

**Certificate of Need
Certificates
September 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
Chatham	J-011512-18	Carolina Dialysis-Siler City	955802	ESRD	Relocate 1 dialysis station from BMA of Asheboro in Randolph County for a total of 23 stations upon project completion	6/1/2018	8/22/2018	9/27/2018	Conditional Approval	Bernetta Thorne-Williams	Gloria Hale	\$18,750	1/30/2019
Cherokee	A-011499-18	Murphy Rehabilitation & Nursing	180207	NH	Relocate 134 existing nursing facility beds to a new replacement facility	5/1/2018	8/15/2018	9/19/2018	Conditional Approval	Julie Faenza	Gloria Hale	\$12,761,000	1/1/2019
Durham	J-011509-18	Duke Regional Hospital	923142	HOSPITAL	Relocate 15 inpatient psychiatric beds from Duke University Hospital to Duke Regional Hospital for a total of 42 inpatient psychiatric beds at Duke Regional Hospital	6/1/2018	8/29/2018	9/29/2018	Conditional Approval	Mike McKillip	Gloria Hale	\$4,895,000	2/1/2019
Durham	J-011505-18	Duke Regional Hospital	923142	HOSPITAL	Add a fixed CT scanner at Duke Regional Hospital for a total of 3 fixed CT scanners.	5/1/2018	7/25/2018	9/6/2018	Conditional Approval	Bernetta Thorne-Williams	Lisa Pittman	\$3,012,000	6/30/2019
Henderson	B-011500-18	Margaret R. Pardee Memorial Hospital	943324	HOSPITAL	Develop a new dedicated C-Section operating room for a total of 11 operating rooms	5/1/2018	8/10/2018	9/13/2018	Conditional Approval	Julie Faenza	Martha Frisone	\$5,850,000	6/1/2019
Mecklenburg	F-011464-18	Windsor Run Care Center	180105	OTHER	Develop a CCRC with 36 NF beds pursuant to Policy NH-6 and 10 ACH beds pursuant to Policy LTC-2.	3/1/2018	5/18/2018	9/12/2018	Denied - Settlement	Julie Faenza	Gloria Hale	\$10,487,500	6/1/2019
Pitt	Q-011484-18	Greenville Dialysis Center	944657	ESRD	Add three dialysis stations for a total of 51 stations upon completion of this project and Project ID# Q-11304-17 (relocate three stations to new FKC Captains Cove facility)	4/1/2018	8/14/2018	9/14/2018	Conditional Approval	Greg Yakaboski	Martha Frisone	\$0	1/15/2019
Pitt	Q-011486-18	FMC Dialysis Services East Carolina University	960406	ESRD	Add three dialysis stations for a total of 41 stations upon completion of this project and Project ID# Q-11304-17 (relocate three stations to the new FKC Captains Cove facility)	4/1/2018	8/1/2018	9/6/2018	Conditional Approval	Tanya Rupp	Martha Frisone	\$0	1/15/2019
Wake	J-11510-18	Fresenius Kidney Care Holly Springs	180261	ESRD	Develop a new 10-station dialysis facility in Holly Springs, Wake County by relocating four existing certified dialysis stations from BMA of Raleigh Dialysis, four existing certified dialysis stations from FMC New Hope Dialysis and two existing certified dialysis stations from Southwest Wake County Dialysis	6/1/2018	8/17/2018	9/26/2018	Conditional Approval	Ena Lightbourne	Gloria Hale	\$1,783,044	1/1/2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11512-18

FID #: 955802

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: Relocate one dialysis station from BMA Asheboro for a total of 23 dialysis stations upon project completion/ Chatham County

CONDITIONS: See Reverse Side

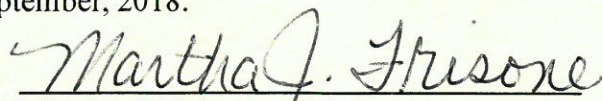
**PHYSICAL LOCATION: Carolina Dialysis-Siler City
192 Campus Drive
Siler City, NC 27344**

MAXIMUM CAPITAL EXPENDITURE: \$18,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 30, 2019

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


Martha J. Frisone, Chief

CONDITIONS:

1. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Siler City shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Carolina Dialysis, LLC shall relocate no more than one dialysis station from BMA Asheboro for a total of no more than 23 certified stations at Carolina Dialysis - Siler City upon project completion which shall include any home hemodialysis training or isolation stations.
3. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify one dialysis station at BMA Asheboro for a total of no more than forty-five dialysis stations at BMA Asheboro upon project completion.
4. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Siler City shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station, which shall include any isolation or home hemodialysis training stations.
5. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Siler City 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 28, 2018.

TIMETABLE:

- | | | |
|--|-------|-------------------|
| 1. Financing Obtained | _____ | March 15, 2018 |
| 2. Equipment Ordered | _____ | October 15, 2018 |
| 3. Equipment Installed | _____ | December 14, 2018 |
| 4. Equipment Operational | _____ | December 26, 2018 |
| 5. Building/Space Occupied | _____ | December 26, 2018 |
| 6. Services Offered | _____ | December 31, 2018 |
| 7. Medicare and/or Medicaid Certification Obtained | _____ | December 31, 2018 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: A-11499-18

FID #: 180207

**ISSUED TO: Murphy Healthcare Properties, LLC
Murphy Rehabilitation, 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: Construct a replacement facility for no more than 134 nursing home beds, including no more than 14 special care unit beds / Cherokee County

CONDITIONS: See Reverse Side

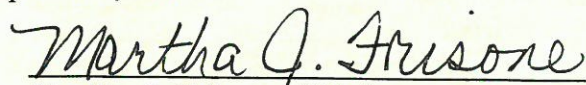
**PHYSICAL LOCATION: Murphy Rehabilitation & Nursing
190-230 NC Highway 141
Murphy, NC 28906**

MAXIMUM CAPITAL EXPENDITURE: \$12,761,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2019

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


Martha J. Frisone, Chief

CONDITIONS:

1. Murphy Healthcare Properties, LLC, and Murphy Rehabilitation, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Murphy Healthcare Properties, LLC and Murphy Rehabilitation, Inc. shall materially comply with the last made representation.
2. Murphy Healthcare Properties, LLC, and Murphy Rehabilitation, Inc. shall construct a replacement facility for Murphy Rehabilitation & Nursing's 134 existing nursing facility beds, including 14 existing special care unit beds.
3. Upon completion of the project, Murphy Rehabilitation & Nursing shall be licensed for no more than 134 nursing facility beds, including 14 special care unit beds.
4. For the first two years of operation following completion of the project, Murphy Healthcare Properties, LLC, and Murphy Rehabilitation, Inc. shall not increase private pay charges more than five percent 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. Murphy Healthcare Properties, LLC, and Murphy Rehabilitation, 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.
6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Murphy Healthcare Properties, LLC, and Murphy Rehabilitation, 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.
7. Murphy Healthcare Properties, LLC, and Murphy Rehabilitation, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 20, 2018.

TIMETABLE:

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|-----|---|--------------------|
| 1. | Financing Obtained _____ | October 1, 2018 |
| 2. | Construction/Renovation Contract(s) Executed _____ | September 1, 2018 |
| 3. | 25% of Construction/Renovation Completed _____
(25% of the cost is in place) | December 1, 2018 |
| 4. | 50% of Construction/Renovation Completed _____ | March 1, 2019 |
| 5. | 75% of Construction/Renovation Completed _____ | June 1, 2019 |
| 6. | Construction/Renovation Completed _____ | September 1, 2019 |
| 7. | Equipment Ordered _____ | May 1, 2019 |
| 8. | Equipment Installed _____ | September 15, 2019 |
| 9. | Equipment Operational _____ | September 30, 2019 |
| 10. | Building/Space Occupied _____ | October 1, 2019 |
| 11. | Licensure Obtained _____ | October 1, 2019 |
| 12. | Services Offered _____ | October 1, 2019 |
| 13. | Medicare and/or Medicaid Certification Obtained _____ | October 15, 2019 |
| 14. | Final Annual Report Due _____ | December 31, 2022 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11509-18

FID #: 923142

ISSUED TO: 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: Relocate 19 inpatient psychiatric beds from Duke University Hospital to Duke Regional Hospital for a total of 42 inpatient psychiatric beds at Duke Regional Hospital/ Durham County

CONDITIONS: See Reverse Side

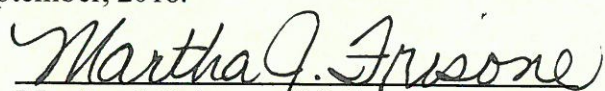
**PHYSICAL LOCATION: Duke Regional Hospital
3643 North Roxboro Road
Durham, NC 27704**

MAXIMUM CAPITAL EXPENDITURE: \$4,895,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2019

This certificate is effective as of the 29th Day of September, 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 relocate no more than 19 psychiatric inpatient beds from Duke University Hospital to Duke Regional Hospital for a total of no more than 42 psychiatric inpatient beds at Duke Regional Hospital and no psychiatric inpatient beds at Duke University Hospital upon completion of the project.
3. Duke University Health System, Inc. shall accept patients requiring involuntary admission for psychiatric inpatient services at Duke Regional Hospital.
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, 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.
5. Duke University Health System, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance 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 September 20, 2018.

TIMETABLE:

1. Drawings Complete _____ September 17, 2018
2. 25% of Construction Completed
(25% of the cost is in place) _____ July 31, 2020
3. 50% of Construction/Renovation Completed _____ August 31, 2020
4. 75% of Construction/Renovation Completed _____ September 30, 2020
5. Construction/Renovation Completed _____ October 31, 2020
6. Building/Space Occupied _____ February 28, 2021
7. Services Offered _____ March 1, 2021
8. Final Annual Report Due _____ June 1, 2024

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11505-18

FID #: 923142

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 additional fixed CT scanner for a total of no more than three fixed CT scanners upon project completion/ Durham County

CONDITIONS: See Reverse Side

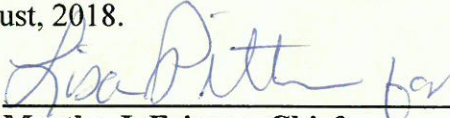
**PHYSICAL LOCATION: Duke Regional Hospital
3643 North Roxboro Road
Durham, NC 27611**

MAXIMUM CAPITAL EXPENDITURE: \$3,012,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2019

This certificate is effective as of the 25th 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 CT scanner for a total of no more than three fixed CT scanners to be located at Duke Regional Hospital.
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. 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.
5. Duke University Health System, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 7, 2018.

TIMETABLE:

1. Construction/Renovation Completed _____ June 12, 2019
2. Equipment Installed _____ June 1, 2019
3. Equipment Operational _____ July 1, 2019
4. Services Offered _____ July 1, 2019
5. Final Annual Report Due _____ September 30, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: B-11500-18

FID #: 943324

ISSUED TO: Henderson County Hospital Corporation

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

SCOPE: Develop one new dedicated C-section operating room for a total of no more than 11 operating rooms / Henderson County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Margaret R. Pardee Memorial Hospital
800 North Justice Street
Hendersonville, NC 28791**

MAXIMUM CAPITAL EXPENDITURE: \$5,850,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2019

This certificate is effective as of the 11th Day of September, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Henderson County Hospital Corporation shall materially comply with all representations made in the certificate of need application.
2. Henderson County Hospital Corporation shall develop one new dedicated C-section operating room at Margaret R. Pardee Memorial Hospital.
3. Upon completion of the project, Margaret R. Pardee Memorial Hospital shall be licensed for no more than one dedicated C-section operating room and no more than 11 total operating rooms.
4. Henderson County Hospital Corporation shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section F of the application and that would otherwise require a certificate of need.
5. Henderson County Hospital Corporation shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Henderson County Hospital Corporation shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. Henderson County Hospital Corporation shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

TIMETABLE:

- | | | |
|--|-------|-------------------|
| 1. Financing Obtained | _____ | April 19, 2019 |
| 2. Drawings Completed | _____ | June 30, 2019 |
| 3. Construction/Renovation Contract(s) Executed | _____ | August 29, 2019 |
| 4. 25% of Construction/Renovation Completed
(25% of the cost is in place) | _____ | December 12, 2019 |
| 5. 50% of Construction/Renovation Completed | _____ | March 26, 2020 |
| 6. 75% of Construction/Renovation Completed | _____ | July 9, 2020 |
| 7. Construction/Renovation Completed | _____ | October 22, 2020 |
| 8. Equipment Ordered | _____ | June 9, 2020 |
| 9. Equipment Installed | _____ | December 6, 2020 |
| 10. Equipment Operational | _____ | December 21, 2020 |
| 11. Building/Space Occupied | _____ | January 20, 2021 |
| 12. Services Offered | _____ | April 1, 2021 |
| 13. Final Annual Report Due | _____ | June 30, 2024 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11464-18

FID #: 180105

ISSUED TO: Windsor Run, 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 combination nursing facility as part of a new CCRC with no more than 36 nursing facility beds developed pursuant to Policy NH-6 and no more than 10 adult care home beds developed pursuant to Policy LTC-2 / Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Windsor Run Care Center
2010 McKee Road
Matthews, NC 28105**

MAXIMUM CAPITAL EXPENDITURE: \$10,487,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2019

This certificate is effective as of the 31st of August, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Windsor Run, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Windsor Run, LLC shall materially comply with the last made representation.
2. Windsor Run, LLC shall develop a new combination nursing facility as part of a new CCRC with no more than 36 nursing facility beds developed pursuant to Policy NH-6 and no more than 10 adult care home beds developed pursuant to Policy LTC-2.
3. Upon completion of the project, Windsor Run Care Center shall be licensed for no more than 36 nursing facility beds and 10 adult care home beds.
4. The 36 nursing facility beds shall not be certified for participation in the Medicaid program prior to July 1, 2019 unless the Division of Medical Assistance determines that state funds are available in the current Medicaid budget to pay for the care and authorizes an earlier certification date.
5. Windsor Run, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
6. For the first two years of operation following completion of the project, Windsor Run, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. Approval by the Healthcare Planning and Certificate of Need Section to develop the proposed special care unit beds means only that the applicants are authorized to construct the proposed special care unit beds. It does not mean that the applicants will be able to obtain a license for the special care unit beds if a moratorium on licensure of special care unit beds is still in effect. In that instance, the applicants would need to demonstrate that they meet the criteria for an exception and it be granted by the Secretary of the Department of Health and Human Services.
8. 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, Windsor Run, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.

TIMETABLE:

1.	Financing Obtained _____	June 1, 2019
2.	Drawings Completed _____	June 15, 2019
3.	Construction/Renovation Contract(s) Executed _____	September 1, 2019
4.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	January 1, 2020
5.	50% of Construction/Renovation Completed _____	June 1, 2020
6.	75% of Construction/Renovation Completed _____	October 1, 2020
7.	Construction/Renovation Completed _____	December 1, 2020
8.	Building/Space Occupied _____	February 15, 2021
9.	Licensure Obtained _____	March 1, 2021
10.	Services Offered _____	March 1, 2021
11.	Medicare and/or Medicaid Certification Obtained _____	June 1, 2021
12.	Final Annual Report Due _____	May 31, 2024

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: Q-11484-18

FID #: 944657

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 three dialysis stations for a total of 51 stations upon completion of this project and Project I.D. #Q-11304-17 (relocate three stations to FKC Captains Cove)/ Pitt County

CONDITIONS: See Reverse Side

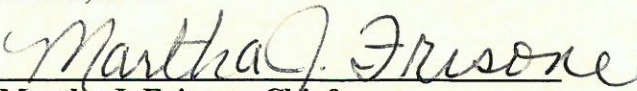
**PHYSICAL LOCATION: Greenville Dialysis Center
510 Paladin Drive
Greenville, NC 27834**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2019

This certificate is effective as of the 14th Day of September, 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 3 additional dialysis stations for a total of no more than 51 certified stations at Greenville Dialysis Center upon completion of this project and Project ID# Q-11304-17 (relocate three stations to FKC Captains Cove), 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 Healthcare Planning and Certificate of Need Section in writing prior to the issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 17, 2018.

TIMETABLE:

1. **Services Offered _____ December 31, 2018**
2. **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 #: Q-11486-18

FID #: 960406

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 41 stations upon completion of this project and Project ID# Q-11304-17 (relocate three stations to the new FKC Captains Cove facility)/ Pitt County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: FMC Dialysis Services East Carolina
2355 W. Arlington Blvd.
Greenville, NC 27834**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2019

This certificate is effective as of 1st day of September, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Dialysis Services East Carolina 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 Fresenius Medical Care Dialysis Services East Carolina shall develop no more than three additional dialysis stations for a total of no more than 41 certified stations at Fresenius Medical Care Dialysis Services East Carolina upon completion of this project and Project ID #Q-11304-17, which shall include any home hemodialysis training or isolation stations.**

3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Dialysis Services East Carolina 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 August 7, 2018.

TIMETABLE:

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

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11510-18

FID #: 180261

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a Fresenius Kidney Care Holly Springs**

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

SCOPE: Develop a new 10-station dialysis facility in Holly Springs, Wake County by relocating four existing certified dialysis stations from BMA of Raleigh Dialysis, four existing certified dialysis stations from FMC New Hope Dialysis, and two existing certified dialysis stations from Southwest Wake County Dialysis / Wake County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Fresenius Kidney Care Holly Springs
105 Cotton Lane
Holly Springs, NC 27540**

MAXIMUM CAPITAL EXPENDITURE: \$1,783,044

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2019

This certificate is effective as of the 18th Day of September, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. The applicant, Bio-Medical Applications of North Carolina, Inc. d/b/a/ Fresenius Kidney Care Holly Springs shall materially comply with the representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. d/b/a/ Fresenius Kidney Care Holly Springs shall develop a new kidney disease treatment center to be known as Fresenius Kidney Care Holly Springs by relocating four existing certified dialysis stations from BMA of Raleigh Dialysis, four existing certified dialysis stations from FMC New Hope Dialysis, and two existing certified dialysis stations from Southwest Wake County Dialysis.
3. The applicant, Bio-Medical Applications of North Carolina, Inc. d/b/a/ Fresenius Kidney Care Holly Springs shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations which shall include isolation stations.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 4 dialysis stations at BMA Raleigh for a total of no more than 46 dialysis stations at BMA Raleigh, 4 dialysis stations at FMC New Hope for a total of no more than 28 dialysis stations at FMC New Hope, and 2 dialysis stations at Southwest Wake County for a total of no more than 28 dialysis stations at Southwest Wake County.
5. The applicant, Bio-Medical of Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care of Holly Springs 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 20, 2018

TIMETABLE:

1. Financing Obtained _____ May 15, 2018
2. Drawing Complete _____ January 17, 2019
3. Construction/Renovation Contract(s) Executed _____ March 3, 2019
4. 25% of Construction/Renovation Completed _____ May 17, 2019
(25% of the cost is in place)
5. 50% of Construction/Renovation Completed _____ July 16, 2016
6. 75% of Construction/Renovation Completed _____ September 14, 2019
7. Construction/Renovation Completed _____ November 13, 1019
8. Equipment Ordered _____ October 17, 2019
9. Equipment Installed _____ December 1, 2019
10. Equipment Operational _____ December 15, 2019
11. Services Offered _____ December 31, 2019
12. Medicare and/or Medicaid Certification Obtained _____ December 31, 2019
13. Final Annual Report Due _____ December 31, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11477-18

FID #: 170236

ISSUED TO: RAI Care Centers - Goldsboro

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 18 stations upon completion of this project and Project I.D. #P-11346-17 (relocate the entire dialysis facility to a new location in Goldsboro)/ Wayne County

CONDITIONS: See Reverse Side

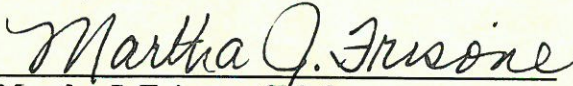
**PHYSICAL LOCATION: PIN # 3610139132 Hospital Road
Goldsboro, NC 27534**

MAXIMUM CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2019

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


Martha J. Frisone, Chief

CONDITIONS:

1. RAI Care Centers of North Carolina II, LLC d/b/a RAI Care Centers-Goldsboro 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, RAI Care Centers of North Carolina II, LLC d/b/a RAI Care Centers-Goldsboro shall develop no more than two additional dialysis stations for a total of no more than 18 certified stations at RAI Care Centers-Goldsboro upon completion of this project and Project I.D. P-11346-17 (relocate entire dialysis facility to a new location in Goldsboro), which shall include any home hemodialysis training or isolation stations.
3. RAI Care Centers of North Carolina II, LLC d/b/a RAI Care Centers-Goldsboro 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. RAI Care Centers of North Carolina II, LLC d/b/a RAI Care Centers-Goldsboro 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 29, 2018.

TIMETABLE:

- | | | |
|--|-------|-------------------|
| 1. Financing Obtained | _____ | March 15, 2018 |
| 2. Drawings Completed | _____ | October 10, 2018 |
| 3. Construction/Renovation Completed | _____ | December 1, 2018 |
| 4. Equipment Ordered | _____ | October 15, 2018 |
| 5. Equipment Installed | _____ | December 14, 2018 |
| 6. Equipment Operational | _____ | December 19, 2018 |
| 7. Building/Space Occupied | _____ | December 19, 2018 |
| 8. Services Offered | _____ | December 31, 2018 |
| 9. Medicare and/or Medicaid Certification Obtained | _____ | December 31, 2018 |