

**Certificate of Need
Certificates Issued
August 2018**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Cumberland	M-011502-18	Fresenius Kidney Care Rockfish	170017	ESRD	Change of scope for Project ID #M-11286-17 (develop a new 10-station facility named Fresenius Kidney Care Rockfish) and Project ID #M-11344-17 (develop a new 10-station facility named Fresenius Kidney Care Hope Mills) by combining the two projects into one 20-station facility named Fresenius Kidney Care Rockfish	5/1/2018	7/13/2018	8/21/2018	Conditional Approval	Tanya Rupp	Gloria Hale	\$594,049	12/1/2018
Edgecombe	L-011483-18	BMA EAST ROCKY MOUNT	970528	ESRD	Add four dialysis stations for a total of 24 stations upon completion of this project and Project ID# L-11374-17 (relocate 10 dialysis stations to new FMC Boice-Willis)	4/1/2018	7/23/2018	8/27/2018	Conditional Approval	Jane Rhoe-Jones	Fatimah Wilson	\$0	1/8/2019
Guilford	G-011496-18	Guilford House	100777	ACH	Relocate 29 ACH beds from Wellington Oaks to Guilford House for a total of 85 SCU beds at Wellington Oaks and a total of 89 ACH beds at Guilford House, including 32 SCU beds	5/1/2018	7/27/2018	8/28/2018	Conditional Approval	Celia Inman	Fatimah Wilson	\$2,446,875	7/15/2019
Hyde	R-011460-18	Liberty Homecare & Hospice of Hyde County	180103	HOSPICE	Develop a new hospice home care office in Hyde County pursuant to Need Determination in 2018 SMFP	3/1/2018	7/27/2018	8/31/2018	Conditional Approval	Jane Rhoe-Jones	Lisa Pittman	\$22,500	11/1/2018
Johnston	J-011473-18	Fresenius Medical Care Stallings Station	030941	ESRD	Add four dialysis stations for a total of 18 stations upon completion of this project and Project ID# J-11435-17 (relocate 10 stations to the new FKC West Johnston facility)	4/1/2018	7/20/2018	8/21/2018	Conditional Approval	Bernetta Thorne-Williams	Lisa Pittman		11/30/2018
Mecklenburg	F-011341-17	Well Care Home Health of the Piedmont, Inc.	170194	HC	Develop a new Medicare-certified home health agency office	5/1/2017	9/27/2017	8/30/2018	Conditional Approval	Mike McKillip	Martha Frisone	\$101,787	1/1/2019
Mecklenburg	F-011507-18	The Pines at Davidson	923498	NH	Add 24 NF beds to The Pines at Davidson pursuant to Policy NH-2 for a total of 75 NF beds and 30 ACH beds	5/1/2018	7/6/2018	8/7/2018	Conditional Approval	Celia Inman	Fatimah Wilson	\$25,630,575	5/1/2019
Wake	J-011506-18	William M. Dunlap Center for Caring	051371	HOSPICE	Develop six additional hospice inpatient beds pursuant to a need determination in the 2018 SMFP for a total of 30 hospice inpatient beds and 0 hospice residential beds	5/1/2018	7/20/2018	8/24/2018	Conditional Approval	Mike McKillip	Lisa Pittman	\$50,000	12/1/2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: M-11502-18

FID #: 170017

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: Change of scope for Project ID #M-11286-17 (develop a new 10-station facility named Fresenius Kidney Center Care Rockfish) and Project ID #M-11344-17 (develop a new 10-station facility named Fresenius Kidney Center Care Hope Mills) by combining the two projects into one 20-station facility named Fresenius Kidney Care Rockfish/ Cumberland County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Fresenius Kidney Care Rockfish
PIN Number 9476-57-2873, Hoke Loop Road
Fayetteville, NC 28314**

MAXIMUM CAPITAL EXPENDITURE: \$549,049

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2018

This certificate is effective as of the 14th day of August, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc., d/b/a Fresenius Care Rockfish 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 ten dialysis stations from FMC Dialysis Services of South Ramsey, no more than five dialysis stations from FMC Services of West Fayetteville, and no more than five stations from FMC Dialysis Services of North Ramsey.
3. Bio-Medical Applications of North Carolina, Inc., d/b/a Fresenius Care Rockfish shall install plumbing and electrical wiring through the walls for no more than 20 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify ten dialysis stations at FMC Dialysis Services of South Ramsey for a total of no more than 41 dialysis stations at FMC Dialysis Services of South Ramsey upon project completion.
5. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify five dialysis stations at FMC Services of West Fayetteville for a total of no more than 40 dialysis stations at FMC Services of West Fayetteville upon completion of this project and Project ID# M-11314-17 (add five dialysis stations).
6. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify five dialysis stations at FMC Dialysis Services of North Ramsey for a total of no more than 40 dialysis stations at FMC Dialysis Services of North Ramsey upon completion of this project and Project ID #M-11397-17 (add five dialysis stations).
7. Bio-Medical Applications of North Carolina, Inc. shall relinquish the certificate of need for Project ID #M-11344-17 to the Agency upon completion of this project.
8. Bio-Medical Applications of North Carolina, Inc., d/b/a Fresenius Kidney Care Rockfish 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 & (date).

TIMETABLE:

- | | | |
|-----|---|--------------------|
| 1. | Financing Obtained _____ | April 16, 2018 |
| 2. | Drawings Completed _____ | September 15, 2018 |
| 3. | Construction/Renovation Contract(s) Executed _____ | September 15, 2018 |
| 4. | 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ | September 30, 2018 |
| 5. | 50% of Construction/Renovation Completed _____ | October 21, 2018 |
| 6. | 75% of Construction/Renovation Completed _____ | November 11, 2018 |
| 7. | Construction/Renovation Completed _____ | December 2, 2018 |
| 8. | Equipment Ordered _____ | October 17, 2018 |
| 9. | Equipment Installed _____ | December 1, 2018 |
| 10. | Equipment Operational _____ | December 11, 2018 |
| 11. | Building/Space Occupied _____ | December 11, 2018 |
| 12. | Services Offered _____ | December 31, 2018 |
| 13. | 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 #: L-11483-18

FID #: 970528

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 24 dialysis stations upon completion of this project and Project ID# L-11374-17 (relocate 10 dialysis stations to the new FMC Boice-Willis facility)/ Edgecombe County

CONDITIONS: See Reverse Side

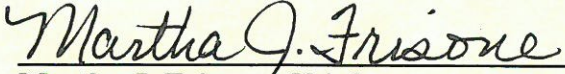
**PHYSICAL LOCATION: BMA East Rocky Mount
2330 South Fairview Road
Rocky Mount, NC 28655**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 8, 2019

This certificate is effective as of the 23rd Day of August, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount 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 East Rocky Mount shall develop no more than four additional dialysis stations for a total of no more than 24 certified stations at BMA East Rocky Mount upon completion of this project and Project ID #L-11374-17 (relocate 10 stations to the new FMC Boice-Willis facility), which shall include any isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount 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 25, 2018.

TIMETABLE:

- | | | |
|----|---|-------------------|
| 1. | Equipment Installed _____ | December 16, 2018 |
| 2. | Services Offered _____ | December 31, 2018 |
| 3. | 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-11496-18

FID #: 100777

ISSUED TO: Greensboro AL Holdings, LLC and Guilford Propco Holdings, 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 no more than 29 ACH beds from Wellington Oaks to Guilford House for a total of 85 SCU beds at Wellington Oaks and a total of no more than 89 ACH beds at Guilford House, including 32 SCU beds / Guilford County

CONDITIONS: See Reverse Side

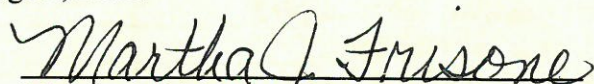
**PHYSICAL LOCATION: Guilford House
5918 Netfield Road
Greensboro, NC 27455-9245**

MAXIMUM CAPITAL EXPENDITURE: \$2,446,875

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2019

This certificate is effective as of the 28th Day of August, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Greensboro AL Holdings, LLC and Guilford Propco Holdings, LLC shall materially comply with all representations made in the certificate of need application.
2. Greensboro AL Holdings, LLC and Guilford Propco Holdings, LLC, shall relocate no more than 29 adult care home beds pursuant to Policy LTC-2 for a total of no more than 89 licensed adult care home beds, including 32 Special Care Unit (SCU) beds, upon completion of the project.
3. Greensboro AL Holdings, LLC and Guilford Propco Holdings, LLC 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, Greensboro AL Holdings, LLC and Guilford Propco Holdings, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q 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, Greensboro AL Holdings, LLC and Guilford Propco Holdings, LLC shall submit, on the form provided by 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 unity of service.
 - f. Average operating cost per unit of service.
6. Greensboro AL Holdings, LLC and Guilford Propco Holdings, LLC, shall acknowledge acceptance of and agree to comply with all conditions stated herein to the 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 August 3, 2018.

TIMETABLE:

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|-----|---|--------------------|
| 1. | Financing Obtained _____ | October 1, 2019 |
| 2. | Drawings Completed _____ | July 15, 2019 |
| 3. | Construction/Renovation Contract(s) Executed _____ | October 15, 2019 |
| 4. | 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ | January 30, 2020 |
| 5. | 50% of Construction/Renovation Completed _____ | April 1, 2020 |
| 6. | 75% of Construction/Renovation Completed _____ | June 30, 2020 |
| 7. | Construction/Renovation Completed _____ | August 30, 2020 |
| 8. | Building/Space Occupied _____ | September 30, 2020 |
| 9. | Licensure Obtained _____ | October 1, 2020 |
| 10. | Services Offered _____ | October 1, 2020 |
| 11. | Medicare and/or Medicaid Certification Obtained _____ | January 1, 2021 |
| 12. | Final Annual Report Due _____ | December 31, 2026 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: R-11460-18

FID #: 180103

ISSUED TO: Liberty Homecare VII, 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 hospice home care office in Hyde County pursuant to the adjusted need determination in the 2018 State Medical Facilities Plan / Hyde County

CONDITIONS: See Reverse Side

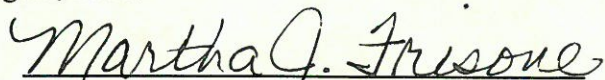
**PHYSICAL LOCATION: Liberty Homecare & Hospice of Hyde County
1151 Main Street
Swan Quarter, NC 27885**

MAXIMUM CAPITAL EXPENDITURE: \$22,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2018

This certificate is effective as of the 28th day of August, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Liberty Homecare VII, LLC d/b/a Liberty Homecare & Hospice of Hyde County shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the need determination identified in the 2018 State Medical Facilities Plan, Liberty Homecare VII, LLC d/b/a Liberty Homecare & Hospice of Hyde County shall develop no more than one hospice home care office in Hyde County.
3. Upon completion of the project, Liberty Homecare & Hospice of Hyde County shall be licensed for no more than one hospice home care office in Hyde County.
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 Homecare VII, LLC d/b/a Liberty Homecare & Hospice of Hyde County 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. Liberty Homecare VII, LLC d/b/a Liberty Homecare & Hospice of Hyde 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 August 2, 2018.

TIMETABLE:

- | | | |
|----|---|-----------------|
| 1. | Licensure Obtained _____ | October 1, 2018 |
| 2. | Services Offered _____ | January 1, 2019 |
| 3. | Medicare and/or Medicaid Certification Obtained _____ | January 1, 2019 |
| 4. | Final Annual Report Due _____ | March 30, 2022 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11473-18

FID #: 030941

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 18 stations upon completion of this project and Project ID# J-11435-17 (relocate 10 stations to the new FKC West Johnston)/ Johnston County

CONDITIONS: See Reverse Side

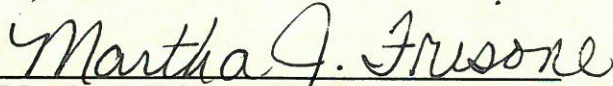
**PHYSICAL LOCATION: FMC Stallings Station
5420 Barber Mill Road
Clayton, NC 27524**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2018

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


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station 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 four additional dialysis stations for a total of no more than 18 certified stations at FMC Stallings Station which shall include any home hemodialysis training or isolation stations upon completion of this project and Project I.D. # J-11435-17.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations, which shall include any isolation or home hemodialysis training stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station 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 26, 2018.

TIMETABLE:

1.	Financing Obtained _____	March 15, 2018
2.	Drawings Completed _____	October 10, 2018
3.	Equipment Ordered _____	October 15, 2019
4.	Equipment Installed _____	December 14, 2019
5.	Equipment Operational _____	December 19, 2019
6.	Building/Space Occupied _____	December 19, 2019
7.	Services Offered _____	December 31, 2019
8.	Medicare and/or Medicaid Certification Obtained _____	December 31, 2019

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: F-11341-17

FID #: 170194

ISSUED TO: Well Care Home Health of the Piedmont, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Develop a new Medicare-certified home health agency / Mecklenburg County

CONDITIONS: See Reverse Side

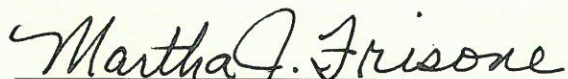
**PHYSICAL LOCATION: Well Care Home Health of the Piedmont
9800 Kincey Avenue, Suite 190
Huntersville, NC 28078**

MAXIMUM CAPITAL EXPENDITURE: \$101,787

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2019

This certificate is effective as of the 24th Day of August, 2018.
Corrected certificate issued August 30, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Well Care Home Health of the Piedmont, Inc. shall materially comply with all representations made in the certificate of need application.
2. Well Care Home Health of the Piedmont, Inc. shall develop a Medicare-certified home health agency office in Mecklenburg County.
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, Well Care Home Health of the Piedmont, 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.
4. Prior to issuance of the certificate of need, Well Care Home Health of the Piedmont, Inc. shall acknowledge in writing to the Healthcare Planning and Certificate of Need Section acceptance of and agree to comply with all conditions stated herein.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 4, 2017.

TIMETABLE:

1. Licensure Obtained _____ January 1, 2019
2. Medicare and/or Medicaid Certification Obtained _____ July 1, 2019
3. Final Annual Report Due _____ April 1, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11507-18

FID #: 923498

ISSUED TO: The Pines at Davidson, 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 24 NF beds to The Pines at Davidson pursuant to Policy NH-2 for a total of no more than 75 NF beds and 30 ACH beds / Mecklenburg County

CONDITIONS: See Reverse Side

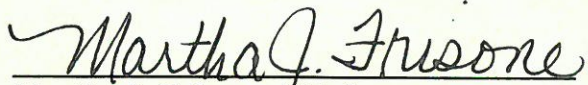
**PHYSICAL LOCATION: The Pines at Davidson
400 Avinger Lane
Davidson, NC 28036**

MAXIMUM CAPITAL EXPENDITURE: \$25,630,575

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2019

This certificate is effective as of the 7th of August, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. The Pines at Davidson, Inc. shall materially comply with all representations made in the certificate of need application.
2. The Pines at Davidson, Inc. shall develop no more than 24 nursing facility beds pursuant to Policy NH-2 for a total of no more than 75 licensed nursing facility beds and 30 licensed adult care home beds upon completion of the project.
3. The 24 additional Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
4. The Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The new Policy NH-2 nursing facility beds shall be developed on the same site with the independent living units and licensed adult care home beds.
6. The Pines at Davidson, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Pines at Davidson, 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.
8. The Pines at Davidson, 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.

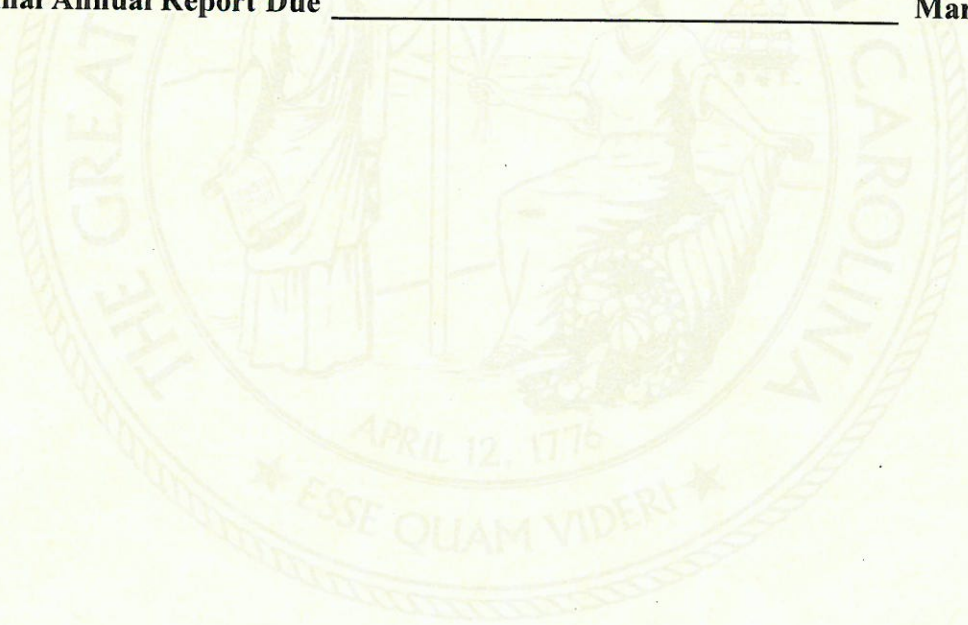
Project ID: F-11507-18

FID: 923498

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 12, 2018.

TIMETABLE:

1. Financing Obtained _____ November 1, 2018
2. Drawings Completed _____ March 1, 2019
3. Construction/Renovation Contract(s) Executed _____ April 1, 2019
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ September 1, 2019
5. 50% of Construction/Renovation Completed _____ February 1, 2020
6. 75% of Construction/Renovation Completed _____ July 1, 2020
7. Construction/Renovation Completed _____ December 1, 2020
8. Equipment Ordered _____ March 1, 2020
9. Equipment Installed _____ December 1, 2020
10. Equipment Operational _____ December 15, 2020
11. Building/Space Occupied _____ December 15, 2020
12. Licensure Obtained _____ January 1, 2021
13. Services Offered _____ January 1, 2021
14. Final Annual Report Due _____ March 31, 2024





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 9, 2018

David Rainey
400 Avinger Lane
Davidson, NC 28036

Transmittal of Certificate of Need

Project ID #: F-11507-18
Facility: The Pines at Davidson
Project Description: Add 24 NF beds to The Pines at Davidson pursuant to Policy NH-2 for a total of 75 NF beds and 30 ACH beds
County: Mecklenburg
FID #: 923498

Dear Mr. Rainey:

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 Nursing Home 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: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757

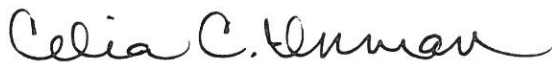
- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is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

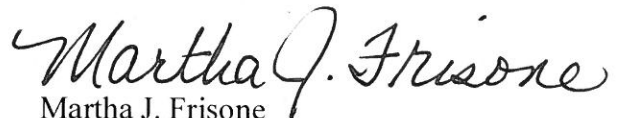
Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason, 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,



Celia C. Inman
Project Analyst



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

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Nursing Home Licensure and Certification Section, DHSR
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11506-18

FID #: 051371

ISSUED TO: Hospice of Wake County, 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 six additional hospice inpatient beds pursuant to the need determination in the 2018 State Medical Facilities Plan for a total of no more than 30 hospice inpatient beds and no hospice residential beds/ Wake County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: William M. Dunlap Center for Caring
200 Hospice Circle
Raleigh, NC 27607**

MAXIMUM CAPITAL EXPENDITURE: \$50,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2018

This certificate is effective as of the 21st Day of August, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Hospice of Wake County, Inc. d/b/a Transitions LifeCare shall materially comply with all representations made in the certificate of need application.
2. Hospice of Wake County, Inc. d/b/a Transitions LifeCare shall develop six additional hospice inpatient beds pursuant to the need determination in the 2018 State Medical Facilities Plan.
3. Upon completion of the project, Hospice of Wake County, Inc. d/b/a Transitions LifeCare shall be licensed for no more than 30 hospice inpatient beds and no hospice residential 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, Hospice of Wake County, Inc. d/b/a Transitions LifeCare 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. Hospice of Wake County, Inc. d/b/a Transitions LifeCare 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 & (date).

TIMETABLE:

- | | | |
|----|-------------------------------|-------------------|
| 1. | Financing Obtained _____ | November 1, 2018 |
| 2. | Licensure Obtained _____ | September 1, 2019 |
| 3. | Services Offered _____ | October 1, 2019 |
| 4. | 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 #: J-11384-17

FID #: 923421

ISSUED TO: Duke University Health System, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Acquire no more than one fixed PET/CT scanner pursuant to the need determination in the 2017 SMFP for HSA IV/ Wake County

CONDITIONS: See Reverse Side

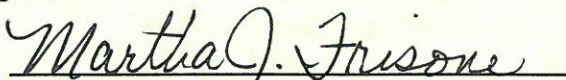
**PHYSICAL LOCATION: Duke Raleigh Hospital
3400 Wake Forest Road
Raleigh, NC 27611**

MAXIMUM CAPITAL EXPENDITURE: \$7,902,157

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2018

This certificate is effective as of the 17th Day of August, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Duke University Health System, Inc. shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System, Inc. shall acquire no more than one fixed Positron Emission Tomography scanner to be located at Duke Raleigh Hospital in HSA IV, Wake County.
3. Duke University Health System, 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.
4. Duke University Health System, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Duke University Health System, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. Duke University Health System shall acknowledge acceptance and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 2, 2018.

TIMETABLE:

- | | | |
|-----|---|-------------------|
| 1. | Drawings Completed _____ | October 15, 2018 |
| 2. | 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ | December 11, 2018 |
| 3. | 50% of Construction/Renovation Completed _____ | January 23, 2019 |
| 4. | 75% of Construction/Renovation Completed _____ | February 27, 2019 |
| 5. | Construction/Renovation Completed _____ | April 17, 2019 |
| 6. | Equipment Ordered _____ | September 5, 2018 |
| 7. | Equipment Installed _____ | April 17, 2019 |
| 8. | Equipment Operational _____ | May 1, 2019 |
| 9. | Building/Space Occupied _____ | May 1, 2019 |
| 10. | Services Offered _____ | May 1, 2019 |
| 11. | Final Annual Report Due _____ | August 1, 2022 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11470-18

FID #: 180166

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 Cary Kidney Center to a new site in Cary with a total of no more than 24 stations at project completion/ Wake County

CONDITIONS: See Reverse Side

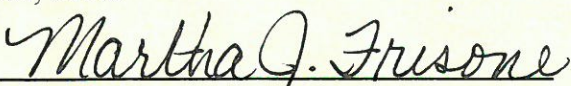
**PHYSICAL LOCATION: Cary Kidney Center
400 Keisler Drive
Cary, NC 27518**

MAXIMUM CAPITAL EXPENDITURE: \$2,565,870

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2018

This certificate is effective as of the 15th Day of August, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Cary Kidney Center shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Policy ESRD 2, Bio-Medical Applications of North Carolina, Inc. d/b/a Cary Kidney Center shall relocate 24 stations from existing location of Cary Kidney Center to the proposed new site for a total of no more than 24 stations at Cary Kidney Center upon project completion.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Cary Kidney Center shall install plumbing and electrical wiring through the walls for no more than 24 dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Cary Kidney Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 15, 2018.

1. **Drawings Completed _____ January 1, 2019**
2. **Construction/Renovation Contract(s) Executed _____ April 1, 2019**
3. **25% of Construction/Renovation Completed
(25% of the cost is in place) _____ June 15, 2019**
4. **50% of Construction/Renovation Completed _____ August 29, 2019**
5. **75% of Construction/Renovation Completed _____ October 13, 2019**
6. **Construction/Renovation Completed _____ November 27, 2019**
7. **Services Offered _____ December 31, 2019**
8. **Medicare and/or Medicaid Certification Obtained _____ December 31, 2019**