

**Certificate of Need  
Certificates Issued  
January 2019**

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
Bladen	N-011589-18	Southeastern Dialysis Center-Elizabethtown	955448	ESRD	Add 3 stations for a total of 19 stations upon completion of this project and Project I.D. #N-11130-16 (relocate 10 stations to Bladenboro Dialysis)	10/1/2018	12/20/2018	1/23/2019	Conditional Approval	Tanya Saporito	Gloria Hale	\$0	6/1/2019
Carteret	P-011541-18	PruittHealth - Sea Level	180366	NH	Construct a replacement facility in Beaufort with 104 NF beds	8/1/2018	12/17/2018	1/17/2019	Conditional Approval	Jane Rhoe-Jones	Fatimah Wilson	\$18,187,290	7/15/2019
Chatham	J-011567-18	Carolina Dialysis-Siler City	955802	ESRD	Add 3 stations for a total of 26 stations upon completion of this project and Project ID # J-11512-18 (relocate 1 station to BMA Asheboro)	10/1/2018	12/20/2018	1/23/2019	Conditional Approval	Bernetta Thorne-Williams	Fatimah Wilson	\$322,416	9/30/2019
Chatham	J-011571-18	Carolina Dialysis - Pittsboro	981038	ESRD	Relocate the entire facility, develop a home training and support program and add one station for a total of 13 stations upon completion of this project and Project J-11469-18 (add 2 stations)	10/1/2018	12/20/2018	1/23/2019	Conditional Approval	Bernetta Thorne-Williams	Martha Frisone	\$2,674,138	11/30/2019
Chowan	R-011595-18	Edenton Dialysis	955811	ESRD	Add 2 stations for a total of 15 stations upon completion of this project and Project ID #R-10264-14 (relocate 4 stations to Perquimans County Dialysis)	10/1/2018	11/30/2018	1/1/2019	Conditional Approval	Greg Yakaboski	Martha Frisone	\$0	6/15/2019
Cumberland	M-011574-18	BMA Fayetteville	140236	ESRD	Add six dialysis stations for a total of 56 stations	10/1/2018	12/7/2018	1/8/2019	Conditional Approval	Ena Lightbourne	Gloria Hale	\$22,500	5/1/2019
Cumberland	M-011563-18	Cape Fear Valley Medical Center-Health Pavillion North	030360	HOSPITAL	Replace the linear accelerator not located on the main campus	9/1/2018	11/29/2018	1/1/2019	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$3,479,154	6/1/2019
Davie	G-011585-18	Davie Kidney Center	080689	ESRD	Add five dialysis stations for a total of 18 stations	10/1/2018	12/3/2018	1/3/2019	Conditional Approval	Celia Inman	Fatimah Wilson	\$84,000	4/30/2019
Duplin	P-011601-18	Wallace Dialysis	060249	ESRD	Add 2 stations for a total of 18 stations upon completion of this project, Project I.D. # P-11418-17 (add 1 station), Project I.D. # P-11491-18 (add 3 stations), and Project I.D. # P-11546-18 (relocate 3 stations to Warsaw Dialysis)	10/1/2018	12/18/2018	1/18/2019	Conditional Approval	Greg Yakaboski	Gloria Hale	\$0	6/15/2019
Durham	J-011600-18	Southpoint Dialysis	090117	ESRD	Add 6 stations for a total of 16 stations upon completion of this project and Project I.D. #J-11544-18 (relocate 6 stations to Hope Valley Dialysis)	10/1/2018	12/17/2018	1/24/2019	Conditional Approval	Bernetta Thorne-Williams	Gloria Hale	\$0	11/30/2019
Forsyth	G-011586-18	Salem Kidney Center	944758	ESRD	Add two dialysis stations for a total of 47 stations upon completion of this project and Project ID #G-11468-18 (add six stations for a total of 45)	10/1/2018	12/3/2018	1/3/2019	Conditional Approval	Celia Inman	Gloria Hale	\$33,600	4/30/2019

**Certificate of Need  
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County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Gaston	F-011583-18	FMC Gastonia	955615	ESRD	Add four stations to the facility for a total of 37 stations upon completion of this project, Project I.D. # F-11266-16 (relocate 12 stations to develop the new FKC Gaston) and CON Project # F-11309-17 (add six stations)	10/1/2018	11/30/2018	1/1/2019	Conditional Approval	Greg Yakaboski	Martha Frisone	\$0	6/15/2019
Guilford	G-011568-18	BMA of South Greensboro	980838	ESRD	Add four dialysis stations to BMA of South Greensboro for a total of 44 dialysis stations upon completion of this project, CON Project ID # G-11303-17 (relocate 14 stations to the new FKC Garber-Olin facility), and CON Project ID # G-11471-18 (add five dialysis stations)	10/1/2018	12/3/2018	1/3/2019	Conditional Approval	Celia Inman	Fatimah Wilson	\$0	10/30/2019
Henderson	B-011552-18	Pardee Partners ASC	180415	ASC	Develop a new ASF by relocating two Ors from Margaret R. Pardee Memorial Hospital and developing 2 procedure rooms	9/1/2018	11/29/2018	1/1/2019	Conditional Approval	Julie Faenza	Gloria Hale	\$16,322,300	11/15/2019
McDowell	C-011594-18	McDowell Dialysis Center	040266	ESRD	Add 2 stations for a total of 15 stations	10/1/2018	12/17/2018	1/17/2019	Conditional Approval	Ena Lightbourne	Gloria Hale	\$937,320	5/1/2019
Mecklenburg	F-011592-18	Renaissance Park Dialysis	180264	ESRD	Develop a new 10-station dialysis facility by relocating 10 stations from Charlotte Dialysis	10/1/2018	12/18/2018	1/22/2019	Conditional Approval	Julie Faenza	Lisa Pittman	\$2,362,962	8/1/2019
Mecklenburg	F-011602-18	Huntersville Dialysis	130490	ESRD	Add 4 stations for a total of 22 stations upon completion of this project and Project I.D. #F-11547-18 (relocate 4 stations from North Charlotte Dialysis)	10/1/2018	11/30/2018	1/1/2019	Conditional Approval	Julie Faenza	Gloria Hale	\$72,760	7/1/2019
Mecklenburg	F-011547-18	Huntersville Dialysis	130490	ESRD	Relocate 4 stations from North Charlotte Dialysis for a total of 18 stations upon project completion	8/1/2018	11/28/2018	12/29/2018	Conditional Approval	Greg Yakaboski	Gloria Hale		8/1/2019
New Hanover	O-011542-18	Tidewater at Carolina Bay	180367	ACH	Relocate 16 ACH beds from Fannie Norwood Memorial Home to be combined with the 72 ACH beds previously approved in Project ID #O-10366-14 and develop the 88 ACH beds adjacent to the Carolina Bay of Wilmington at Autumn Hall campus	8/1/2018	12/28/2018	1/29/2019	Conditional Approval	Tanya Saporito	Gloria Hale	\$4,924,349	6/1/2019



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: N-11589-18**

**FID #: 955448**

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

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

**SCOPE: Add no more than three stations for a total of no more than 19 stations upon completion of this project and Project ID #N-11130-16 (relocate 10 stations to Bladenboro Dialysis)/ Bladen County**

**CONDITIONS: See Reverse Side**

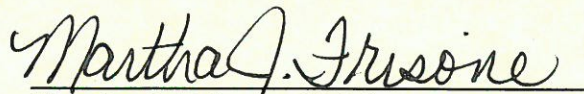
**PHYSICAL LOCATION: Southeastern Dialysis Center-Elizabethtown  
101 Dialysis Drive  
Elizabethtown, NC 28337**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 23, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Total Renal Care of North Carolina, LLC shall develop no more than three additional dialysis stations for a total of no more than 19 certified stations at Southeastern Dialysis Center - Elizabethtown, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 11, 2019.

**TIMETABLE:**

1. Equipment Installed \_\_\_\_\_ November 15, 2019
2. Equipment Operational \_\_\_\_\_ December 1, 2019
3. Services Offered \_\_\_\_\_ January 1, 2020
4. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11541-18**

**FID #: 180366**

**ISSUED TO: PruittHealth-Sea Level, LLC  
Pruitt Properties, 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 in Beaufort with 104 Nursing Facility beds/  
Carteret County**

**CONDITIONS: See Reverse Side**

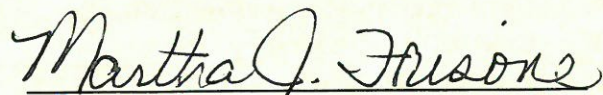
**PHYSICAL LOCATION: PruittHealth, SeaLevel  
2415 US Highway 70 East  
Beaufort, NC 28516**

**MAXIMUM CAPITAL EXPENDITURE: \$18,187,290**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 17, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **PruittHealth – Sea Level, LLC, and Pruitt Properties, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **PruittHealth – Sea Level, LLC, and Pruitt Properties, Inc. shall relocate 104 existing nursing facility beds to a new replacement facility.**
3. **Upon completion of the project, PruittHealth – Sea Level shall be licensed for no more than 104 nursing facility beds.**
4. **For the first two years of operation following completion of the project, PruittHealth – Sea Level, LLC, and Pruitt Properties, 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. **PruittHealth – Sea Level, LLC, and Pruitt Properties, 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, PruittHealth – Sea Level, LLC, and Pruitt Properties, 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. **PruittHealth – Sea Level, LLC, and Pruitt Properties, 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 January 16, 2019.**

**TIMETABLE:**

1. **50% of Construction/Renovation Completed \_\_\_\_\_ August 1, 2020**
2. **Construction/Renovation Completed \_\_\_\_\_ May 1, 2021**
3. **Licensure Obtained \_\_\_\_\_ July 31, 2021**
4. **Services Offered \_\_\_\_\_ July 1, 2021**
5. **Facility or Service Accredited \_\_\_\_\_ July 1, 2022**
6. **Final Annual Report Due \_\_\_\_\_ October 1, 2024**

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11567-18**

**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: Add no more than three dialysis stations for a total of no more than 26 dialysis stations upon completion of this project and Project ID #J-11512-18 (relocate one dialysis station from BMA Asheboro) Chatham/ Chatham County**

**CONDITIONS: See Reverse Side**


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

**MAXIMUM CAPITAL EXPENDITURE: \$322,416**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 23, 2019

  
**Martha J. Frisone, Chief**



**CONDITIONS:**

1. Carolina Dialysis, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Carolina Dialysis, LLC, shall develop no more than three additional dialysis stations for a total of no more than 26 dialysis stations upon completion of this project and Project I.D. # J-11512-18 (relocate one dialysis station from BMA Asheboro), which shall include any home hemodialysis training or isolation stations.
3. Carolina Dialysis, LLC shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. Carolina Dialysis, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 9, 2019.

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ September 17, 2018
2. Drawings Completed \_\_\_\_\_ August 2, 2019
3. Construction/Renovation Contract(s) Executed \_\_\_\_\_ September 1, 2019
4. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ September 16, 2019
5. 50% of Construction/Renovation Completed \_\_\_\_\_ October 7, 2019
6. 75% of Construction/Renovation Completed \_\_\_\_\_ October 28, 2019
7. Construction/Renovation Completed \_\_\_\_\_ November 18, 2019
8. Equipment Ordered \_\_\_\_\_ October 17, 2019
9. Equipment Installed \_\_\_\_\_ December 16, 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 #: J-11571-18**

**FID #: 981038**

**ISSUED TO: Carolina Dialysis, LLC**

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

**SCOPE: Relocate the entire facility, develop a home training and support program and add one dialysis station for a total of no more than 13 dialysis stations upon completion of this project and Project ID #J-11469-18 (add 2 stations)/ Chatham County**

**CONDITIONS: See Reverse Side**

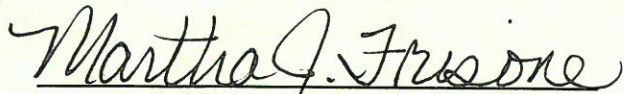
**PHYSICAL LOCATION: Carolina Dialysis – Pittsboro  
PIN #0085283, Powell Lane  
Pittsboro, NC 27513**

**MAXIMUM CAPITAL EXPENDITURE: \$2,674,138**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 23, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Pittsboro shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, the applicant shall develop one additional dialysis station for a total of no more than 13 certified stations at Carolina Dialysis - Pittsboro upon completion of this project and Project I.D. # J-11469-18 (add two stations) which shall include any home hemodialysis training or isolation stations.
3. Pursuant to Policy ESRD-2, Carolina Dialysis, LLC d/b/a Carolina Dialysis - Pittsboro shall relocate the entire facility to a new site in Chatham County.
4. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Pittsboro shall develop home dialysis training and support programs for home hemodialysis and peritoneal dialysis patients.
5. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Pittsboro 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.
6. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Pittsboro shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 9, 2019.

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ September 17, 2018
2. Drawings Completed \_\_\_\_\_ August 2, 2019
3. Construction/Renovation Contract(s) Executed \_\_\_\_\_ October 31, 2019
4. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ January 29, 2020
5. 50% of Construction/Renovation Completed \_\_\_\_\_ April 28, 2020
6. 75% of Construction/Renovation Completed \_\_\_\_\_ July 27, 2020
7. Construction/Renovation Completed \_\_\_\_\_ September 25, 2020
8. Equipment Ordered \_\_\_\_\_ October 2, 2020
9. Equipment Installed \_\_\_\_\_ December 1, 2020
10. Equipment Operational \_\_\_\_\_ December 13, 2020
11. Building/Space Occupied \_\_\_\_\_ December 13, 2020
12. Services Offered \_\_\_\_\_ December 31, 2020
13. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ December 31, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: R-11595-18**

**FID #: 955811**

**ISSUED TO: DVA Healthcare Renal Care, Inc.**

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

**SCOPE:** Add no more than two stations for a total of no more than 15 stations upon completion of this project, Project ID #R-10264-14 (relocate 4 stations to Perquimans County Dialysis)/ Chowan County

**CONDITIONS:** See Reverse Side

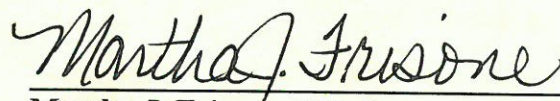
**PHYSICAL LOCATION:** Edenton Dialysis  
312 Medical Arts Drive  
Edenton, NC 27932

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 1, 2019

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

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, DVA Healthcare Renal Care, Inc. shall develop no more than 2 additional dialysis stations for a total of no more than 15 certified stations at Edenton Dialysis upon completion of this project and Project I.D. #R-10264-14 (relocate four stations to Perquimans County Dialysis), which shall include any home hemodialysis training or isolation stations.
3. DVA Healthcare Renal Care, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 12, 2018.

**TIMETABLE:**

1. Equipment Installed \_\_\_\_\_ November 15, 2019
2. Equipment Operational \_\_\_\_\_ December 1, 2019
3. Services Offered \_\_\_\_\_ January 1, 2020
4. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: M-11574-18**

**FID #: 944475**

**ISSUED TO: Bio-Medical Applications of Fayetteville, 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 six dialysis stations for a total of no more than 56 dialysis stations/Cumberland County**

**CONDITIONS: See Reverse Side**

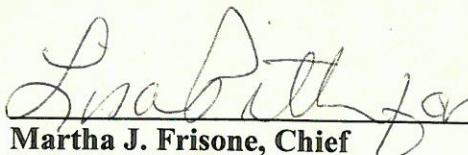
**PHYSICAL LOCATION: Fayetteville Kidney Center  
2560 Legion Road  
Fayetteville, NC 28306**

**MAXIMUM CAPITAL EXPENDITURE: \$22,500**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 8, 2019

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

**CONDITIONS:**

1. Bio-Medical Applications of Fayetteville, Inc., d/b/a Fayetteville Kidney Center shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Bio-Medical Applications of Fayetteville, Inc., d/b/a Fayetteville Kidney Center shall develop no more than six additional dialysis stations for a total of no more than 56 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of Fayetteville, Inc., d/b/a Fayetteville Kidney Center shall install plumbing and electrical wiring through the walls for no more than fifty-six dialysis stations, which shall include any isolation stations.
4. Bio-Medical Applications of Fayetteville, Inc., d/b/a Fayetteville Kidney Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

- |     |   |                    |
|-----|---|--------------------|
| 1.  | Financing Obtained _____  | September 17, 2018 |
| 2.  | Drawings Completed _____  | June 18, 2019      |
| 3.  | Construction/Renovation Contract(s) Executed _____                              | August 2, 2019     |
| 4.  | 25% of Construction/Renovation Completed<br>(25% of the cost is in place) _____ | August 23, 2019    |
| 5.  | 50% of Construction/Renovation Completed _____                                  | September 13, 2019 |
| 6.  | 75% of Construction/Renovation Completed _____                                  | October 4, 2019    |
| 7.  | Construction/Renovation Completed _____   | October 25, 2019   |
| 8.  | Equipment Ordered _____   | October 17, 2019   |
| 9.  | Equipment Installed _____   | December 6, 2019   |
| 10. | Equipment Operational _____   | December 13, 2019  |
| 11. | Services Offered _____  | December 31, 2019  |
| 12. | 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 #: M-11563-18**

**FID #: 030360**

**ISSUED TO: Cumberland County Hospital 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: Replace existing linear accelerator/ Cumberland County**

**CONDITIONS: See Reverse Side**

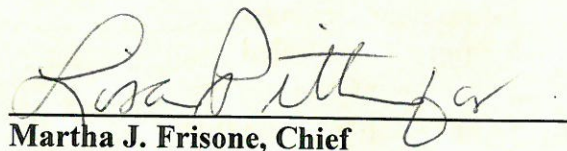
**PHYSICAL LOCATION: Cape Fear Valley Medical Center-Health  
Pavillion North  
6837 Ramsey Street, Suite 140  
Fayetteville, NC 28311**

**MAXIMUM CAPITAL EXPENDITURE: \$3,479,154**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 1, 2019

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



**CONDITIONS:**

1. Cumberland County Hospital System, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Cumberland County Hospital System, Inc. shall materially comply with the last made representation.
2. Cumberland County Hospital System, Inc. shall acquire no more than one linear accelerator to replace one existing linear accelerator located at Cape Fear Valley Medical Center – Health Pavilion North. The applicant shall dispose of the existing linear accelerator being replaced by removing it from North Carolina.
3. Cumberland County Hospital 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 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, Cumberland County Hospital 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. Cumberland County Hospital System, 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 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 January 2, 2019.

**TIMETABLE:**

- |  |                    |
|--|--------------------|
| 1. Drawings Completed _____  | January 30, 2019   |
| 2. Construction/Renovation Contract(s) Executed _____                              | February 22, 2019  |
| 3. 25% of Construction/Renovation Completed<br>(25% of the cost is in place) _____ | April 5, 2019      |
| 4. 50% of Construction/Renovation Completed _____                                  | May 1, 2019        |
| 5. 75% of Construction/Renovation Completed _____                                  | June 7, 2019       |
| 6. Construction/Renovation Completed _____   | August 16, 2019    |
| 7. Equipment Ordered _____   | January 5, 2019    |
| 8. Equipment Installed _____   | July 15, 2019      |
| 9. Equipment Operational _____   | September 27, 2019 |
| 10. Building/Space Occupied _____  | August 16, 2019    |
| 11. Services Offered _____   | October 1, 2019    |
| 12. Final Annual Report Due _____  | January 1, 2023    |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11585-18**

**FID #: 080689**

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

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

**SCOPE: Add no more than 5 dialysis stations for a total of no more than 18 stations/  
Davie County**

**CONDITIONS: See Reverse Side**

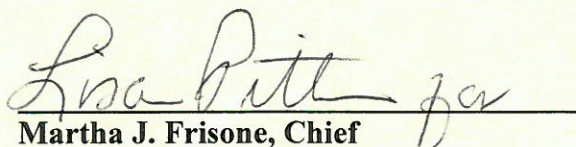
**PHYSICAL LOCATION: Davie Kidney Center  
190 Interstate Drive  
Mocksville, NC 27028**

**MAXIMUM CAPITAL EXPENDITURE: \$84,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 3, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Wake Forest University Health Sciences and Davie Kidney Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Wake Forest University Health Sciences and Davie Kidney Center of Wake Forest University Dialysis shall develop no more than five additional dialysis stations for a total of no more than 18 certified dialysis stations at Davie Kidney Center upon project completion, which shall include any home hemodialysis training or isolation stations.
3. Wake Forest University Health Sciences and Davie Kidney Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 18 dialysis stations which shall include any isolation stations.
4. Wake Forest University Health Sciences and Davie Kidney Center of Wake Forest University Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 10, 2018.

**TIMETABLE:**

- |  |       |                   |
|--|-------|-------------------|
| 1. Drawings Completed                              | _____ | September 1, 2018 |
| 2. Equipment Ordered                               | _____ | April 19, 2019    |
| 3. Equipment Installed                             | _____ | June 1, 2019      |
| 4. Equipment Operational                           | _____ | June 15, 2019     |
| 5. Services Offered                                | _____ | June 30, 2019     |
| 6. Medicare and/or Medicaid Certification Obtained | _____ | June 30, 2019     |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11601-18**

**FID #: 060249**

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

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

**SCOPE:** Add no more than 2 stations for a total of no more than 18 stations upon completion of this project, Project ID #P-11418-17 (add 1 station), Project ID #P-11491-18 (add 3 stations), and Project ID #P-11546-18 (relocate 3 stations to Warsaw Dialysis)/ Duplin County

**CONDITIONS:** See Reverse Side

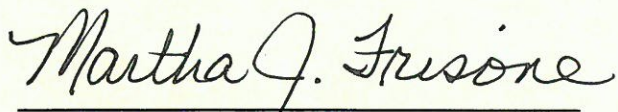
**PHYSICAL LOCATION:** Wallace Dialysis  
5650 South NC 41 Highway  
Wallace, NC 28466

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 18, 2019



**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application and any clarifying information. 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 July 2018 SDR, Total Renal Care of North Carolina, LLC shall develop no more than two additional dialysis stations for a total of no more than 18 certified stations at Wallace Dialysis upon completion of this project and Project I.D. # P-11418-17 (add 1 station), Project I.D. # P-11491-18 (add 3 stations), and Project I.D. # P-11546-18 (relocate 3 stations to Warsaw Dialysis), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

1. Equipment Installed \_\_\_\_\_ November 15, 2019
2. Equipment Operational \_\_\_\_\_ December 1, 2019
3. Services Offered \_\_\_\_\_ January 1, 2020
4. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11600-18**

**FID #: 090117**

**ISSUED TO: DVA Renal Healthcare, Inc.**

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

**SCOPE: Add no more than six dialysis stations for a total of no more than 16 dialysis stations upon completion of this project and Project I.D. # J-11544-18/ Durham County**

**CONDITIONS: See Reverse Side**

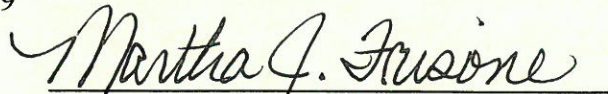
**PHYSICAL LOCATION: Southpoint Dialysis  
415 W NC Highway 54  
Durham, NC 27713**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 24, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. DVA Renal Healthcare, Inc., d/b/a Southpoint Dialysis shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, DVA Renal Healthcare, Inc., shall develop no more than six additional dialysis stations for a total of no more than 16 dialysis stations upon completion of this project and Project I.D. # J-11544-18 (relocate six dialysis stations to Hope Valley Dialysis), which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc., d/b/a Southpoint 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 January 24, 2019.

**TIMETABLE:**

1. Equipment Installed \_\_\_\_\_ November 15, 2019
2. Equipment Operational \_\_\_\_\_ December 1, 2019
3. Services Offered \_\_\_\_\_ January 1, 2020
4. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11586-18**

**FID #: 944758**

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

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

**SCOPE: Add no more than two dialysis stations for a total of no more than 47 stations upon completion of this project and Project ID #G-11468-18 (add six stations for a total of 45)/ Forsyth County**

**CONDITIONS: See Reverse Side**

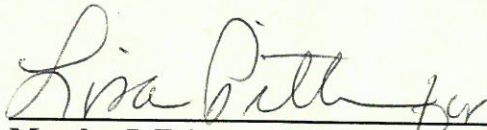
**PHYSICAL LOCATION: Salem Kidney Center  
2705 Boulder Park Court  
Winston-Salem, NC 27101**

**MAXIMUM CAPITAL EXPENDITURE: \$33,600**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 3, 2019

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



**CONDITIONS:**

1. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University Dialysis shall develop no more than two additional dialysis stations for a total of no more than 47 certified dialysis stations at Salem Kidney Center upon completion of this project and Project ID #G-11468-18 (add six stations for a total of 45), which shall include any home hemodialysis training or isolation stations.
3. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 47 dialysis stations which shall include any isolation stations.
4. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 10, 2018.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ September 1, 2018
2. Equipment Ordered \_\_\_\_\_ April 19, 2019
3. Equipment Installed \_\_\_\_\_ June 1, 2019
4. Equipment Operational \_\_\_\_\_ June 15, 2019
5. Services Offered \_\_\_\_\_ June 30, 2019
6. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ June 30, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11583-18**

**FID #: 955615**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.**

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

**SCOPE: Add no more than four stations to the facility for a total of no more than 37 stations upon completion of this project, Project ID #F-11266-16 (relocate 12 stations to develop the new FKC Gaston) and Project ID #F-11309-17 (add six stations)/ Gaston County**

**CONDITIONS: See Reverse Side**

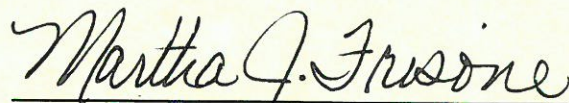
**PHYSICAL LOCATION: FMC Gastonia  
348 Burtonwood Drive  
Gastonia, NC 28054**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 1, 2019

  
**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 July 2018 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 4 additional dialysis stations for a total of no more than 37 certified stations at FMC Gastonia upon completion of this project, Project I.D. # F-11266-16 (relocate 12 stations to develop the new FKC Gaston) and Project #F-11309-17 (add six stations), which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 4, 2018.**

**TIMETABLE:**

- |   |       |                          |
|---|-------|--------------------------|
| 1. <b>Equipment Operational</b>                           | _____ | <b>December 26, 2019</b> |
| 2. <b>Building/Space Occupied</b>                         | _____ | <b>December 26, 2019</b> |
| 3. <b>Services Offered</b>                                | _____ | <b>December 31, 2019</b> |
| 4. <b>Medicare and/or Medicaid Certification Obtained</b> | _____ | <b>December 31, 2019</b> |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11568-18**

**FID #: 980838**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.**

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

**SCOPE:** Add no more than four dialysis stations to BMA of South Greensboro for a total of no more than 44 dialysis stations upon completion of this project, Project ID #G-11303-17 (relocate 14 stations to the new FKC Garber-Olin facility), and Project ID #G-11471-18 (add five dialysis stations)/ Guilford County

**CONDITIONS:** See Reverse Side

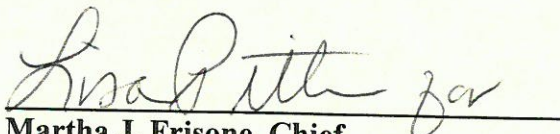
**PHYSICAL LOCATION:** BMA of South Greensboro  
622 Industrial Avenue  
Greensboro, NC 27406

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 3, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of South Greensboro shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2018 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of South Greensboro shall develop no more than four additional dialysis stations for a total of no more than 44 certified stations at BMA of South Greensboro upon completion of this project, Project ID #G-11303-17 (relocate 14 stations), and Project ID #G-11471-18 (add five stations), which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of South Greensboro shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

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

**TIMETABLE:**

- |  |       |                   |
|--|-------|-------------------|
| 1. Equipment Ordered                               | _____ | October 17, 2019  |
| 2. Equipment Installed                             | _____ | December 16, 2019 |
| 3. Equipment Operational                           | _____ | December 26, 2019 |
| 4. Building/Space Occupied                         | _____ | December 26, 2019 |
| 5. Services Offered                                | _____ | December 31, 2019 |
| 6. 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 #: B-11552-18**

**FID #: 180415**

**ISSUED TO: Pardee Ambulatory Surgery Center, LLC  
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 a new ambulatory surgical facility by relocating two operating rooms from Margaret R. Pardee Memorial Hospital and developing two procedure rooms/ Henderson County**

**CONDITIONS: See Reverse Side**

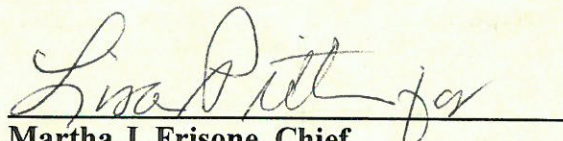
**PHYSICAL LOCATION: Pardee Partners ASC  
Boylston Highway  
Mills River, NC 28759**

**MAXIMUM CAPITAL EXPENDITURE: \$16,322,300**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 1, 2019

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

**CONDITIONS:**

1. Pardee Ambulatory Surgery Center, LLC and Henderson County Hospital Corporation shall materially comply with all representations made in the certificate of need application.
2. Pardee Ambulatory Surgery Center, LLC and Henderson County Hospital Corporation shall develop Pardee Partners ASC, a new multispecialty ambulatory surgical facility, by relocating two existing shared operating rooms from Margaret R. Pardee Memorial Hospital and developing two procedure rooms.
3. Upon completion of the project, Pardee Partners ASC shall be licensed for no more than two operating rooms and two procedure rooms and shall be considered a multispecialty ambulatory surgical facility.
4. Pardee Ambulatory Surgery Center, LLC and 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. Pardee Partners ASC 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, Pardee Partners ASC shall not increase charges more than 5 percent of the charges projected 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. 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 an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
9. Upon project completion, Henderson County Hospital Corporation shall take the steps necessary to delicense two existing shared operating rooms at Margaret R. Pardee Memorial Hospital such that Margaret R. Pardee Memorial Hospital shall be licensed for no more than eight shared operating rooms and one dedicated C-Section operating room.
10. Pardee Ambulatory Surgery Center, LLC and 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.
11. 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, Pardee Ambulatory Surgery Center, LLC and 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.
12. Pardee Ambulatory Surgery Center, LLC and 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 December 21, 2018.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ October 31, 2019
2. Construction/Renovation Contract(s) Executed \_\_\_\_\_ December 30, 2019
3. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ May 29, 2020
4. 50% of Construction/Renovation Completed \_\_\_\_\_ September 27, 2020
5. 75% of Construction/Renovation Completed \_\_\_\_\_ January 25, 2021
6. Construction/Renovation Completed \_\_\_\_\_ April 25, 2021
7. Building/Space Occupied \_\_\_\_\_ June 1, 2021
8. Licensure Obtained \_\_\_\_\_ July 1, 2021
9. Services Offered \_\_\_\_\_ July 1, 2021
10. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ July 1, 2021
11. Facility or Service Accredited \_\_\_\_\_ July 1, 2023
12. Final Annual Report Due \_\_\_\_\_ September 30, 2024





# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: C-11594-18**

**FID #: 040266**

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

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

**SCOPE: Add no more than two dialysis stations for a total of no more than 15 dialysis stations upon completion/ McDowell County**

**CONDITIONS: See Reverse Side**

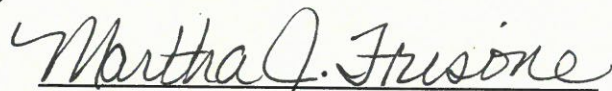
**PHYSICAL LOCATION: McDowell Dialysis Center  
100 Spaulding Road, Suite 2  
Marion, NC 28752**

**MAXIMUM CAPITAL EXPENDITURE: \$937,320**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 17, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a McDowell Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Total Renal Care of North Carolina, LLC d/b/a McDowell Dialysis Center shall develop no more than two additional dialysis stations for a total of no more than 15 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a McDowell Dialysis Center shall install plumbing and electrical wiring through the walls for no more than two dialysis stations, which shall include any isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a McDowell 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 January 15, 2019.

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ September 17, 2018
2. 50% of Construction/Renovation Completed \_\_\_\_\_ September 15, 2019
3. Construction/Renovation Completed \_\_\_\_\_ October 15, 2019
4. Equipment Ordered \_\_\_\_\_ September 15, 2019
5. Equipment Installed \_\_\_\_\_ November 15, 2019
6. Equipment Operational \_\_\_\_\_ December 1, 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 #: F-11592-18

FID #: 180264

**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, Renaissance Park Dialysis, by relocating no more than 10 stations from Charlotte Dialysis and develop a peritoneal dialysis training program/ Mecklenburg County

**CONDITIONS:** See Reverse Side

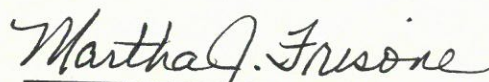
**PHYSICAL LOCATION:** Renaissance Park Dialysis  
Tax Parcel 14315103  
Parkway Plaza Boulevard  
Charlotte, NC 28217

**MAXIMUM CAPITAL EXPENDITURE:** \$2,362,962

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 18, 2019



Martha J. Frisone, Chief

**CONDITIONS:**

1. Renal Treatment Centers – Mid-Atlantic, Inc. d/b/a Renaissance Park 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 Renaissance Park Dialysis shall develop a new kidney disease treatment center to be known as Renaissance Park Dialysis by relocating no more than 10 dialysis stations from Charlotte Dialysis.
3. Upon completion of this project, DaVita, Inc. shall take the necessary steps to decertify 10 dialysis stations at Charlotte Dialysis for a total of no more than 24 dialysis stations at Charlotte Dialysis.
4. Renal Treatment Centers – Mid-Atlantic, Inc. d/b/a Renaissance Park 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 December 31, 2018.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ August 1, 2019
2. Land Acquired \_\_\_\_\_ August 1, 2019
3. Construction/Renovation Contract(s) Executed \_\_\_\_\_ November 1, 2019
4. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ February 1, 2020
5. 50% of Construction/Renovation Completed \_\_\_\_\_ April 1, 2020
6. 75% of Construction/Renovation Completed \_\_\_\_\_ June 1, 2020
7. Construction/Renovation Completed \_\_\_\_\_ August 1, 2020
8. Equipment Ordered \_\_\_\_\_ April 1, 2020
9. Equipment Installed \_\_\_\_\_ October 1, 2020
10. Equipment Operational \_\_\_\_\_ November 1, 2020
11. Building/Space Occupied \_\_\_\_\_ December 1, 2020
12. Services Offered \_\_\_\_\_ January 1, 2021
13. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2021

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11602-18**

**FID #: 130490**

**ISSUED TO: DVA Renal Healthcare, Inc.**

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

**SCOPE: Add no more than four dialysis stations for a total of no more than 22 dialysis stations upon completion of this project and Project ID #F-11547-18 (relocate four stations from North Charlotte Dialysis)/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

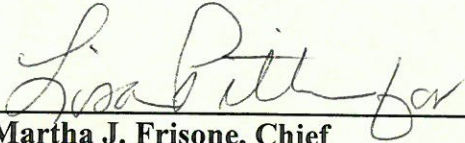
**PHYSICAL LOCATION: Huntersville Dialysis  
9622 Kincey Avenue  
Huntersville, NC 28078**

**MAXIMUM CAPITAL EXPENDITURE: \$72,760**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 1, 2019

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

**CONDITIONS:**

1. DVA Renal Healthcare, Inc. d/b/a Huntersville Dialysis shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, DVA Renal Healthcare, Inc. d/b/a Huntersville Dialysis shall develop no more than four additional dialysis stations for a total of no more than 22 certified stations upon completion of this project and Project I.D. #F-11547-18 (relocate four stations from North Charlotte Dialysis), which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. d/b/a Huntersville Dialysis shall install plumbing and electrical wiring through the walls for no more than four dialysis stations, which shall include any isolation stations.
4. DVA Renal Healthcare, Inc. d/b/a Huntersville 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 December 12, 2018.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ July 15, 2019
2. Equipment Installed \_\_\_\_\_ November 15, 2019
3. Equipment Operational \_\_\_\_\_ December 1, 2019
4. Services Offered \_\_\_\_\_ January 1, 2020
5. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11547-18**

**FID #: 040271**

**ISSUED TO: DVA Healthcare Renal Care, Inc.**

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

**SCOPE: Relocate no more than 4 stations from North Charlotte Dialysis for a total of no more than 18 stations upon project completion/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

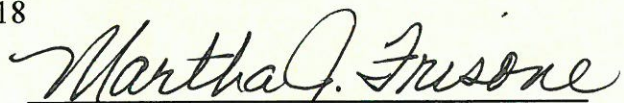
**PHYSICAL LOCATION: Huntersville Dialysis  
9622 Kincey Avenue  
Huntersville, NC 28078**

**MAXIMUM CAPITAL EXPENDITURE: \$67,880**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of December 29, 2018

  
**Martha J. Frisone, Chief**



**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, DVA Healthcare Renal Care, Inc. shall relocate four dialysis stations from North Charlotte Dialysis to Huntersville Dialysis for a total of 18 dialysis stations at Huntersville Dialysis upon project completion.
3. Dialysis DVA Healthcare Renal Care, Inc. shall install plumbing and electrical wiring through the walls for no more than 18 dialysis stations which shall include any isolation stations.
4. Upon completion of this project, DVA Healthcare Renal Care, Inc. shall take the necessary steps to decertify four dialysis stations at North Charlotte Dialysis for a total of 29 dialysis stations at North Charlotte Dialysis upon completion of this project and three other projects (Project ID# F-11108-15, Project ID# F-11252-16 and Project ID# F-11452-18).
5. DVA Healthcare Renal Care, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 12, 2018.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ July 15, 2019
2. Equipment Operational \_\_\_\_\_ December 1, 2019
3. Services Offered \_\_\_\_\_ January 1, 2020
4. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: O-11542-18**

**FID #: 180367**

**ISSUED TO: Liberty Assisted Living Properties of Wilmington, LLC  
Port City Assisted Living Properties, LLC**

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

**SCOPE: Relocate 16 ACH beds from Fannie Norwood Memorial Home to be combined with the 72 ACH beds previously approved to be relocated in Project ID #O-10366-14 and develop the 88 ACH beds adjacent to the Carolina Bay of Wilmington at Autumn Hall campus/ New Hanover County**

**CONDITIONS: See Reverse Side**

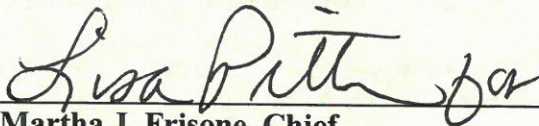
**PHYSICAL LOCATION: Tidewater at Carolina Bay  
5503 Old Garden Drive  
Wilmington, NC 28403**

**MAXIMUM CAPITAL EXPENDITURE: \$4,924,349**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 29, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Liberty Assisted Living Properties of Wilmington, LLC and Port City Assisted Living Properties, LLC shall materially comply with the representations in this application and the representations in Project I.D. #O-10366-14 and supplemental information provided to the Agency during the review of this application. Where representations conflict, Liberty Assisted Living Properties of Wilmington, LLC and Port City Assisted Living Properties, LLC shall materially comply with the last made representation.
2. Liberty Assisted Living Properties of Wilmington, LLC and Port City Assisted Living Properties, LLC shall relocate 16 ACH beds from Fannie Norwood Memorial Home to be combined with the 72 ACH beds previously approved in Project ID #O-10366-14 and develop a new 88 beds adult care home facility adjacent to the Carolina Bay of Wilmington at Autumn Hall campus
3. Upon project completion, Tidewater at Carolina Bay shall be licensed for no more than 88 adult care home beds.
4. The total approved capital expenditure for Project I.D. #O-11542-18 is \$4,924,349. The previously approved capital expenditure was \$11,680,651, which results in the total capital cost for development of the project at \$16,605,000.
5. Liberty Assisted Living Properties of Wilmington, LLC and Port City Assisted Living Properties, LLC shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section VI of the application and that would otherwise require a certificate of need.
6. Liberty Assisted Living Properties of Wilmington, LLC and Port City Assisted Living Properties, LLC shall provide care to the recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
7. For the first two years of operation following completion of the project, Liberty Assisted Living Properties of Wilmington, LLC and Port City Assisted Living Properties, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
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, Tidewater at Carolina Bay 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.
9. Liberty Assisted Living Properties of Wilmington, LLC and Port City Assisted Living Properties, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 4, 2019.

(O-11542-18 Con't)

TIMETABLE:

1. Drawings Completed \_\_\_\_\_ October 1, 2020
2. Land Acquired \_\_\_\_\_ October 1, 2020
3. Construction/Renovation Contract(s) Executed \_\_\_\_\_ January 1, 2021
4. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ May 1, 2021
5. 50% of Construction/Renovation Completed \_\_\_\_\_ September 1, 2021
6. 75% of Construction/Renovation Completed \_\_\_\_\_ March 1, 2022
7. Construction/Renovation Completed \_\_\_\_\_ July 1, 2022
8. Building/Space Occupied \_\_\_\_\_ September 1, 2022
9. Licensure Obtained \_\_\_\_\_ October 1, 2022
10. Services Offered \_\_\_\_\_ October 1, 2022
11. Final Annual Report Due \_\_\_\_\_ January 1, 2026



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: O-11548-18**

**FID #: 140333**

**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 no more than six stations from Southeastern Dialysis Center-Wilmington and the home hemodialysis training and support program for a total of no more than 18 stations upon project completion/ New Hanover County**

**CONDITIONS: See Reverse Side**

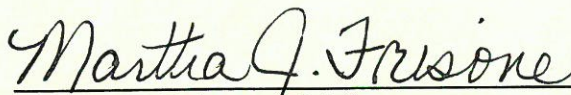
**PHYSICAL LOCATION: New Hanover Dialysis  
3147 South 17<sup>th</sup> Street  
Wilmington, NC 28412**

**MAXIMUM CAPITAL EXPENDITURE: \$67,880**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 22, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a New Hanover Dialysis shall materially comply with all representations made in the certificate of need application. In the event that representations conflict, Total Renal Care of North Carolina shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2 Total Renal Care of North Carolina shall relocate six dialysis stations from Southeastern Dialysis Center-Wilmington to New Hanover Dialysis for a total of no more than 18 dialysis stations at New Hanover Dialysis which shall include any isolation or home hemodialysis stations.
3. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify six dialysis stations at Southeastern Dialysis Center-Wilmington for a total of no more than 32 dialysis stations at Southeastern Dialysis Center-Wilmington.
4. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

- |  |              |
|--|--------------|
| 1. Equipment Operational _____                           | June 1, 2019 |
| 2. Services Offered _____                                | July 1, 2019 |
| 3. Medicare and/or Medicaid Certification Obtained _____ | July 1, 2019 |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: O-11559-18**

**FID #: 180213**

**ISSUED TO: Iron Gate Surgery Center, 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 three surgical operating rooms from New Hanover Regional Medical Center – Orthopedic Hospital to develop a new ambulatory surgical center/New Hanover County**

**CONDITIONS: See Reverse Side**

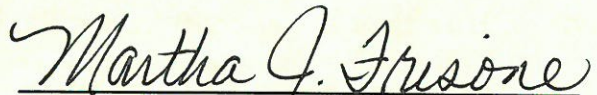
**PHYSICAL LOCATION: Iron Gate Surgery Center  
Iron Gate Drive  
Wilmington, NC 28412**

**MAXIMUM CAPITAL EXPENDITURE: \$22,133,744**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 2, 2019

  
**Martha J. Frisone, Chief**



**CONDITIONS:**

1. **Iron Gate Surgery Center, LLC and OWP4, LLC shall materially comply with all representations made in the certificate of need application.**
2. **Iron Gate Surgery Center, LLC and OWP4, LLC shall develop a new ambulatory surgical facility in New Hanover County by relocating three existing operating rooms from New Hanover Regional Medical Center - Orthopedic Hospital.**
3. **Upon completion of this project, Iron Gate Surgery Center shall be licensed for no more than three operating rooms and one procedure room.**
4. **Upon completion of this project, New Hanover Regional Medical Center shall take the necessary steps to delicense three operating rooms at New Hanover Regional Medical Center - Orthopedic Hospital. Upon project completion, New Hanover Regional Medical Center - Orthopedic Hospital will have no licensed operating rooms.**
5. **Iron Gate Surgery Center, LLC and OWP4, LLC as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section F and Exhibit F.1 of the application or that would otherwise require a certificate of need.**
6. **Iron Gate Surgery Center, LLC and OWP4, LLC 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.**
7. **For the first three years of operation following completion of the project, Iron Gate Surgery Center shall not increase charges more than 5% of the charges projected 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.**
8. **The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**
9. **Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.**
10. **Iron Gate Surgery Center, LLC and OWP4, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
11. **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, Iron Gate Surgery Center, LLC and OWP4, 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.**

O-11559-18 (Con't)

- 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.

12. Iron Gate Surgery Center, LLC and OWP4, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 27, 2018.

TIMETABLE:

1.	Financing Obtained _____	August 8, 2018
2.	Drawings Completed _____	May 1, 2019
3.	Construction/Renovation Contract(s) Executed _____	July 1, 2019
4.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	October 1, 2019
5.	50% of Construction/Renovation Completed _____	January 1, 2020
6.	75% of Construction/Renovation Completed _____	May 1, 2020
7.	Construction/Renovation Completed _____	August 1, 2020
8.	Building/Space Occupied _____	September 1, 2020
9.	Licensure Obtained _____	October 1, 2020
10.	Services Offered _____	October 1, 2020
11.	Medicare and/or Medicaid Certification Obtained _____	October 1, 2020
12.	Facility or Service Accredited _____	October 1, 2021
	Final Annual Report Due _____	December 31, 2023



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: N-11573-18**

**FID #: 955445**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.**

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

**SCOPE: Add no more than 2 stations for a total of no more than 24 stations upon completion of this project, Project ID # N-11447-18 (relocate 20 stations to FKC East Lumberton) and Project ID #N-11479-18 (add 7 stations)/Robeson County**

**CONDITIONS: See Reverse Side**

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

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 23, 2019

  
**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 July 2018 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a Lumberton Dialysis Unit shall develop no more than two additional dialysis stations for a total of no more than 24 certified stations at Lumberton Dialysis Unit upon completion of this project, Project I.D. # N-11447-18 (relocate 20 stations to develop the new FKC East Lumberton) and Project # N-11479-18 (add seven stations), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to 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 January 10, 2019.

**TIMETABLE:**

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

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: N-11588-18**

**FID #: 180470**

**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 dialysis facility, Robeson County Dialysis, by relocating no more than six stations from Maxton Dialysis and no more than four stations from Dialysis Care of Hoke County / Robeson County**

**CONDITIONS: See Reverse Side**

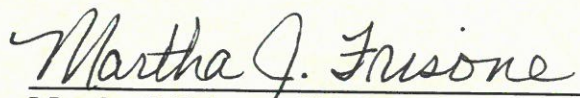
**PHYSICAL LOCATION: Robeson County Dialysis  
3725 Fayetteville Road  
Lumberton, NC 28358**

**MAXIMUM CAPITAL EXPENDITURE: \$2,241,133**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 18, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Robeson County Dialysis shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC d/b/a Robeson County Dialysis shall develop a new kidney disease treatment center to be known as Robeson County Dialysis by relocating no more than four dialysis stations from Maxton Dialysis and no more than six dialysis stations from Dialysis Care of Hoke County.
3. Upon completion of this project, DaVita, Inc. shall take the necessary steps to decertify four dialysis stations at Maxton Dialysis for a total of no more than ten dialysis stations at Maxton Dialysis.
4. Upon completion of this project, DaVita, Inc. shall take the necessary steps to decertify six dialysis stations at Dialysis Care of Hoke County for a total of no more than 18 dialysis stations at Dialysis Care of Hoke County.
5. Total Renal Care of North Carolina, LLC d/b/a Robeson County 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 December 31, 2018.

**TIMETABLE:**

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

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11604-18**

**FID #: 944673**

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

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

**SCOPE: Add 4 stations for a total of no more than 33 stations/Rowan County**

**CONDITIONS: See Reverse Side**

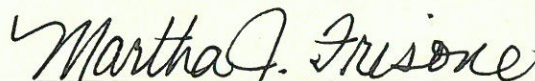
**PHYSICAL LOCATION: Dialysis Care of Rowan County  
111 Dorsett Drive  
Salisbury, NC 28144**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 5, 2019

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



**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Total Renal Care of North Carolina, LLC shall develop no more than 4 additional dialysis stations for a total of no more than 33 certified stations at Dialysis Care of Rowan County, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on 12/17/2018.

**TIMETABLE:**

1. Equipment Installed \_\_\_\_\_ November 15, 2019
2. Equipment Operational \_\_\_\_\_ December 1, 2019
3. Services Offered \_\_\_\_\_ January 1, 2020
4. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: L-11591-18**

**FID #: 971340**

**ISSUED TO: DVA Renal Healthcare, Inc.**

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

**SCOPE: Add no more than 2 stations for a total of no more than 37 stations upon completion of this project and Project ID #L-11438-17 (relocate 5 stations to Kenly Dialysis)/ Wilson County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Wilson Dialysis  
2833 Wooten Boulevard, SW  
Wilson, NC 27893**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of January 23, 2019

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

**CONDITIONS:**

1. DVA Renal Healthcare, Inc. d/b/a Wilson Dialysis shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, DVA Renal Healthcare, Inc. shall develop no more than two additional dialysis stations for a total of no more than 37 certified stations at Wilson Dialysis upon completion of this project and Project ID# L-11438-17 (relocate five stations to Kenly Dialysis) which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, 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 January 11, 2019.

**TIMETABLE:**

1. Services Offered \_\_\_\_\_ January 1, 2020
2. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2020