

**Certificate of Need  
Certificates Issued  
November 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
Anson	H-011545-18	Dialysis Care of Anson County	955840	ESRD	Relocate the entire facility to a new location	8/1/2018	10/5/2018	11/6/2018	Conditional Approval	Ena Lightbourne	Gloria Hale	\$1,926,198	1/1/2019
Carteret	P-011538-18	Crystal Coast Dialysis Unit	970506	ESRD	Relocate entire facility to a new location in Morehead City	8/1/2018	10/29/2018	11/30/2018	Conditional Approval	Ena Lightbourne	Gloria Hale	\$2,041,626	3/1/2019
Davie	G-011537-18	Davie Medical Center	080175	HOSPITAL	Acquire a fixed MRI scanner pursuant to Policy TE-3	7/1/2018	10/26/2018	11/27/2018	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$4,070,000	3/1/2019
Duplin	P-011546-18	Warsaw Dialysis	180371	ESRD	Develop a new 10-station facility and home training program by relocating 7 stations from Southeastern Dialysis Center-Kenansville and 3 stations from Wallace Dialysis	8/1/2018	10/15/2018	11/15/2018	Conditional Approval	Celia Inman	Gloria Hale	\$1,615,118	3/1/2019
Durham	J-011544-18	Hope Valley Dialysis	180368	ESRD	Develop a new 10-station facility by relocating 6 stations from Southpoint Dialysis and 4 stations from Durham West Dialysis	8/1/2018	10/23/2018	11/27/2018	Conditional Approval	Mike McKillip	Fatimah Wilson	\$2,275,057	3/1/2019
Guilford	G-011556-18	Northbay Group Home	180425	MHL	Relocate and replace Westridge Group Home, a five-bed ICF/IID group home, and change the name to Northbay Group Home	9/1/2018	10/26/2018	11/27/2018	Conditional Approval	Celia Inman	Fatimah Wilson	\$683,936	7/30/2019
Johnston	J-011540-18	Johnston Dialysis Center	944566	ESRD	Relocate 4 stations from Zebulon Kidney Center for a total of 32 stations upon completion of this project, Project ID# J-11372-17 (develop a new 10-station dialysis facility by relocating two dialysis stations from FMC Four Oaks, four stations from Johnston Dialysis Center and four stations from FMC Hope Dialysis) and Project ID# J-	8/1/2018	10/29/2018	11/30/2018	Conditional Approval	Bernetta Thorne-Williams	Gloria Hale	\$0	4/30/2019
Lincoln	F-011539-18	Wexford House	980529	ACH	Relocate 20 ACH beds from Cardinal Healthcare and Rehabilitation Center for a total of 80 ACH beds at Wexford House	8/1/2018	10/30/2018	11/30/2018	Conditional Approval	Julie Faenza	Fatimah Wilson	\$1,846,525	4/1/2019
Mecklenburg	F-011464-18	Windsor Run Care Center	180105	NH	Develop a CCRC with 36 NF beds relocated pursuant to Policy NH-6 from Ridgewood Living and Rehabilitation (22 beds)(Beaufort County) and Willow Ridge Rehabilitation (14 beds)(Rutherford County) and 10 ACH beds developed pursuant to Policy LTC-2	3/1/2018	5/18/2018	11/29/2018	Denied - Settlement	Julie Faenza	Gloria Hale	\$10,487,500	6/1/2019
Mecklenburg	F-011560-18	Tryon Medical Partners	180430	ASC	Develop a new ASC with four GI Endoscopy rooms	9/1/2018	10/26/2018	11/27/2018	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$2,807,918	3/1/2019



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: H-11545-18**

**FID #: 955840**

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

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

**SCOPE: Relocate entire facility to a new location/ Anson County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Dialysis Care of Anson County  
2004 US 74 West  
Wadesboro, NC 28170**

**MAXIMUM CAPITAL EXPENDITURE: \$1,926,197**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 6<sup>th</sup> Day of November, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Anson County 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 d/b/a Dialysis Care of Anson County shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Anson County shall relocate 15 stations from existing location of Dialysis Care of Anson County to the proposed new site for a total of no more than 15 stations at Dialysis Care of Anson County upon project completion.
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Anson County shall install plumbing and electrical wiring through the walls for no more than 15 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Anson County shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 26, 2018.

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ July 16, 2018
2. Drawings Completed \_\_\_\_\_ February 17, 2019
3. Construction/Renovation Contract(s) Executed \_\_\_\_\_ May 4, 2019
4. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ June 1, 2019
5. Construction/Renovation Completed \_\_\_\_\_ October 15, 2019
6. Building/Space Occupied \_\_\_\_\_ December 2, 2019
7. Services Offered \_\_\_\_\_ January 1, 2020
8. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11538-18**

**FID #: 970506**

**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 an existing dialysis facility, Crystal Coast Dialysis Unit, to a new location in Morehead City/ Carteret County**

**CONDITIONS: See Reverse Side**

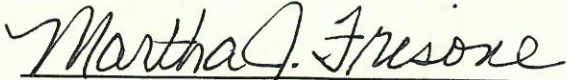
**PHYSICAL LOCATION: Crystal Coast Dialysis Unit  
3332 Bridges Street  
Morehead City, NC 27511**

**MAXIMUM CAPITAL EXPENDITURE: \$2,041,626**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of November 29, 2018

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **1. Bio-Medical Applications of North Carolina, Inc. d/b/a Crystal Coast Dialysis Unit 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 Crystal Coast Dialysis Unit shall relocate 16 stations from the existing location of Crystal Coast Dialysis Unit to the proposed new site for a total of no more than 16 stations at Crystal Coast Dialysis Unit upon project completion.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Crystal Coast Dialysis Unit shall install plumbing and electrical wiring through the walls for no more than 16 dialysis stations, which shall include any isolation or home hemodialysis stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Crystal Coast Dialysis Unit 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 November 2, 2018.**

**TIMETABLE:**

1. **Financing Obtained \_\_\_\_\_ July 16, 2018**
2. **Drawings Completed \_\_\_\_\_ March 3, 2019**
3. **Construction/Renovation Contract(s) Executed \_\_\_\_\_ May 18, 2019**
4. **25% of Construction/Renovation Completed \_\_\_\_\_ July 17, 2019**  
**(25% of the cost is in place)**
5. **50% of Construction/Renovation Completed \_\_\_\_\_ September 15, 2019**
6. **75% of Construction/Renovation Completed \_\_\_\_\_ October 30, 2019**
7. **Construction/Renovation Completed \_\_\_\_\_ November 29, 2019**
8. **Equipment Ordered \_\_\_\_\_ September 15, 2019**
9. **Equipment Installed \_\_\_\_\_ December 14, 2019**
10. **Equipment Operational \_\_\_\_\_ December 23, 2019**
11. **Building/Space Occupied \_\_\_\_\_ December 23, 2019**
12. **Services Offered \_\_\_\_\_ December 31, 2019**
13. **Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ December 31, 2019**

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11537-18**

**FID #: 080175**

**ISSUED TO: Davie Medical Center  
North Carolina Baptist Hospital**

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 a fixed MRI scanner pursuant to Policy TE-3/ Davie County**

**CONDITIONS: See Reverse Side**

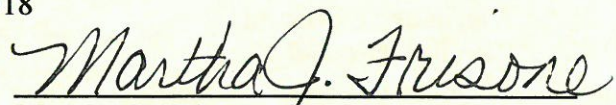
**PHYSICAL LOCATION: Davie Medical Center  
329 NC Highway 801 N  
Bermuda Run, NC 27006**

**MAXIMUM CAPITAL EXPENDITURE: \$4,070,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of 27<sup>th</sup> November, 2018

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Davie Medical Center and North Carolina Baptist Hospital shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Davie Medical Center and North Carolina Baptist Hospital shall materially comply with the last made representation.
2. Davie Medical Center and North Carolina Baptist Hospital shall acquire no more than one fixed MRI scanner to be located at Davie Medical Center as part of this project.
3. Davie Medical Center and North Carolina Baptist Hospital shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Davie Medical Center and North Carolina Baptist Hospital shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
5. Davie Medical Center and North Carolina Baptist Hospital shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 8, 2018.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ December 28, 2018
2. Construction/Renovation Contract(s) Executed \_\_\_\_\_ February 15, 2019
3. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ March 25, 2019
4. 50% of Construction/Renovation Completed \_\_\_\_\_ May 3, 2019
5. 75% of Construction/Renovation Completed \_\_\_\_\_ June 10, 2019
6. Construction/Renovation Completed \_\_\_\_\_ July 19, 2019
7. Licensure Obtained \_\_\_\_\_ September 27, 2019
8. Services Offered \_\_\_\_\_ October 1, 2019
9. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ September 27, 2019
10. Facility or Service Accredited \_\_\_\_\_ September 27, 2019
11. Final Annual Report Due \_\_\_\_\_ September 30, 2023



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11546-18**

**FID #: 180371**

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

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

**SCOPE: Develop a new 10-station facility and home training program by relocating no more than 7 stations from Southeastern Dialysis Center-Kernersville and no more than 3 stations from Wallace Dialysis/ Duplin County**

**CONDITIONS: See Reverse Side**

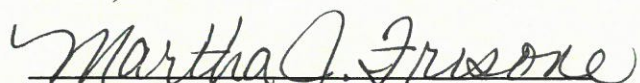
**PHYSICAL LOCATION: Warsaw Dialysis  
213 West College Street  
Warsaw, NC 28398**

**MAXIMUM CAPITAL EXPENDITURE: \$1,615,118**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 15<sup>th</sup> Day of November, 2018.

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Warsaw Dialysis shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Total Renal Care of North Carolina, LLC d/b/a Warsaw Dialysis shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC shall develop a new 10-station kidney disease treatment center to be known as Warsaw Dialysis by relocating seven dialysis stations from Southeastern Dialysis Center - Kenansville and three dialysis stations from Wallace Dialysis.
3. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify seven dialysis stations at Southeastern Dialysis Center-Kenansville for a total of no more than 10 dialysis stations at Southeastern Dialysis Center-Kenansville.
4. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify three dialysis stations at Wallace Dialysis for a total of no more than 16 dialysis stations at Wallace Dialysis following completion of this project, Project ID #P-11418-17 (add one station) and Project ID #P-11491-18 (add three stations).
5. Total Renal Care of North Carolina, LLC d/b/a Warsaw Dialysis shall install plumbing and electrical wiring through the walls for no more than ten additional dialysis stations, which shall include any home training and isolation stations.
6. Total Renal Care of North Carolina, LLC d/b/a Warsaw Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 26, 2018.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ February 17, 2019
2. Construction/Renovation Contract(s) Executed \_\_\_\_\_ May 4, 2019
3. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ June 1, 2019
4. Construction/Renovation Completed \_\_\_\_\_ October 15, 2019
5. Building/Space Occupied \_\_\_\_\_ December 2, 2019
6. Services Offered \_\_\_\_\_ January 1, 2020
7. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11544-18**

**FID #: 180368**

**ISSUED TO: Renal Treatment Centers-Mid Atlantic, 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 10-station dialysis facility by relocating no more than six existing dialysis stations from Southpoint Dialysis and no more than four existing dialysis stations from Durham West Dialysis/ Durham County**

**CONDITIONS: See Reverse Side**

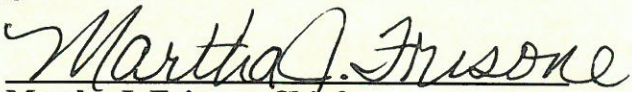
**PHYSICAL LOCATION: Hope Valley Dialysis  
PIN 0729-02-77-0538 Fayetteville Road  
Durham, NC 27713**

**MAXIMUM CAPITAL EXPENDITURE: \$2,275,057**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of 27<sup>th</sup> November, 2018

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Hope Valley Dialysis shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Hope Valley Dialysis shall develop a new kidney disease treatment center to be known as Hope Valley Dialysis by relocating six dialysis stations from Southpoint Dialysis and four dialysis stations from Durham West Dialysis.
3. Upon completion of this project, Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Hope Valley Dialysis shall take the necessary steps to decertify six dialysis stations at Southpoint Dialysis for a total of no more than ten dialysis stations at Southpoint Dialysis.
4. Upon completion of this project, Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Hope Valley Dialysis shall take the necessary steps to decertify four dialysis stations at Durham West Dialysis for a total of no more than 21 dialysis stations at Durham West Dialysis.
5. Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Hope Valley Dialysis shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations which shall include any isolation stations.
6. Renal Treatment Centers - Mid-Atlantic, Inc. d/b/a Hope Valley Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 5, 2018.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ February 17, 2019
2. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ June 1, 2019
3. Services Offered \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11556-18**

**FID #: 180425**

**ISSUED TO: Community Innovations, 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 and replace Westridge group Home, a five-bed ICF/IID group home, and change the name to Northbay Group Home/ Guilford County**

**CONDITIONS: See Reverse Side**

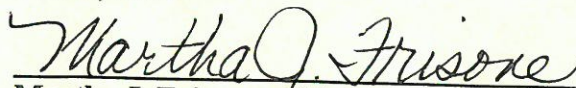
**PHYSICAL LOCATION: Northbay Group Home  
1907 Northbay Drive  
Brown Summit, NC 27214**

**MAXIMUM CAPITAL EXPENDITURE: \$683,936**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: July 30, 2019**

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

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Community Innovations, Inc. shall materially comply with all representations made in the certificate of need application and supplemental information. In the event that representations conflict, Community Innovations, Inc. shall materially comply with the last made representation.
2. Community Innovations, Inc. shall be certified for no more than five ICF/IID beds at the Northbay Group Home at 1907 Northbay Drive, Brown Summit location.
3. After the relocation of the five-bed Westridge Group Home facility to 1907 Northbay Drive, Brown Summit, Community Innovations, Inc. shall decertify the 908 Westridge Road, Greensboro facility as an ICF/IID facility.
4. Community Innovations, Inc. shall only serve adults with complex behavioral challenges and/or medical conditions for whom a community ICF/IDD placement is appropriate, as determined by the individual's treatment team and with the individual/guardian being in favor of the placement.
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, Community Innovations, 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. Community Innovations, 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 November 27, 2018.

**TIMETABLE:**

1. Building/Space Occupied \_\_\_\_\_ July 1, 2019
2. Licensure Obtained \_\_\_\_\_ March 28, 2019
3. Services Offered \_\_\_\_\_ July 1, 2019
4. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ June 28, 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 #: J-11540-18**

**FID #: 944566**

**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 four dialysis stations from Zebulon Kidney Center to Johnston Dialysis Center for a total of 32 dialysis stations upon completion of this project, Project I.D# J-11372-17 (develop a new 10-station dialysis facility by relocating two dialysis stations from FMC Four Oaks, four stations from Johnston Dialysis Center and four stations from FMC Hope Dialysis) and Project I.D. # J-11407-17 (add one dialysis station to Johnston Dialysis Center)/ Johnston County

**CONDITIONS:** See Reverse Side

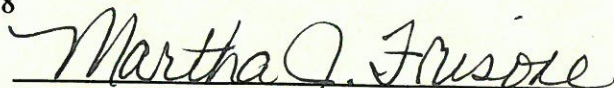
**PHYSICAL LOCATION:** Johnston Dialysis Center  
545 E. Market Street  
Smithfield, NC 27577

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** April 30, 2019

This certificate is effective as of November 29, 2018

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Johnston Dialysis 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. shall relocate 4 dialysis stations from Zebulon Kidney Center to Johnston Dialysis Center for a total of no more than 32 dialysis stations at Johnston Dialysis Center upon completion of this project, Project I.D. # J-11372-17 and Project I.D. # J-11407-17.**
3. **Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify four dialysis stations at Zebulon Kidney Care for a total of no more than 26 dialysis stations at Zebulon Kidney Care.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Johnston Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

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

**TIMETABLE:**

- |   |       |                       |
|---|-------|-----------------------|
| 1. <b>Financing Obtained</b>                              | _____ | <b>July 16, 2018</b>  |
| 2. <b>Equipment Ordered</b>                               | _____ | <b>April 16, 2019</b> |
| 3. <b>Equipment Installed</b>                             | _____ | <b>May 31, 2019</b>   |
| 4. <b>Equipment Operational</b>                           | _____ | <b>June 14, 2019</b>  |
| 5. <b>Services Offered</b>                                | _____ | <b>June 30, 2019</b>  |
| 6. <b>Medicare and/or Medicaid Certification Obtained</b> | _____ | <b>June 30, 2019</b>  |



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11539-18**

**FID #: 980529**

**ISSUED TO: DePaul Adult Care Communities, Inc.  
Community Facilities, Inc.**

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

**SCOPE: Relocate no more than 20 adult care home beds from Cardinal Healthcare and Rehabilitation Center for a total of no more than 80 adult care home beds upon project completion/ Lincoln County**

**CONDITIONS: See Reverse Side**

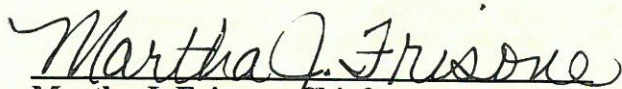
**PHYSICAL LOCATION: Wexford House  
3900 Wexford House Lane  
Denver, NC 28037**

**MAXIMUM CAPITAL EXPENDITURE: \$1,846,525**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of November 30, 2018

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. DePaul Adult Care Communities, Inc. and Community Facilities, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, DePaul Adult Care Communities, Inc. and Community Facilities, Inc. shall materially comply with the last made representation.
2. DePaul Adult Care Communities, Inc. and Community Facilities, Inc. shall relocate no more than 20 adult care home beds from Cardinal Healthcare and Rehabilitation Center for a total of no more than 80 adult care home beds at Wexford House upon completion of the project.
3. Upon completion of the project, Wexford House shall be licensed for no more than 80 adult care home beds.
4. Upon completion of the project, Cardinal Healthcare and Rehabilitation Center shall take appropriate steps to delicense the 20 adult care home beds being relocated to Wexford House.
5. Wexford House 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, DePaul Adult Care Communities, Inc. and Community Facilities, Inc. 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.
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, DePaul Adult Care Communities, Inc. and Community Facilities, 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. DePaul Adult Care Communities, Inc. and Community Facilities, 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 November 20, 2018.

**TIMETABLE:**

1.	Drawings Completed _____	March 1, 2019
2.	Construction/Renovation Contract(s) Executed _____	March 15, 2019
3.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	June 15, 2019
4.	50% of Construction/Renovation Completed _____	July 15, 2019
5.	75% of Construction/Renovation Completed _____	August 15, 2019
6.	Construction/Renovation Completed _____	September 15, 2019
7.	Equipment Ordered _____	March 15, 2019
8.	Equipment Installed _____	October 1, 2019
9.	Equipment Operational _____	October 15, 2019
10.	Building/Space Occupied _____	January 1, 2020
11.	Licensure Obtained _____	November 30, 2019
12.	Services Offered _____	January 1, 2020
13.	Medicare and/or Medicaid Certification Obtained _____	November 30, 2019
14.	Final Annual Report Due _____	March 31, 2023

# STATE OF NORTH CAROLINA

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

## **CORRECTED 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 CCRC with 36 NF beds relocated pursuant to Policy NH-6 from Ridgewood Living and Rehabilitation (22 beds)(Beaufort County) and Willow Ridge Rehabilitation (14 beds)(Rutherford County) and 10 ACH beds developed pursuant to Policy LTC-2/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

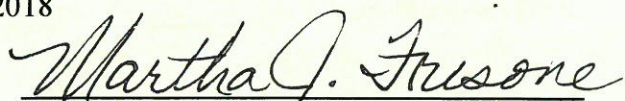
**PHYSICAL LOCATION: Windsor Run  
2010 McKee Road  
Matthews, NC 28105**

**MAXIMUM CAPITAL EXPENDITURE: \$10,487,500**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of 31<sup>st</sup> of August, 2018  
Corrected certificate issued on 29<sup>th</sup> of November, 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 #: F-11560-18**

**FID #: 180430**

**ISSUED TO: Tryon Medical Partners, PLLC**

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 ASC with four GI Endoscopy rooms/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

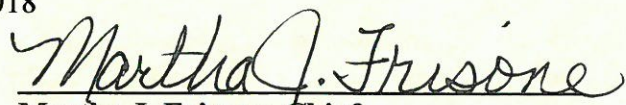
**PHYSICAL LOCATION: Tryon Medical Partners  
16817 Marvin Road  
Charlotte, NC 28277**

**MAXIMUM CAPITAL EXPENDITURE: \$2,807,918**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of 27<sup>th</sup> November, 2018

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Tryon Medical Partners, PLLC shall materially comply with all representations made in the certificate of need application.
2. Tryon Medical Partners, PLLC shall develop a new ambulatory surgical facility with four gastrointestinal endoscopy procedure rooms.
3. Upon completion of the project Tryon Medical Partners, PLLC shall be licensed for no more than four gastrointestinal endoscopy procedure rooms.
4. Tryon Medical Partners, PLLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.
5. Tryon Medical Partners, PLLC, shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
6. For the first three years of operation following completion of the project, Tryon Medical Partners, PLLC shall not increase charges more than 5% of the charges projected in Sections F and 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.
7. The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
8. Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in a gastrointestinal endoscopy room and shall not be reported on the facility's license renewal application as procedures performed in a gastrointestinal endoscopy room.
10. 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, & 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.
11. Tryon Medical Partners, PLLC 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 November 26, 2018.

**TIMETABLE:**

1. **Financing Obtained** \_\_\_\_\_ **August 8, 2018**
2. **Drawings Completed** \_\_\_\_\_ **August 10, 2018**
3. **Construction/Renovation Contract(s) Executed** \_\_\_\_\_ **June 15, 2018**
4. **25% of Construction/Renovation Completed**  
**(25% of the cost is in place)** \_\_\_\_\_ **July 15, 2018**
5. **50% of Construction/Renovation Completed** \_\_\_\_\_ **August 15, 2018**
6. **75% of Construction/Renovation Completed** \_\_\_\_\_ **September 15, 2018**
7. **Construction/Renovation Completed** \_\_\_\_\_ **October 15, 2018**
8. **Building/Space Occupied** \_\_\_\_\_ **December 1, 2018**
9. **Licensed Obtained** \_\_\_\_\_ **January 7, 2019**
10. **Services Offered** \_\_\_\_\_ **January 7, 2019**
11. **Medicare and/or Medicaid Certification Obtained** \_\_\_\_\_ **January 7, 2019**
12. **Facility or Service Accredited** \_\_\_\_\_ **December 31, 2019**
13. **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-11524-18**

**FID #: 180309**

**ISSUED TO: Tryon Medical Partners, PLLC**

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 diagnostic center with Dexa scan, echocardiogram, vascular lab, nuclear camera and pulmonary function testing equipment / Mecklenburg County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Tryon Medical Partners - Ballantyne  
16817 Marvin Road  
Charlotte, NC 28277**

**MAXIMUM CAPITAL EXPENDITURE: \$1,298,868**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 15<sup>th</sup> Day of November, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Tryon Medical Partners, PLLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Tryon Medical Partners, PLLC shall materially comply with the last made representation.
2. Tryon Medical Partners, PLLC shall develop a diagnostic imaging center as part of a physician and surgical specialty practice to be located in Charlotte.
3. Tryon Medical Partners, PLLC, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q of the application or 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, Tryon Medical Partners, PLLC 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. Tryon Medical Partners, PLLC 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 October 25, 2018.

**TIMETABLE:**

1. Financing Obtained _____	January 4, 2019
2. Drawings Completed _____	January 7, 2019
3. Construction/Renovation Contract(s) Executed _____	January 16, 2019
4. 25% of Construction/Renovation Completed (25% of the cost is in place) _____	January 30, 2019
5. 50% of Construction/Renovation Completed _____	February 13, 2019
6. 75% of Construction/Renovation Completed _____	February 27, 2019
7. Construction/Renovation Completed _____	March 13, 2019
8. Equipment Ordered _____	January 4, 2019
9. Equipment Installed _____	March 13, 2019
10. Equipment Operational _____	March 20, 2019
11. Building/Space Occupied _____	March 20, 2019
12. Licensure Obtained _____	March 27, 2019
13. Services Offered _____	April 1, 2019
14. Medicare and/or Medicaid Certification Obtained _____	May 1, 2019
15. Facility or Service Accredited _____	April 1, 2020
16. Final Annual Report Due _____	June 30, 2022

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11525-18**

**FID #: 180310**

**ISSUED TO: Tryon Medical Partners, PLLC**

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 diagnostic center with x-ray, Dexa scan, echocardiogram, vascular lab, nuclear camera, pulmonary function testing and endo ultrasound equipment/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

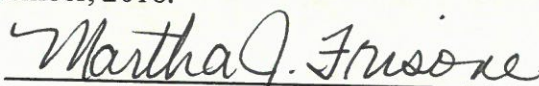
**PHYSICAL LOCATION: Tryon Medical Partners - SouthPark  
6060 Piedmont Row Drive South  
Charlotte, NC 28210**

**MAXIMUM CAPITAL EXPENDITURE: \$1,795,787**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 15<sup>th</sup> Day of November, 2018.

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Tryon Medical Partners, PLLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Tryon Medical Partners, PLLC shall materially comply with the last made representation.
2. Tryon Medical Partners, PLLC shall develop a diagnostic imaging center as part of a physician and surgical specialty practice to be located in Charlotte.
3. Tryon Medical Partners, PLLC, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q of the application or 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, Tryon Medical Partners, PLLC 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. Tryon Medical Partners, PLLC 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 October 25, 2018.

**TIMETABLE:**

- |  |                   |
|--|-------------------|
| 1. Financing Obtained _____  | January 4, 2019   |
| 2. Drawings Completed _____  | January 7, 2019   |
| 3. Construction/Renovation Contract(s) Executed _____                              | January 16, 2019  |
| 4. 25% of Construction/Renovation Completed<br>(25% of the cost is in place) _____ | January 30, 2019  |
| 5. 50% of Construction/Renovation Completed _____                                  | February 13, 2019 |
| 6. 75% of Construction/Renovation Completed _____                                  | February 27, 2019 |
| 7. Construction/Renovation Completed _____   | March 13, 2019    |
| 8. Equipment Ordered _____   | January 4, 2019   |
| 9. Equipment Installed _____   | March 13, 2019    |
| 10. Equipment Operational _____  | March 20, 2019    |
| 11. Building/Space Occupied _____  | March 20, 2019    |
| 12. Licensure Obtained _____   | March 27, 2019    |
| 13. Services Offered _____   | April 1, 2019     |
| 14. Medicare and/or Medicaid Certification Obtained _____                          | May 1, 2019       |
| 15. Facility or Service Accredited _____   | April 1, 2020     |
| 16. Final Annual Report Due _____  | June 30, 2022     |