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 1, 2019**

This certificate is effective as of the 12<sup>th</sup> day of June, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Arbor Ridge at Stanleyville, 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 Stanleyville, LLC shall materially comply with the last made representation.
2. Arbor Ridge at Stanleyville, LLC shall acquire and relocate no more than 26 adult care home beds from The Crest of Clemmons to Arbor Ridge at Stanleyville, for a facility total of no more than 26 adult care home beds, which may be a special care unit if a Special Care Unit Moratorium Exception is granted, following completion of the project.
3. Approval by the Healthcare Planning and Certificate of Need Section to develop the proposed special care unit beds means only that the applicant is authorized to construct the proposed special care unit beds. It does not mean that the applicant will be able to obtain a license for the special care unit beds if a moratorium on licensure of special care unit beds is still in effect. In that instance, the applicant would need to demonstrate that they meet the criteria for an exception and it be granted by the Secretary of the Department of Health and Human Services.
4. Arbor Ridge at Stanleyville, 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, The Arbor Ridge at Stanleyville, LLC shall not increase 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.
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, Arbor Ridge at Stanleyville, 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.
7. Arbor Ridge at Stanleyville, 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 June 5, 2018.

**TIMETABLE:**

1.	Financing Obtained _____	December 2, 2018
2.	Drawings Completed _____	November 30, 2018
3.	Construction/Renovation Contract(s) Executed _____	January 2, 2019
4.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	March 29, 2019
5.	50% of Construction/Renovation Completed _____	June 28, 2019
6.	75% of Construction/Renovation Completed _____	September 28, 2019
7.	Construction/Renovation Completed _____	December 22, 2019
8.	Building/Space Occupied _____	January 1, 2020
9.	Licensure Obtained _____	January 1, 2020
10.	Services Offered _____	January 1, 2020
11.	Medicare and/or Medicaid Certification Obtained _____	January 1, 2020
12.	Facility or Service Accredited _____	January 1, 2020
13.	Final Annual Report Due _____	March 30, 2024



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11467-18**

**FID #: 180104**

**ISSUED TO: The Moses H. Cone Memorial Hospital  
The Moses H. Cone Memorial Hospital Operating Corporation**

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 satellite emergency department and diagnostic imaging center to include a CT scanner, diagnostic radiography, ultrasound, mammography, and bone densitometry/ Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: MedCenter Drawbridge  
3516 Drawbridge Pkwy  
Greensboro, NC 27410**

**MAXIMUM CAPITAL EXPENDITURE: \$23,491,739**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: March 1, 2019**

This certificate is effective as of the 1<sup>st</sup> day of June, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application.
2. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall develop a hospital-based satellite emergency department and diagnostic imaging center, including 24/7 emergency services, computed tomography, diagnostic radiography, ultrasound, mammography, and bone densitometry.
3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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, The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 25, 2018.

**TIMETABLE:**

- |     |  |                   |
|-----|--|-------------------|
| 1.  | Drawings Completed _____                           | October 15, 2018  |
| 2.  | Construction/Renovation Contract(s) Executed _____ | November 16, 2018 |
| 3.  | 25% of Construction/Renovation Completed           |                   |
| 4.  | (25% of the cost is in place) _____                | February 22, 2019 |
| 5.  | 50% of Construction/Renovation Completed _____     | May 31, 2019      |
| 6.  | 75% of Construction/Renovation Completed _____     | September 6, 2019 |
| 7.  | Construction/Renovation Completed _____            | December 31, 2019 |
| 8.  | Equipment Ordered _____                            | October 10, 2018  |
| 9.  | Equipment Installed _____                          | January 8, 2020   |
| 10. | Equipment Operational _____                        | April 1, 2020     |
| 11. | Building/Space Occupied _____                      | April 1, 2020     |
| 12. | Services Offered _____                             | April 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 #: M-11448-18**

**FID #: 50131**

**ISSUED TO: Fresenius Medical Care of Lillington, LLC**

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: Relocate two dialysis stations from Carolina Dialysis – Sanford to FMC Lillington for a total of no more than 16 dialysis stations at FMC Lillington and no more than 34 dialysis stations at Carolina Dialysis – Sanford upon project completion/ Harnett County**

**CONDITIONS: See Reverse Side**

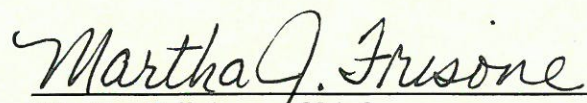
**PHYSICAL LOCATION: Fresenius Medical Care of Lillington  
1605 S. Main Street  
Lillington, NC 27546**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 1, 2019**

This certificate is effective as of the 4<sup>th</sup> day of June, 2018.

  
Martha J. Frisone, Chief

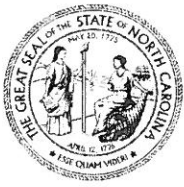
**CONDITIONS:**

1. Fresenius Medical Care of Lillington, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Fresenius Medical Care of Lillington shall relocate two dialysis stations from Carolina Dialysis Sanford to FMC Lillington for a total of no more than 16 stations at FMC Lillington upon project completion.
3. Fresenius Medical Care of Lillington, LLC shall install plumbing and electrical wiring through the walls for no more than two dialysis stations which shall include any isolation stations.
4. Upon completion of this project, Fresenius Medical Care of Lillington, LLC shall take the necessary steps to decertify two dialysis stations at Carolina Dialysis Sanford for a total of no more than 34 dialysis stations at Carolina Dialysis Sanford upon project completion.
5. Fresenius Medical Care of Lillington, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to 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 June 4, 2018.

**TIMETABLE:**

- |    |   |                   |
|----|---|-------------------|
| 1. | Equipment Ordered _____                               | September 9, 2018 |
| 2. | Equipment Installed _____                             | November 8, 2018  |
| 3. | Equipment Operational _____                           | November 22, 2018 |
| 4. | Services Offered _____                                | December 31, 2018 |
| 5. | Medicare and/or Medicaid Certification Obtained _____ | December 31, 2018 |



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director

June 5, 2018

Jim Swann  
3390 Dunn Road  
Eastover, NC 28312

**Transmittal of Certificate of Need**

Project ID #: M-11448-18  
Facility: Fresenius Medical Care of Lillington  
Project Description: Relocate two dialysis stations from Carolina Dialysis - Sanford to FMC Lillington for a total of 16 dialysis stations at FMC Lillington and 34 stations at Carolina Dialysis – Sanford upon project completion  
County: Harnett  
FID #: 050131

Dear Mr. Swann:

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

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

**The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209.** The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 2704 Mail Service Center, Raleigh, NC 27699-2704  
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

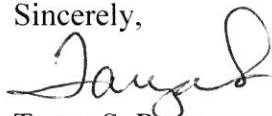
- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is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

**The first progress report on this project is due February 1, 2019.** Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.


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

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

Sincerely,



Tanya S. Rupp  
Project Analyst



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

TSR:MJF:enb

Enclosures

cc: Acute and Home Care Licensure and Certification Section, DHR  
Amy Craddock, Assistant Chief, Healthcare Planning, DHR

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11462-18**

**FID #: 180099**

**ISSUED TO: Liberty Commons of Mecklenburg, LLC  
Mecklenburg County Healthcare Properties, LLC**

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 100-bed NF facility in Mecklenburg County by relocating 13 NF beds from The Oaks (Forsyth County), 20 NF beds from Warren Hills (Warren County), 20 NF beds from Cross Creek (Hyde County), 2 NF beds from Bermuda Commons (Davie County), and 45 NF beds from Mary Gran / Sampson County**

**CONDITIONS: See Reverse Side**

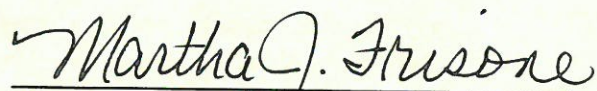
**PHYSICAL LOCATION: Liberty Commons of Mecklenburg Health and Rehabilitation Center  
19100 Old Statesville Road  
Cornelius, NC 28031**

**MAXIMUM CAPITAL EXPENDITURE: \$18,604,791**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 15, 2020**

This certificate is effective as of the 26th of June 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Liberty Commons of Mecklenburg, LLC, and Mecklenburg County Healthcare Properties, LLC shall materially comply with all representations made in the certificate of need application.**
2. **Liberty Commons of Mecklenburg, LLC, and Mecklenburg County Healthcare Properties, LLC shall develop a new 100-bed NF, Liberty Commons of Mecklenburg, in Mecklenburg County by relocating 13 NF beds from The Oaks (Forsyth County), 20 NF beds from Warren Hills (Warren County), 20 NF beds from Cross Creek (Hyde County), 2 NF beds from Bermuda Commons (Davie County), and 45 NF beds from Mary Gran (Sampson County).**
3. **Upon completion of the project, Liberty Commons of Mecklenburg Health and Rehabilitation Center, shall be licensed for no more than 100 nursing facility beds.**
4. **Upon completion of the project The Oaks (Forsyth County) shall be licensed for no more than 118 nursing facility beds, Warren Hills (Warren County) shall be licensed for no more than 120 nursing facility beds, Cross Creek (Hyde County) shall be licensed for no more than 60 nursing facility beds, Bermuda Commons (Davie County) shall be licensed for no 115 nursing facility beds, and Mary Gran (Sampson County) shall be licensed for no more than 167 nursing facility beds.**
5. **Liberty Commons of Mecklenburg, LLC. 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.**
6. **For the first two years of operation following completion of the project, Liberty Commons of Mecklenburg, LLC shall not increase 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 year of operation following initiation of the services authorized by this certificate of need, Liberty Commons of Mecklenburg, 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. **Liberty Commons of Mecklenburg, LLC, and Mecklenburg County Healthcare Properties, LLC shall acknowledge acceptance of and agree to comply with all**

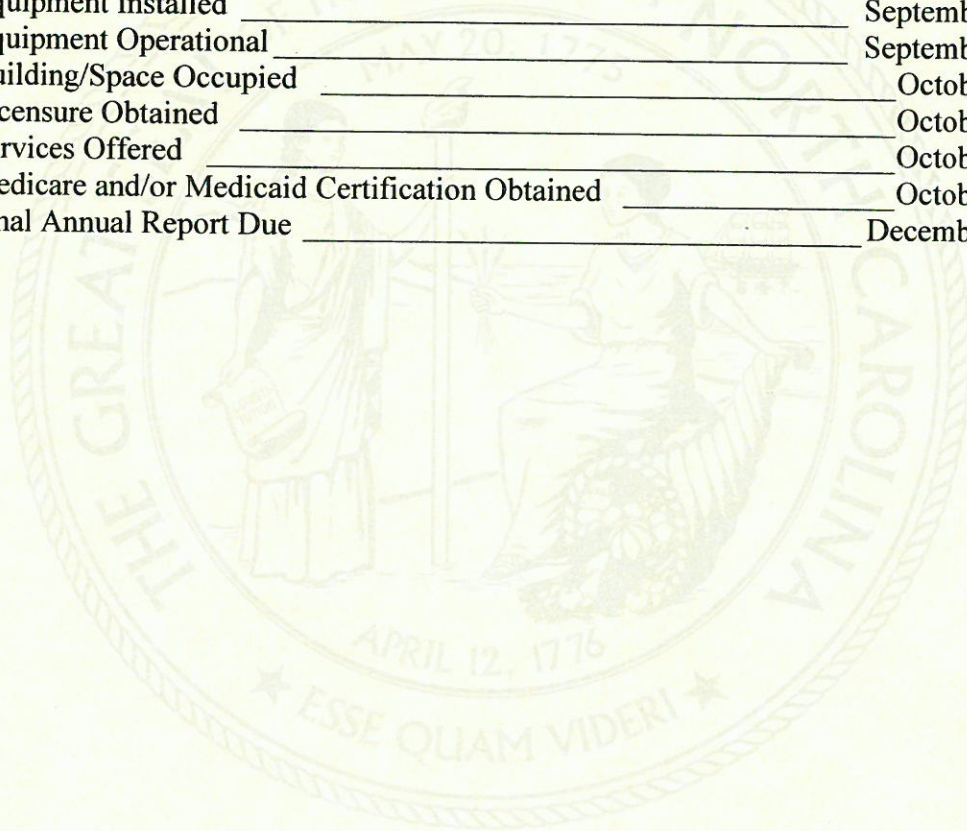


conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

1.	Drawings Completed _____	October 01, 2020
2.	Land Acquired _____	January 01, 2020
3.	Construction/Renovation Contract(s) Executed _____	June 01, 2021
4.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	March 01, 2022
5.	50% of Construction/Renovation Completed _____	August 01, 2022
6.	75% of Construction/Renovation Completed _____	January 01, 2023
7.	Construction/Renovation Completed _____	July 01, 2023
8.	Equipment Ordered _____	July 01, 2023
9.	Equipment Installed _____	September 01, 2023
10.	Equipment Operational _____	September 01, 2023
11.	Building/Space Occupied _____	October 01, 2023
12.	Licensure Obtained _____	October 01, 2023
13.	Services Offered _____	October 01, 2023
14.	Medicare and/or Medicaid Certification Obtained _____	October 01, 2023
15.	Final Annual Report Due _____	December 30, 2026



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11463-18**

**FID #: 180102**

**ISSUED TO:** The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Rehabilitation

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:** Consolidate and relocate outpatient rehabilitation services in Pineville to a new medical office building in Pineville / Mecklenburg County

**CONDITIONS:** See Reverse Side

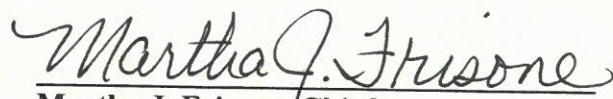
**PHYSICAL LOCATION:** Carolinas Rehabilitation  
10660 Park Road  
Pineville, NC 28210

**MAXIMUM CAPITAL EXPENDITURE:** \$3,900,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 26<sup>th</sup> day of June, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall consolidate and relocate its existing outpatient rehabilitation services in Pineville to a new medical office building.
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, The Charlotte-Mecklenburg Hospital Authority 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. The Charlotte-Mecklenburg Hospital Authority 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 June 5, 2018.

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ September 01, 2018
- Construction/Renovation Contract(s) Executed \_\_\_\_\_ September 10, 2018
2. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ October 19, 2018
3. 50% of Construction/Renovation Completed \_\_\_\_\_ November 30, 2018
4. 75% of Construction/Renovation Completed \_\_\_\_\_ January 11, 2019
5. Construction/Renovation Completed \_\_\_\_\_ March 01, 2019
6. Equipment Ordered \_\_\_\_\_ September 15, 2018
7. Equipment Installed \_\_\_\_\_ March 01, 2019
8. Equipment Operational \_\_\_\_\_ March 22, 2019
9. Building/Space Occupied \_\_\_\_\_ April 01, 2019
10. Services Offered \_\_\_\_\_ April 01, 2019
11. Final Annual Report Due \_\_\_\_\_ June 30, 2022



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director

June 29, 2018

Elizabeth Kirkman  
2709 Water Ridge Parkway, Suite 200  
Charlotte, NC 28217

**Transmittal of Certificate of Need**

Project ID #: F-11463-18  
Facility: Carolinas Rehabilitation  
Project Description: Consolidate and relocate outpatient rehabilitation services in Pineville to a new medical office building in Pineville  
County: Mecklenburg  
FID #: 180102

Dear Ms. Kirkman:

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

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

**The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209.** The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 2704 Mail Service Center, Raleigh, NC 27699-2704  
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

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

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

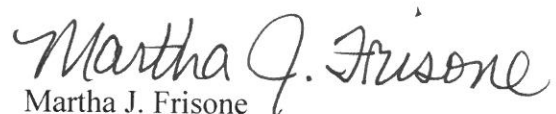
Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason,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

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

Sincerely,



Julie M. Faenza  
Project Analyst



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

Enclosures

cc: Construction Section, DHSR  
Acute & Home Care Licensure & Certification Section, DHSR  
Amy Craddock, Assistant Chief, Healthcare Planning, DHSR

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11461-18**

**FID #: 180101**

**ISSUED TO:** Liberty Commons of Mecklenburg, LLC  
Mecklenburg County Healthcare Properties, LLC

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 nursing facility (NF) in Mecklenburg County with no more than 83 NF beds by relocating:

- 5 NF beds from Warren Hills (Warren County)
- 10 NF beds from Cross Creek (Hyde County)
- 20 NF beds from Bermuda Commons (Davie County)
- 22 NF beds from Mary Gran (Sampson County)
- 7 NF beds from Liberty Commons of Columbus (Columbus County)
- 9 NF beds from Shoreland (Columbus County) and
- 10 NF beds from Legion Road Healthcare (Orange County)

**CONDITIONS:** See Reverse Side

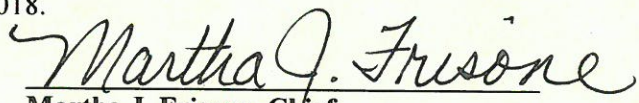
**PHYSICAL LOCATION:** Liberty Commons Nursing and Rehabilitation Center of Mint Hill  
7712 Wilson Grove Road  
Mint Hill, NC 28277

**MAXIMUM CAPITAL EXPENDITURE:** \$15,307,416

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 22<sup>nd</sup> day of June 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall materially comply with all representations made in the certificate of need application.
2. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall develop a new nursing care facility with no more than 83 nursing care beds in Mecklenburg County by relocating five nursing facility beds from Warren Hills (Warren County), ten beds from Cross Creek (Hyde County), 20 beds from Bermuda Commons (Davie County), 22 beds from Mary Gran (Sampson County), seven beds from Liberty Commons of Columbus (Columbus County), nine beds from Shoreland (Columbus County), and ten beds from Legion Road Healthcare (Orange County).
3. Upon completion of the project, Warren Hills shall be licensed for no more than 135 nursing care beds, Cross Creek shall be licensed for no more than 70 nursing care beds, Bermuda Commons shall be licensed for no more than 97 nursing care beds, Mary Gran shall be licensed for no more than 190 nursing care beds, Liberty Commons of Columbus shall be licensed for no more than 100 nursing care beds, Shoreland shall be licensed for no more than 80 nursing care beds, and Legion Road Healthcare shall be licensed for no more than 123 nursing care beds and seven adult care home beds.
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, Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, 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. For the first two years of operation following completion of the project, Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section X.4 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. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, 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 May 28, 2018.

**TIMETABLE:**

1.	Drawings Completed _____	October 1, 2020
2.	Construction/Renovation Contract(s) Executed _____	June 1, 2021
3.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	March 1, 2022
4.	50% of Construction/Renovation Completed _____	August 1, 2022
5.	75% of Construction/Renovation Completed _____	January 1, 2023
6.	Construction/Renovation Completed _____	July 1, 2023
7.	Facility or Licensed/Service offered _____	October 1, 2023
8.	Final Annual Report Due _____	January 1, 2027

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11361-17**

**FID #: 110878**

**ISSUED TO: Mercy 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: Develop no more than 15 additional acute care beds for a total of no more than 221 acute care beds / Mecklenburg County**

**CONDITIONS: See Reverse Side**

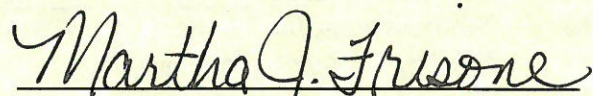
**PHYSICAL LOCATION: Carolinas HealthCare System Pineville  
10628 Park Road  
Pineville, NC 28210**

**MAXIMUM CAPITAL EXPENDITURE: \$1,115,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 7<sup>th</sup> day of June, 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 develop 15 additional acute care beds.
3. Upon completion of the project, Carolinas HealthCare System Pineville shall be licensed for no more than 221 acute care beds.
4. 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 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, 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 December 11, 2017.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ July 15, 2018
2. Construction/Renovation Contract(s) Executed \_\_\_\_\_ July 31, 2018
3. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ August 15, 2018
4. 50% of Construction/Renovation Completed \_\_\_\_\_ August 31, 2018
5. 75% of Construction/Renovation Completed \_\_\_\_\_ September 15, 2018
6. Construction/Renovation Completed \_\_\_\_\_ September 30, 2018
7. Equipment Ordered \_\_\_\_\_ August 1, 2018
8. Equipment Installed \_\_\_\_\_ September 15, 2018
9. Equipment Operational \_\_\_\_\_ September 30, 2018
10. Building/Space Occupied \_\_\_\_\_ October 1, 2018
11. Licensure Obtained \_\_\_\_\_ October 1, 2018
12. Services Offered \_\_\_\_\_ October 1, 2018
13. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ October 1, 2018
14. Facility or Service Accredited \_\_\_\_\_ October 1, 2018
15. Final Annual Report Due \_\_\_\_\_ January 1, 2022

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11362-17**

**FID #: 943070**

**ISSUED TO: The Charlotte-Mecklenburg Hospital Authority**

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 no more than 45 additional acute care beds for a total of no more than 1,055 acute care beds / Mecklenburg County**

**CONDITIONS: See Reverse Side**

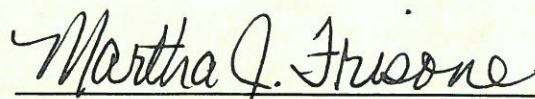
**PHYSICAL LOCATION: Carolinas Medical Center  
1000 Blythe Boulevard  
Charlotte, NC 28203**

**MAXIMUM CAPITAL EXPENDITURE: \$1,200,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 7<sup>th</sup> day of June, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall develop 45 additional acute care beds.
3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 1,055 acute care beds.
4. The Charlotte-Mecklenburg Hospital Authority shall not acquire as part of this project any equipment that is not included in the project's proposed capital 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, The Charlotte-Mecklenburg Hospital Authority 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. The Charlotte-Mecklenburg Hospital Authority 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 December 11, 2017.

**TIMETABLE:**

- |     |   |                    |
|-----|---|--------------------|
| 1.  | Drawings Completed _____  | July 15, 2018      |
| 2.  | Construction/Renovation Contract(s) Executed _____                              | August 2, 2018     |
| 3.  | 25% of Construction/Renovation Completed<br>(25% of the cost is in place) _____ | August 12, 2018    |
| 4.  | 50% of Construction/Renovation Completed _____                                  | August 23, 2018    |
| 5.  | 75% of Construction/Renovation Completed _____                                  | September 5, 2018  |
| 6.  | Construction/Renovation Completed _____   | September 15, 2018 |
| 7.  | Equipment Ordered _____   | August 1, 2018     |
| 8.  | Equipment Installed _____   | September 22, 2018 |
| 9.  | Equipment Operational _____   | October 1, 2018    |
| 10. | Building/Space Occupied _____   | October 1, 2018    |
| 11. | Licensure Obtained _____  | October 1, 2018    |
| 12. | Services Offered _____  | October 1, 2018    |
| 13. | Medicare and/or Medicaid Certification Obtained _____                           | October 1, 2018    |
| 14. | Facility or Service Accredited _____  | October 1, 2018    |
| 15. | Final Annual Report Due _____   | January 1, 2022    |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: H-11459-18**

**FID #: 943358**

**ISSUED TO: FirstHealth of the Carolinas, 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: Add no more than 22 acute care beds pursuant to the need determination in the 2018 SMFP for a total of no more than 359 acute care beds upon project completion/ Moore County**

**CONDITIONS: See Reverse Side**

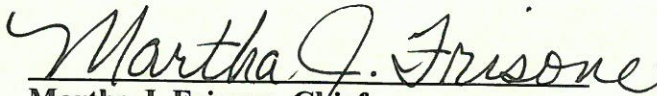
**PHYSICAL LOCATION: FirstHealth Moore Regional Hospital  
155 Memorial Drive  
Pinehurst, NC 28374**

**MAXIMUM CAPITAL EXPENDITURE: \$17,761,800**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: March 1, 2019**

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

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. FirstHealth of the Carolinas, Inc. shall materially comply with all representations made in the certificate of need application.
2. FirstHealth Moore Regional Hospital shall develop 22 additional acute care beds pursuant to the need determination in the 2018 State Medical Facilities Plan.
3. Upon completion of the project, FirstHealth Moore Regional Hospital shall be licensed for no more than 359 acute care beds.
4. 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 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, 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.
6. 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 June 27, 2018.

**TIMETABLE:**

- |     |   |                   |
|-----|---|-------------------|
| 1.  | Financing Obtained _____  | February 10, 2018 |
| 2.  | Drawings Completed _____  | February 01, 2019 |
| 3.  | Construction/Renovation Contract(s) Executed _____                              | April 01, 2019    |
| 4.  | 25% of Construction/Renovation Completed<br>(25% of the cost is in place) _____ | August 01, 2019   |
| 5.  | 50% of Construction/Renovation Completed _____                                  | December 01, 2019 |
| 6.  | 75% of Construction/Renovation Completed _____                                  | April 01, 2019    |
| 7.  | Construction/Renovation Completed _____   | August 01, 2019   |
| 8.  | Building/Space Occupied _____   | October 01, 2020  |
| 9.  | Services Offered _____  | October 01, 2020  |
| 10. | 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 #: R-11454-18**

**FID #: 140091**

**ISSUED TO: DVA Healthcare Renal Care, 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: Change of site and cost overrun for Project I.D. #R-10264-14 (develop a new 10-station dialysis facility in Hertford by relocating six stations from Elizabeth City Dialysis Center and four stations from Edenton Dialysis Center/ Perquimans County**

**CONDITIONS: See Reverse Side**

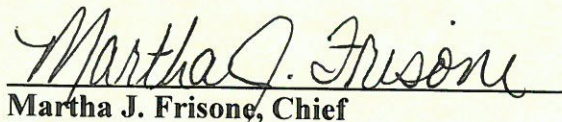
**PHYSICAL LOCATION: Perquimans County Dialysis  
210 Highway 17 South  
Hertford, NC 27944**

**MAXIMUM CAPITAL EXPENDITURE: \$435,233**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: September 15, 2018**

This certificate is effective as of the 26<sup>th</sup> day of June, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Perquimans County Dialysis shall materially comply with the representations in this application and the representations in Project I.D. #R-10264-14. Where representations conflict, DVA Healthcare Renal Care, Inc. d/b/a Perquimans County Dialysis shall materially comply with the last made representation.
2. The total approved capital expenditure for Project I.D. #R-10264-14 and Project I.D. #R-11454-18 combined is \$1,821,999, an increase of \$435,233 over the previously approved capital expenditure of \$1,386,766.
3. DVA Healthcare Renal Care, Inc. d/b/a Perquimans County Dialysis shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.
4. DVA Healthcare Renal Care, Inc. d/b/a Perquimans County Dialysis 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 June 15, 2018.

**TIMETABLE:**

1. Construction / Renovation Contract Executed \_\_\_\_\_ June 1, 2018
2. 50% of Construction / Renovation Completed \_\_\_\_\_ September 1, 2018
3. Services Offered \_\_\_\_\_ December 1, 2018
4. 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 #: K-11278-16**

**FID #: 160566**

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

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:** Replace and relocate Green-Bullock Assisted Living, a 129-bed adult care home, on a new site and rename it Henderson Senior Living/ Vance County

**CONDITIONS:** See Reverse Side

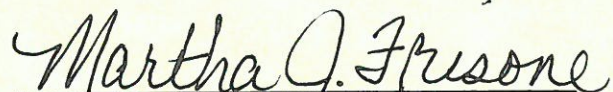
**PHYSICAL LOCATION:** Henderson Senior Living  
Graham Street  
Henderson, NC 27536

**MAXIMUM CAPITAL EXPENDITURE:** \$6,822,224

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** May 1, 2019

This certificate is effective as of the 28<sup>th</sup> day of March, 2018

  
Martha J. Frisone, Chief

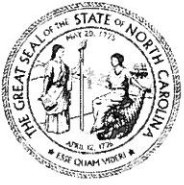


**CONDITIONS:**

1. Vance Propco, LLC and Vanco Opco, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Vance Propco, LLC and Vanco Opco, LLC shall materially comply with the last made representation.
2. Vance Propco, LLC and Vanco Opco, LLC shall replace and relocate Green-Bullock Assisted Living, a 129-bed ACH on a new site and rename it Henderson Senior Living.
3. Upon completion of the project, Henderson Senior Living shall be licensed for no more than 129 adult care home beds.
4. Henderson Senior Living 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, Henderson Senior Living 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, Henderson Senior Living 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:**

- |     |   |                   |
|-----|---|-------------------|
| 1.  | Financing Obtained  | April 2, 2019     |
| 2.  | Drawings Completed  | July 15, 2019     |
| 3.  | Land Acquired   | April 2, 2019     |
| 4.  | Construction/Renovation Contract(s) Executed                              | February 1, 2019  |
| 5.  | 25% of Construction/Renovation Completed<br>(25% of the cost is in place) | August 6, 2019    |
| 6.  | 50% of Construction/Renovation Completed                                  | December 23, 2019 |
| 7.  | 75% of Construction/Renovation Completed                                  | March 25, 2020    |
| 8.  | Construction/Renovation Completed   | June 17, 2020     |
| 9.  | Licensure Obtained  | August 1, 2020    |
| 10. | Services Offered  | August 1, 2020    |
| 11. | State-County Special Assistance with Medicaid Certification Obtained      | August 1, 2020    |
| 12. | Facility or Service Accredited  | August 1, 2020    |
| 13. | Final Annual Report Due   | November 1, 2023  |



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director

June 1, 2018

Hunter Trefzger  
P.O. Box 2568  
Hickory, NC 28603

**Transmittal of Certificate of Need**

Project ID #: K-11278-16  
Facility: Henderson Senior Living  
Project Description: Replace and relocate Green-Bullock Assisted Living, a 129-bed adult care home, on a new site and rename it Henderson Senior Living.  
County: Vance  
FID #: 160566

Dear Mr. White:

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

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

**The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209.** The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 2704 Mail Service Center, Raleigh, NC 27699-2704  
[www.ncdhhs.gov/dhsr/](http://www.ncdhhs.gov/dhsr/) • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

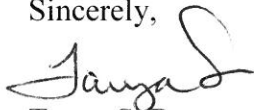
- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is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


**The first progress report on this project is due May 1, 2019.** Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

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

Sincerely,

  
Tanya S. Rupp  
Project Analyst

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

TSR:MJF:enb

Enclosures

cc: Construction Section, DHSR  
Adult Care Licensure Section, DHSR  
Amy Craddock, Assistant Chief, Healthcare Planning, DHSR

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11458-18**

**FID #: 933535**

**ISSUED TO: Wayne 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: Cost overrun for Project I.D. #P-11050-15 (expand and renovate surgical and endoscopy services including one dedicated C-section OR, one hybrid OR, no more than two outpatient ORs and no more than ten shared ORs) and Project I.D. #P-7554-06 develop a multi-specialty ambulatory surgical facility with no more than 3 ORs (one new OR and two ORs relocated from the hospital)/ Wayne County**

**CONDITIONS: See Reverse Side**

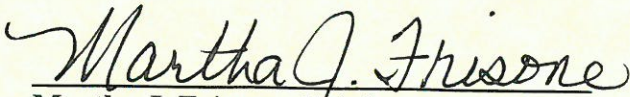
**PHYSICAL LOCATION: Wayne Memorial Hospital  
2700 Wayne Memorial Drive  
Goldsboro, NC 27534**

**MAXIMUM CAPITAL EXPENDITURE: \$13,580,577**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 26<sup>th</sup> day of June, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Wayne Memorial Hospital, Inc. shall materially comply with the representations in this application and representations in Project I.D. # P-11050-15. Where representations conflict, Wayne Memorial Hospital, Inc. shall materially comply with the last made representation.
2. The total approved capital expenditure for both Project I.D. # P-11050-15 and Project I.D. # P-11458-18 is \$47,993,810.
3. Wayne Memorial Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section Q of the application 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, Wayne 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.
5. Wayne 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 June 20, 2018.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ February 5, 2016
2. Construction/Renovation Contract(s) Executed \_\_\_\_\_ December 29, 2016
3. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ July 23, 2017
4. 50% of Construction/Renovation Completed \_\_\_\_\_ April 15, 2018
5. 75% of Construction/Renovation Completed \_\_\_\_\_ January 22, 2018
6. Construction/Renovation Completed \_\_\_\_\_ August 30, 2019
7. Equipment Ordered \_\_\_\_\_ November 30, 2018
8. Equipment Installed \_\_\_\_\_ March 12, 2018
9. Equipment Operational \_\_\_\_\_ March 30, 2018
10. Building/Space Occupied \_\_\_\_\_ September 15, 2019
11. Services Offered \_\_\_\_\_ September 15, 2019
12. Final Annual Report Due \_\_\_\_\_ December 13, 2022

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #: L-11438-17**

**FID #: 170521**

**ISSUED TO: Renal Treatment Centers Mid-Atlantic, 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 five stations from Wilson Dialysis and no more than five stations from Forest Hills dialysis, and offer peritoneal dialysis training and support / Wilson County**

**CONDITIONS: See Reverse Side**

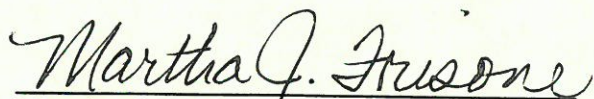
**PHYSICAL LOCATION: Kenly Dialysis  
9272 US Highway 301  
Kenly, NC 27542**

**MAXIMUM CAPITAL EXPENDITURE: \$2,361,130**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 1, 2019**

This certificate is effective as of the 6th day of June, 2018

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Kenly Dialysis shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Renal Treatment Centers Mid-Atlantic, Inc. shall develop a new kidney disease treatment center to be known as Kenly Dialysis by relocating no more than five dialysis stations from Wilson Dialysis and no more than five dialysis stations from Forest Hills Dialysis.
3. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Kenly Dialysis shall develop a peritoneal dialysis training and support program at Kenly Dialysis.
4. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Kenly Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation stations.
5. Renal Treatment Centers Mid-Atlantic, Inc. shall take the necessary steps to decertify five dialysis stations at Wilson Dialysis for a total of no more than 35 dialysis stations at Wilson Dialysis upon completion of this project, Project L-11156-16 (add five stations), and Project L-11132-16 (delete five stations).
6. Renal Treatment Centers Mid-Atlantic, Inc. shall take the necessary steps to decertify five dialysis stations at Forest Hills Dialysis for a total of no more than 26 dialysis stations at Forest Hills Dialysis upon completion of this project, Project L-11132-16 (delete five stations), and Project L-11319-17 (add five stations).
7. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Kenly 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 June 8, 2018.

**TIMETABLE:**

1. Construction/Renovation Contract(s) Executed \_\_\_\_\_ April 1, 2019
2. 50% of Construction/Renovation Completed \_\_\_\_\_ July 15, 2019
3. Construction/Renovation Completed \_\_\_\_\_ October 15, 2019
4. Services Offered \_\_\_\_\_ January 1, 2020
5. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020