

**Certificate of Need  
Certificates Issued during July 2018**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Review Status / Decision	Review- Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Alexander	E-011481-18	Fresenius Medical Care of Alexander County	090725	ESRD	Add three stations for a total of 13 stations	4/1/2018	6/11/2018	7/12/2018	Conditional Approval	Julie Faenza	Gloria Hale	\$11,250	2/1/2019
Brunswick	O-011457-18	The Brunswick Community	150394	ACH	Cost overrun for Project ID# O-11161-15(Construct a new 110-bed ACH facility with a 48-bed special care unit in Sunset Beach)	3/1/2018	6/20/2018	7/25/2018	Conditional Approval	Tanya Rupp	Fatimah Wilson	\$2,233,473	3/15/2019
Catawba	E-011485-18	Fresenius Medical Care of Hickory	955790	ESRD	Add four dialysis stations for a total of 33 stations upon completion of this project and Project ID# E-11209-16 (relocate six stations to the new FKC Newton facility)	4/1/2018	6/18/2018	7/19/2018	Conditional Approval	Julie Faenza	Fatimah Wilson	\$0	12/1/2018
Chatham	J-011469-18	Carolina Dialysis - Pittsboro	981038	ESRD	Add one station and relocate one station from Carolina Dialysis - Sanford for a total of 12 dialysis stations upon project completion	4/1/2018	6/12/2018	7/27/2018	Conditional Approval	Bernetta Thorne-Williams	Fatimah Wilson	\$37,500	11/30/2018
Duplin	P-011491-18	Wallace Dialysis Center	060249	ESRD	Add three dialysis stations for a total of 19 stations upon completion of this project and Project I.D. #P-11418-17 (add one station)	4/1/2018	6/28/2018	7/31/2018	Conditional Approval	Mike McKillip	Gloria Hale	\$48,862	12/1/2018
Durham	J-011474-18	FMC South Durham	080098	ESRD	Add two dialysis stations for a total of 20 stations	4/1/2018	6/6/2018	7/20/2018	Conditional Approval	Bernetta Thorne-Williams	Fatimah Wilson	\$124,661	11/30/2018

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Franklin	K-011478-18	Fresenius Kidney Care Tar River	130122	ESRD	Relocate two dialysis stations from FMC Northern Wake to FMC Tar River for a total of 12 dialysis stations at FMC Tar River	4/1/2018	6/29/2018	7/31/2018	Conditional Approval	Bernetta Thorne-Williams	Lisa Pittman	\$7,500	11/30/2018
Guilford	G-011471-18	BMA of South Greensboro	980838	ESRD	Add no more than five dialysis stations to BMA of South Greensboro for a total of no more than 40 dialysis stations upon completion of this project and Project ID#G-11303-17 (relocate 14 stations to the new FKC Garber-Olin Facility)	4/1/2018	6/29/2018	7/31/2018	Conditional Approval	Celia Inman	Lisa Pittman	\$0	1/15/2019
Guilford	G-011482-18	BMA of Greensboro	945258	ESRD	Add two dialysis stations for a total of 44 dialysis stations upon completion of this project and Project ID# G-11303-17 (relocate 14 stations to the new FKC Garber-Olin facility)	4/1/2018	6/29/2018	7/31/2018	Conditional Approval	Celia Inman	Gloria Hale	\$0	1/15/2020
Macon	A-011492-18	Franklin Township Dialysis	120162	ESRD	Add no more than two dialysis stations for a total of no more than 11 stations	4/1/2018	6/8/2018	7/10/2018	Conditional Approval	Celia Inman	Fatimah Wilson	\$32,510	8/1/2019

**Certificate of Need  
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County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Review Status / Decision	Review- Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Mecklenburg	F-011475-18	BMA OF NORTH CHARLOTTE	955788	ESRD	Add one dialysis station for a total of 39 stations upon completion of this project, Project ID# F-11375-17 (relocate 12 stations to develop new FKC Mallard Creek facility and Project ID# F-11400-17 (add 10 stations)	4/1/2018	6/27/2018	7/31/2018	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$0	11/15/2018
Mecklenburg	F-011476-18	BMA Nations Ford	010047	ESRD	Add two dialysis stations for a total of 28 stations upon completion of this project, Project I.D. #F-11207-16 (relocate five stations to FKC Southeast Mecklenburg County) and Project I.D. #F-11239-16 (add three stations)	4/1/2018	5/25/2018	7/2/2018	Conditional Approval	Greg Yakaboski	Gloria Hale	\$0	2/15/2019
Onslow	P-011493-18	New River Dialysis	130178	ESRD	Add three dialysis stations for a total of 25 stations upon completion of this project, Project I.D. #P-11416-17 (add two stations) and Project I.D. #P-11325-17 (add two stations)	4/1/2018	6/26/2018	7/31/2018	Conditional Approval	Mike McKillip	Fatimah Wilson	\$138,994	12/1/2018
Richmond	H-011494-18	Pee Dee Dialysis	180172	ESRD	Develop a new facility by relocating 4 stations from Dialysis Care of Richmond County and 6 from Sandhills Dialysis for a total of 10 stations	4/1/2018	6/6/2018	7/7/2018	Conditional Approval	Tanya Rupp	Lisa Pittman	\$2,574,869	3/15/2019

**Certificate of Need  
Certificates Issued during July 2018**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Review Status / Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Robeson	N-011479-18	Lumberton Dialysis Unit	955445	ESRD	Add seven stations for a total of 22 stations upon completion of this project and Project I.D. #N-11447-18 (relocate 20 stations to the new FKC East Lumberton facility)	4/1/2018	6/6/2018	7/11/2018	Conditional Approval	Tanya Rupp	Gloria Hale	\$0	6/1/2019
Rowan	F-011489-18	Dialysis Care of Kannapolis	980409	ESRD	Add two stations for a total of 22 stations upon completion of this project, Project I.D. #F-11264-16 (relocate two stations) and Project I.D. #F-11452-18 (relocate eight stations)	4/1/2018	6/29/2018	7/31/2018	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$0	3/15/2019
Transylvania	B-011488-18	Brevard Dialysis	080169	ESRD	Add two dialysis stations for a total of 11 stations	4/1/2018	6/20/2018	7/24/2018	Conditional Approval	Julie Faenza	Fatimah Wilson	\$34,033	1/2/2019
Union	F-011490-18	Marshville Dialysis	060374	ESRD	Relocate four dialysis stations from Union County Dialysis to Marshville Dialysis for a total of 16 stations at Marshville Dialysis	4/1/2018	6/29/2018	7/31/2018	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$46,608	11/15/2018
<b>Total</b>	<b>18</b>												

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: E-11481-18**

**FID #: 090725**

**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 no more than three dialysis stations for a total of no more than 13 dialysis stations upon project completion / Alexander County**

**CONDITIONS: See Reverse Side**

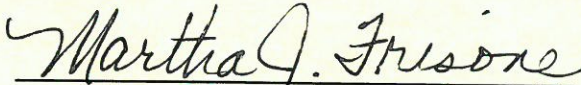
**PHYSICAL LOCATION: FMC of Alexander County  
175 Commerce Drive  
Taylorville, NC 28681**

**MAXIMUM CAPITAL EXPENDITURE: \$11,250**

**TIMETABLE: See Reverse Side**

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

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

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Alexander County 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 Alexander County shall develop no more than three additional dialysis stations for a total of no more than 13 certified stations upon project completion, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Alexander County shall install plumbing and electrical wiring through the walls for no more than three dialysis stations which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Alexander 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 June 21, 2018.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ January 31, 2019
2. Construction/Renovation Contract(s) Executed \_\_\_\_\_ May 1, 2019
3. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ July 15, 2019
4. 50% of Construction/Renovation Completed \_\_\_\_\_ September 13, 2019
5. 75% of Construction/Renovation Completed \_\_\_\_\_ October 28, 2019
6. Construction/Renovation Completed \_\_\_\_\_ November 27, 2018
7. Equipment Ordered \_\_\_\_\_ December 12, 2019
8. Equipment Installed \_\_\_\_\_ December 22, 2019
9. Equipment Operational \_\_\_\_\_ December 22, 2019
10. Services Offered \_\_\_\_\_ December 31, 2019
11. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ December 31, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: O-11457-18**

**FID #: 150394**

**ISSUED TO: The Brunswick Community, LLC  
Brunswick AL 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: Cost overrun for Project ID #O-11161-15 (Construct a new freestanding 110-bed adult care home facility with a 48-bed special care unit)/ Brunswick County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: The Brunswick Community  
5220 Ocean Highway West  
Shallotte, NC 28740**

**MAXIMUM CAPITAL EXPENDITURE: \$2,233,473**

**TIMETABLE: See Reverse Side**

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

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

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. The Brunswick Community, LLC and Brunswick AL Properties, LLC shall materially comply with the representations in this application and the representations in Project I.D. #O-11061-15 and supplemental information provided to the Agency during the review of this application. Where representations conflict, The Brunswick Community, LLC and Brunswick AL Properties, LLC shall materially comply with the last made representation.
2. The total approved capital expenditure for Project I.D. #O-11457-18 is \$8,500,000, an increase of \$2,233,473 over the previously approved capital expenditure of \$6,266,527.
3. The Brunswick Community, LLC and Brunswick AL Properties, LLC shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section VI of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Brunswick Community, 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. The Brunswick Community, LLC and Brunswick AL 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 June 29, 2018.

**TIMETABLE:**

- |     |   |                    |
|-----|---|--------------------|
| 1.  | Financing Obtained _____  | August 1, 2017     |
| 2.  | Drawings Completed _____  | December 30, 2017  |
| 3.  | Land Acquired _____   | September 15, 2017 |
| 4.  | Construction/Renovation Contract(s) Executed _____                              | July 1, 2018       |
| 5.  | 25% of Construction/Renovation Completed<br>(25% of the cost is in place) _____ | October 30, 2018   |
| 6.  | 50% of Construction/Renovation Completed _____                                  | February 1, 2019   |
| 7.  | 75% of Construction/Renovation Completed _____                                  | June 1, 2019       |
| 8.  | Construction/Renovation Completed _____   | September 30, 2019 |
| 9.  | Equipment Ordered _____   | March 30, 2019     |
| 10. | Equipment Installed _____   | June 30, 2019      |
| 11. | Equipment Operational _____   | July 30, 2019      |
| 12. | Building/Space Occupied _____   | September 30, 2019 |
| 13. | Licensure Obtained _____  | October 1, 2019    |
| 14. | Services Offered _____  | October 1, 2019    |
| 15. | Medicare and/or Medicaid Certification Obtained _____                           | October 1, 2019    |
| 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-11485-18**

**FID #: 955790**

**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 no more than four dialysis stations for a total of no more than 33 stations upon completion of this project and Project ID# E-11209-16 (relocate six stations to the new FKC Newton facility) / Catawba County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMC of Hickory  
1899 Tate Boulevard SE, Suite 1103  
Hickory, NC 28602**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 19<sup>th</sup> day of July, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Hickory 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 Hickory shall develop no more than four additional dialysis stations for a total of no more than 33 certified stations upon completion of this project and Project I.D. #E-11209-16 (relocate six dialysis stations), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Hickory 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 21, 2018.

**TIMETABLE:**

- |  |       |                   |
|--|-------|-------------------|
| 1. Equipment Ordered                               | _____ | October 17, 2018  |
| 2. Equipment Installed                             | _____ | December 16, 2018 |
| 3. Equipment Operational                           | _____ | December 26, 2018 |
| 4. Building/Space Occupied                         | _____ | December 26, 2018 |
| 5. Licensure Obtained                              | _____ | December 31, 2018 |
| 6. Medicare and/or Medicaid Certification Obtained | _____ | December 31, 2018 |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11469-18**

**FID #: 981038**

**ISSUED TO: Carolina Dialysis, 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 one dialysis station and relocate one dialysis station from Carolina Dialysis - Sanford for a total of no more than 12 dialysis stations upon project completion/ Chatham County**

**CONDITIONS: See Reverse Side**

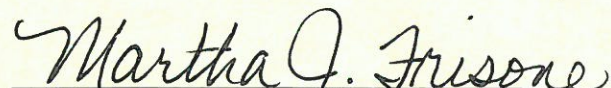
**PHYSICAL LOCATION: Carolina Dialysis – Pittsboro  
480 Hillsboro Street, Suite 300  
Pittsboro, NC 27312**

**MAXIMUM CAPITAL EXPENDITURE: \$37,500**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 13<sup>th</sup> day of July, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Pittsboro 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 and Policy ESRD-2, Carolina Dialysis, LLC shall develop no more than one additional dialysis station and relocate no more than one dialysis station from Carolina Dialysis - Sanford for a total of no more than 12 certified stations at Carolina Dialysis - Pittsboro upon project completion which shall include any home hemodialysis training or isolation stations.
3. Upon completion of this project, Carolina Dialysis, LLC shall take the necessary steps to decertify one dialysis station at Carolina Dialysis - Sanford for a total of no more than thirty-three dialysis stations at Carolina Dialysis - Sanford upon completion of this project and Project I.D. # M-11448-18 (relocate two dialysis station to FMC Lillington).
4. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Pittsboro shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
5. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Pittsboro 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 18, 2018.

**TIMETABLE:**

1.	Equipment Ordered _____	October 15, 2018
2.	Equipment Installed _____	December 14, 2018
3.	Equipment Operational _____	December 26, 2018
4.	Building/Space Occupied _____	December 26, 2018
5.	Services Offered _____	December 31, 2018
6.	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 #: P-11491-18**

**FID #: 060249**

**ISSUED TO: Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis Center**

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 three dialysis stations for a total of no more than 19 stations upon completion of this project and Project I.D. #P-11418-17 (add one station)/ Duplin County**

**CONDITIONS: See Reverse Side**

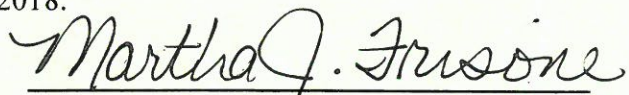
**PHYSICAL LOCATION: Wallace Dialysis Center  
5650 South NC Highway 41  
Wallace, NC 28466**

**MAXIMUM CAPITAL EXPENDITURE: \$48,862**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of 31<sup>st</sup> Day of July, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Total Renal Care of North Carolina, LLC shall materially comply with the last made representation.
2. Pursuant to the facility need determination in the January 2018 SDR, Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis shall develop no more than three additional dialysis stations for a total of no more than 19 certified stations at Wallace Dialysis upon completion of this project and Project I.D. P-11418-17 (add one dialysis station), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 16, 2018.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ July 15, 2019
2. Equipment Operational \_\_\_\_\_ November 15, 2019
3. Services Offered \_\_\_\_\_ January 1, 2020
4. 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 #: J-11474-18**

**FID #: 080098**

**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 no more than two stations for a total of no more than 20 dialysis stations upon project completion/ Durham County**

**CONDITIONS: See Reverse Side**

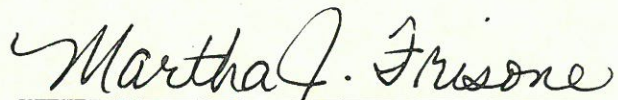
**PHYSICAL LOCATION: FMC South Durham  
3516 Tricenter Blvd  
Durham, NC 27713**

**MAXIMUM CAPITAL EXPENDITURE: \$124,661**

**TIMETABLE: See Reverse Side**

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

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

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care South Durham Dialysis shall materially comply with all representations made in the certificate of need application as conditioned.
2. Pursuant to the facility need determination in the January 2018 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 2 additional dialysis stations for a total of no more than 20 certified stations at Fresenius Medical Care South Durham Dialysis 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 South Durham Dialysis shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care South Durham 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 \_\_\_\_\_ March 15, 2018
2. Drawings Completed \_\_\_\_\_ December 2, 2018
3. Construction/Renovation Contract(s) Executed \_\_\_\_\_ March 2, 2019
4. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ April 16, 2019
5. 50% of Construction/Renovation Completed \_\_\_\_\_ May 31, 2019
6. 75% of Construction/Renovation Completed \_\_\_\_\_ July 15, 2019
7. Construction/Renovation Completed \_\_\_\_\_ August 29, 2019
8. Equipment Ordered \_\_\_\_\_ September 28, 2019
9. Equipment Installed \_\_\_\_\_ December 10, 2019
10. Equipment Operational \_\_\_\_\_ December 20, 2019
11. Building/Space Occupied \_\_\_\_\_ December 20, 2019
12. Services Offered \_\_\_\_\_ December 31, 2019
13. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ December 31, 2019



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: K-11478-18**

**FID #: 130122**

**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: Relocate no more than two dialysis stations from FMC Northern Wake to Fresenius Kidney Care Tar River for a total of no more than 12 dialysis stations at Fresenius Kidney Care Tar River upon project completion/ Franklin County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Fresenius Kidney Care Tar River  
935 N. Main Street  
Franklin, NC 27549**

**MAXIMUM CAPITAL EXPENDITURE: \$7,500**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 31<sup>st</sup> Day of July, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Tar River shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate no more than two dialysis stations from FMC Northern Wake for a total of no more than twelve dialysis stations at Fresenius Kidney Care Tar River.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Tar River shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify two dialysis stations FMC Northern Wake for a total of no more than fourteen dialysis stations at FMC Northern Wake.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Tar River 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 July 9, 2018.

**TIMETABLE:**

- |    |   |                   |
|----|---|-------------------|
| 1. | Financing Obtained _____                              | March 15, 2018    |
| 2. | Drawings Completed _____                              | October 10, 2018  |
| 3. | Equipment Ordered _____                               | October 15, 2018  |
| 4. | Equipment Installed _____                             | December 14, 2018 |
| 5. | Equipment Operational _____                           | December 19, 2018 |
| 6. | Building/Space Occupied _____                         | December 19, 2018 |
| 7. | Services Offered _____                                | December 31, 2018 |
| 8. | 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-11471-18**

**FID #: 980838**

**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 no more than five dialysis stations to BMA of South Greensboro for a total of no more than 40 dialysis stations upon completion of this project and Project I.D. #G-11303-17 (relocate 14 stations to the new FKC Garber-Olin facility) /Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA of South Greensboro  
622 Industrial Avenue  
Greensboro, NC 27406**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 31<sup>st</sup> day of July, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of South Greensboro 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 BMA of South Greensboro shall develop no more than five additional dialysis stations for a total of no more than 40 certified stations at BMA of South Greensboro upon completion of this project and Project ID #G-11303-17 (relocate 14 stations), which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of South Greensboro shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 9, 2018.**

**TIMETABLE:**

- |    |   |       |                   |
|----|---|-------|-------------------|
| 1. | Equipment Ordered                               | _____ | October 17, 2018  |
| 2. | Equipment Installed                             | _____ | December 1, 2018  |
| 3. | Equipment Operational                           | _____ | December 15, 2018 |
| 4. | Services Offered                                | _____ | December 31, 2018 |
| 5. | 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-11482-18**

**FID #: 945258**

**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 no more than two dialysis stations for a total of no more than 44 stations upon completion of this project and Project ID# G-11303-17 (relocate 14 stations to the new FKC Garber-Olin facility) / Guilford County**

**CONDITIONS: See Reverse Side**

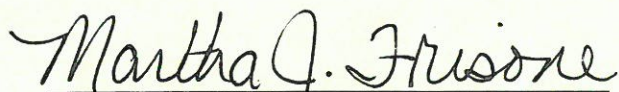
**PHYSICAL LOCATION: BMA of Greensboro  
2700 Henry Street  
Greensboro, NC 27405**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 31<sup>st</sup> day of July, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Greensboro 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 BMA of Greensboro shall develop no more than two additional dialysis stations for a total of no more than 44 certified stations at BMA of Greensboro upon completion of this project and Project ID #G-11303-17 (relocate 14 stations), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Greensboro shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 9, 2018.

**TIMETABLE:**

- |  |       |                   |
|--|-------|-------------------|
| 1. Equipment Ordered                               | _____ | October 17, 2018  |
| 2. Equipment Installed                             | _____ | December 1, 2018  |
| 3. Equipment Operational                           | _____ | December 15, 2018 |
| 4. Services Offered                                | _____ | December 31, 2018 |
| 5. 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 #: A-11492-18**

**FID #: 120162**

**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: Add no more than two dialysis stations for a total of no more than 11 stations/  
Macon County**

**CONDITIONS: See Reverse Side**

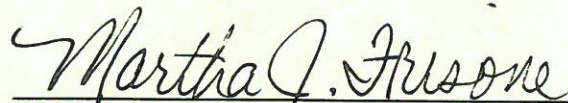
**PHYSICAL LOCATION: Franklin Township Dialysis  
80 Westgate Plaza  
Franklin, NC 28734**

**MAXIMUM CAPITAL EXPENDITURE: \$32,510**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 10<sup>th</sup> day of July, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Franklin Township Dialysis 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, Total Renal Care of North Carolina, LLC d/b/a Franklin Township Dialysis shall develop no more than two certified dialysis stations for a total of no more than 11 dialysis stations at Franklin Township Dialysis, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Franklin Township Dialysis shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, for a total of no more than 11 stations, which shall include any isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Franklin Township 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 15, 2018.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ July 15, 2019
2. Equipment Installed \_\_\_\_\_ November 15, 2019
3. Services Offered \_\_\_\_\_ January 1, 2020
4. 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 #: F-11475-18**

**FID #: 955788**

**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 39 stations upon completion of this project, Project ID #F-11375-17 (relocate 12 stations to develop FKC Mallard Creek) and Project ID #F-11400-17 (add 10 stations) / Mecklenburg County**

**CONDITIONS: See Reverse Side**

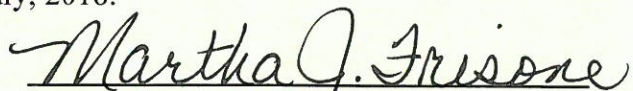
**PHYSICAL LOCATION: BMA of North Charlotte  
5220 North Tryon Street Ste. A  
Charlotte, NC 28213**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 28<sup>th</sup> Day of July, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the January 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 39 certified stations at BMA of North Charlotte upon completion of this project, Project ID# F-11375-17 (relocate 12 stations to develop new FKC Mallard Creek facility) and Project ID# F-11400-17 (add 10 stations) which will include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina Inc. does accept and agrees to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section.**

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

**TIMETABLE:**

- |    |   |                   |
|----|---|-------------------|
| 1. | Financing Obtained _____                              | March 15, 2018    |
| 2. | Equipment Ordered _____                               | October 17, 2018  |
| 3. | Equipment Installed _____                             | December 1, 2018  |
| 4. | Equipment Operational _____                           | December 15, 2018 |
| 5. | Services Offered _____                                | December 31, 2018 |
| 6. | 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 #: F-11476-18**

**FID #: 010047**

**ISSUED TO: BMA Nations Ford**

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 two dialysis stations for a total of no more than 28 stations upon completion of this project, Project I.D. #F-11207-16 (relocate five stations to FKC Southeast Mecklenburg County) and Project I.D. #F-11239-16 (add three stations) / Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA Nations Ford  
7901 England Street  
Mathews, NC 28273**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

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

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2018 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 2 additional dialysis stations for a total of no more than 28 certified stations at BMA Nations Ford upon completion of this project, Project ID #F-11207-16 (relocate five stations to FKC Southeast Mecklenburg County) and Project ID #F-11239-16 (add three stations), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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.  | Construction/Renovation Contract(s) Executed                              | _____ | May 1, 2019        |
| 2.  | 25% of Construction/Renovation Completed<br>(25% of the cost is in place) | _____ | July 15, 2019      |
| 3.  | 50% of Construction/Renovation Completed                                  | _____ | September 13, 2019 |
| 4.  | 75% of Construction/Renovation Completed                                  | _____ | October 28, 2019   |
| 5.  | Construction/Renovation Completed   | _____ | November 27, 2019  |
| 6.  | Equipment Ordered   | _____ | December 12, 2019  |
| 7.  | Equipment Installed   | _____ | December 22, 2019  |
| 8.  | Equipment Operational   | _____ | December 22, 2019  |
| 9.  | Services Offered  | _____ | December 31, 2019  |
| 10. | Medicare and/or Medicaid Certification Obtained                           | _____ | December 31, 2019  |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11493-18**

**FID #: 130178**

**ISSUED TO: Total Renal Care of North Carolina, LLC d/b/a New River Dialysis**

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 three dialysis stations for a total of no more than 25 stations upon completion of this project, Project I.D. #P-11416-17 (add two stations) and Project I.D. #P-11325-17 (add two stations)/ Onslow County**

**CONDITIONS: See Reverse Side**

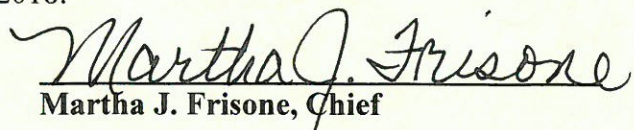
**PHYSICAL LOCATION: New River Dialysis  
111 Yopp Road  
Jacksonville, NC 28540**

**MAXIMUM CAPITAL EXPENDITURE: \$138,994**

**TIMETABLE: See Reverse Side**

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

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

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a New River Dialysis 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, Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall develop no more than three additional dialysis stations for a total of no more than 25 certified stations at New River Dialysis upon completion of this project, Project I.D. # P-11325-17 (add two dialysis stations) and Project I.D. # P-11416-17 (add two dialysis stations), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. Total Renal Care of North Carolina, LLC d/b/a New River 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 July 16, 2018.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ July 15, 2019
2. Equipment Operational \_\_\_\_\_ November 15, 2019
3. Services Offered \_\_\_\_\_ January 1, 2020
4. 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 #: H-11494-18**

**FID #: 180172**

**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 10-station facility by relocating four existing dialysis stations from Dialysis Care of Richmond County and six existing stations from Sandhills Dialysis / Richmond County**

**CONDITIONS: See Reverse Side**

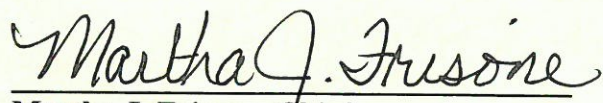
**PHYSICAL LOCATION: Pee Dee Dialysis  
1300 East Broad Street  
Rockingham, NC 28379**

**MAXIMUM CAPITAL EXPENDITURE: \$2,574,869**

**TIMETABLE: See Reverse Side**

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

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

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Pee Dee 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 develop a new kidney disease treatment center to be known as Pee Dee Dialysis by relocating four dialysis stations from Dialysis Care of Richmond County and six dialysis stations from Sandhills Dialysis.
3. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify four dialysis stations at Dialysis Care of Richmond County for a total of no more than 26 dialysis stations at Dialysis Care of Richmond County.
4. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify six dialysis stations at Sandhills Dialysis for a total of no more than 16 dialysis stations at Sandhills Dialysis following completion of this project and Project ID #H-11251-16.
5. Total Renal Care of North Carolina, LLC d/b/a Pee Dee Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations which shall include any isolation stations.
6. Total Renal Care of North Carolina, LLC d/b/a Pee Dee 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 15, 2018.

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ March 15, 2018
2. Drawings Completed \_\_\_\_\_ October 18, 2018
3. Land Acquired \_\_\_\_\_ December 2, 2018
4. Construction/Renovation Contract(s) Executed \_\_\_\_\_ January 2, 2019
5. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ June 1, 2019
6. 50% of Construction/Renovation Completed \_\_\_\_\_ July 15, 2019
7. 75% of Construction/Renovation Completed \_\_\_\_\_ August 30, 2019
8. Construction/Renovation Completed \_\_\_\_\_ October 15, 2019
9. Equipment Ordered \_\_\_\_\_ July 15, 2019
10. Equipment Installed \_\_\_\_\_ November 11, 2019
11. Equipment Operational \_\_\_\_\_ November 18, 2019
12. Building/Space Occupied \_\_\_\_\_ December 2, 2019
13. Services Offered \_\_\_\_\_ January 1, 2020
14. 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 #: N-11479-18**

**FID #: 955445**

**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 no more than seven stations for a total of no more than 22 stations upon completion of this project and Project ID #N-11447-18 (relocate 20 stations to the new FKC East Lumberton facility) / Robeson County**

**CONDITIONS: See Reverse Side**

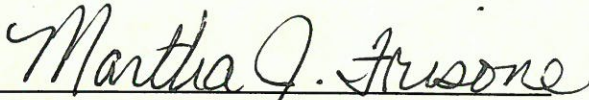
**PHYSICAL LOCATION: Lumberton Dialysis Unit  
720 Wesley Pines Road  
Lumberton, NC 28358**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

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

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Lumberton Dialysis Unit shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Bio-Medical Applications of North Carolina, Inc. d/b/a Lumberton Dialysis Unit shall materially comply with the last made representation.**
  
2. **Pursuant to the facility need determination in the January 2018 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a Lumberton Dialysis Unit shall develop no more than seven additional dialysis stations for a total of no more than 22 certified stations at Lumberton Dialysis Unit upon completion of this project and Project ID #N-11447-18, which shall include any home hemodialysis training or isolation stations.**
  
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Lumberton Dialysis Unit shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 11, 2018.**

**TIMETABLE:**

1.	Financing Obtained _____	March 15, 2018
2.	Equipment Ordered _____	October 12, 2019
3.	Equipment Installed _____	December 11, 2019
4.	Equipment Operational _____	December 21, 2019
5.	Building/Space Occupied _____	December 21, 2019
6.	Services Offered _____	December 31, 2019
7.	Medicare and/or Medicaid Certification Obtained _____	December 31, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11489-18**

**FID #: 980409**

**ISSUED TO: Dialysis Care of Kannapolis**

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 two dialysis stations for a total of no more than 22 stations upon completion of this project, Project ID#F-11264-16 (relocate two stations) and Project ID#F-11452-18 (relocate 8 stations) /Rowan County**

**CONDITIONS: See Reverse Side**

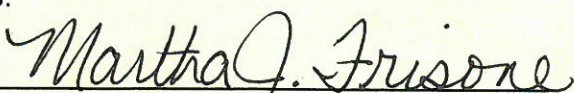
**PHYSICAL LOCATION: Dialysis Care of Kannapolis  
1607 N. Main Street  
Kannapolis, NC 28081**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 31<sup>st</sup> of July, 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 the facility need determination in the January 2018 SDR, Total Renal Care of North Carolina, LLC shall develop no more than 2 additional dialysis stations for a total of no more than 22 certified stations at Dialysis Care of Kannapolis upon completion of this project, Project I.D. #F-11264-16 (relocate two stations) and Project I.D. #F-11452-18 (relocate eight stations), which shall include any home hemodialysis training or isolation stations.
3. 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 July 16, 2018.

**TIMETABLE:**

1. Services Offered \_\_\_\_\_ January 1, 2020
2. 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 #: B-11488-18**

**FID #: 080169**

**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: Add no more than two dialysis stations for a total of no more than 11 stations upon project completion / Transylvania County**

**CONDITIONS: See Reverse Side**

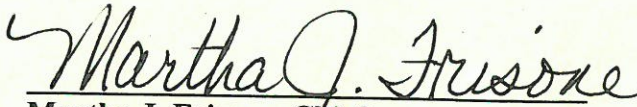
**PHYSICAL LOCATION: Brevard Dialysis Center  
102 College Station Drive  
Brevard, NC 28712**

**MAXIMUM CAPITAL EXPENDITURE: \$34,033**

**TIMETABLE: See Reverse Side**

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

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

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Brevard Dialysis Center 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, Total Renal Care of North Carolina, LLC d/b/a Brevard Dialysis Center shall develop no more than two additional dialysis stations for a total of no more than 11 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Brevard Dialysis Center shall install plumbing and electrical wiring through the walls for no more than two dialysis stations, which shall include any isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Brevard Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 16, 2018.

**TIMETABLE:**

Equipment Ordered	_____	July 15, 2019
Equipment Operational	_____	November 15, 2019
Services Offered	_____	January 1, 2020
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 #: F-11490-18**

**FID #: 060374**

**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: Relocate no more than four dialysis stations from Union County Dialysis to Marshville Dialysis for a total of no more than 16 stations at Marshville Dialysis/ Union County**

**CONDITIONS: See Reverse Side**

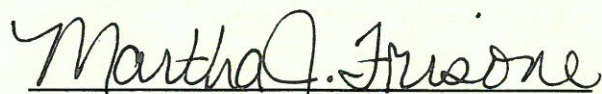
**PHYSICAL LOCATION: Marshville Dialysis  
7260 Marshville Blvd.  
Marshville, NC 28103**

**MAXIMUM CAPITAL EXPENDITURE: \$46,608**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 31<sup>st</sup> day of July, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. will materially comply with all representations made in the certificate of need application.
2. Pursuant to the Policy ESRD-2, DVA Healthcare Renal Care, Inc. will relocate four dialysis stations from Union County Dialysis to Marshville Dialysis for a total of no more than 16 certified dialysis stations at Marshville Dialysis upon project completion.
3. Total Renal Care of North Carolina, LLC d/b/a/ Marshville Dialysis will install plumbing, and electrical wiring through the walls to no more than 16 dialysis stations, which will include any isolation stations.
4. Upon completion of this project, DVA Healthcare Renal Care, Inc. will take the necessary steps to decertify four dialysis stations at Union County Dialysis for a total of no more than 29 dialysis stations, which will include any isolation stations.
5. DVA Healthcare Renal Care, Inc. acknowledges acceptance of all conditions and agrees to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 16, 2018.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ October 15, 2018
2. Equipment Operational \_\_\_\_\_ December 15, 2018
3. Services Offered (required) \_\_\_\_\_ January 1, 2019
4. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2019