

**Certificate of Need
Certificates Issued
February 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
Brunswick	O-011593-18	Leland Dialysis	140237	ESRD	Add no more than 1 station for a total of no more than 11 stations upon project completion	10/1/2018	1/14/2019	2/14/2019	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$18,470	7/1/2019
Caldwell	E-011569-18	BMA Lenoir	170328	ESRD	Add no more than one station for a total of no more than 42 stations upon completion of this project and the following projects: Project ID # E-11528-18 (change of scope); Project ID # E-11401-17 (add seven stations); and Project ID # E-11377-17 (relocate BMA Lenoir)	10/1/2018	1/10/2019	2/12/2019	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$3,750	7/1/2019
Catawba	E-011570-18	Fresenius Medical Care of Hickory	955790	ESRD	Add two stations for a total of 35 stations upon completion of this project, Project I.D. # E-11485-18 (add 4 stations) and Project I.D. # E-11209-16 (relocate 6 stations to FKC Newton)	10/1/2018	1/17/2019	2/19/2019	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$0	7/1/2019
Edgecombe	L-011580-18	BMA EAST ROCKY MOUNT	970528	ESRD	Add no more than 2 stations for a total of no more than 26 stations upon completion of this project, Project ID # L-11374-17 (relocate 10 stations to FMC Boice-Willis) and Project ID # L-11483-18 (add 4 stations)	10/1/2018	1/9/2019	2/9/2019	Conditional Approval	Jane Rhoe-Jones	Lisa Pittman	\$0	7/15/2019
Guilford	G-011587-18	High Point Kidney Center	945262	ESRD	Add 7 dialysis stations for a total of 48 stations	10/1/2018	1/7/2019	2/7/2019	Conditional Approval	Celia Inman	Gloria Hale	\$117,600	5/1/2019
Lee	J-011578-18	Carolina Dialysis - Sanford	955801	ESRD	Relocate entire facility and add no more than 6 stations for a total of no more than 39 stations upon project completion	10/1/2018	1/11/2019	2/11/2019	Conditional Approval	Bernetta Thorne-Williams	Gloria Hale	\$3,555,257	11/1/2019
Mecklenburg	F-011637-18	INS Charlotte	070499	ESRD	Relocate 2 dialysis stations from BMA Beatties Ford to use for home hemodialysis training and support	12/1/2018	1/14/2019	2/14/2019	Conditional Approval	Julie Faenza	Gloria Hale	\$0	2/1/2020
Mecklenburg	F-011638-18	INS-HUNTERSVILLE	070257	ESRD	Relocate 2 dialysis stations from BMA Beatties Ford to be used for home hemodialysis training and support.	12/1/2018	1/14/2019	2/14/2019	Conditional Approval	Julie Faenza	Gloria Hale	\$0	2/1/2020

**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
Mecklenburg	F-011550-18	Western Mecklenburg Health & Rehabilitation Center	180375	NH	Develop a new 110-bed nursing facility (including a 30-bed SCU) by relocating no more than 80 NF beds from Macon Valley Nursing & Rehabilitation Center (Macon County) and no more than 30 NF beds from Magnolia Lane Nursing & Rehabilitation Center (Burke County)	8/1/2018	10/30/2018	2/11/2019	Denied	Julie Faenza	Fatimah Wilson	\$17,573,554	9/1/2019
Mecklenburg	F-011590-18	Mountain Island Lake Dialysis	180474	ESRD	Develop a new 10-station dialysis facility by relocating 10 stations from North Charlotte Dialysis	10/1/2018	1/7/2019	2/7/2019	Conditional Approval	Julie Faenza	Gloria Hale	\$2,434,963	8/1/2019
Moore	H-011643-18	Pinehurst Home Training	180570	ESRD	Develop a new kidney disease treatment center to provide home peritoneal dialysis training and support services by relocating the existing PD program from Dialysis Care of Moore County	12/1/2018	1/25/2019	2/26/2019	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$1,043,263	8/1/2019
New Hanover	O-011642-18	Wrightsville Beach Dialysis	180569	ESRD	Develop a new 10-station facility by relocating 8 stations from Cape Fear Dialysis and 2 stations from Southeastern Dialysis Center - Wilmington	12/1/2018	1/7/2019	2/7/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$1,801,834	12/15/2019
Richmond	H-011521-18	Samaritan Women's Recovery Center	180262	MHL	Develop a 14-bed chemical dependency treatment facility for adult women pursuant to the need determination in the 2018 SMED	6/1/2018	10/26/2018	2/6/2019	Denied-Settlement	Tanya Saporito	Gloria Hale	\$2,927,314	7/1/2019
Rowan	F-011549-18	Rowan County Health & Rehabilitation Center	180374	NH	Develop a new 89-bed nursing facility, including a 30-bed SCU, by relocating 49 NF beds from Premier Nursing & Rehabilitation Center (Onslow County), 20 NF beds from Jacob's Creek Nursing & Rehabilitation Center (Rockingham County) and 20 NF beds from Chowan River Nursing & Rehabilitation Center (Chowan County)	8/1/2018	11/26/2018	2/9/2019	CA-Settlement	Greg Yakaboski	Gloria Hale	\$15,267,286	10/1/2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11593-18

FID #: 140237

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 one dialysis station for a total of no more than 11 dialysis stations/ Brunswick County

CONDITIONS: See Reverse Side

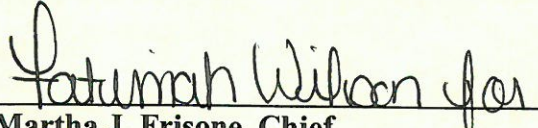
**PHYSICAL LOCATION: Leland Dialysis
1220 Magnolia Village Way
Leland, NC 28457**

MAXIMUM CAPITAL EXPENDITURE: \$18,470

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2019

This certificate is effective as of February 14, 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 one additional dialysis station for a total of no more than 11 certified stations at Leland Dialysis upon project completion, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC shall install plumbing and electrical wiring through the walls for no more than one dialysis station which shall include any isolation stations.
4. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 7, 2019.

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 #: E-11569-18

FID #: 170328

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 one station for a total of no more than 42 stations upon completion of this project, and the following projects: Project ID # E-11528-18 (Change of Scope); Project ID # E-11401-17 (add seven stations); and Project ID# E-11377-17 (relocate BMA Lenoir)/ Caldwell County

CONDITIONS: See Reverse Side

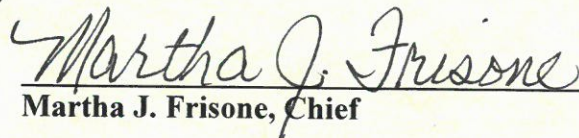
PHYSICAL LOCATION: BMA Lenoir
322 Mulberry Street SW
Lenoir, NC 28645

MAXIMUM CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2019

This certificate is effective as of February 12, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir 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 Lenoir shall develop no more than one additional dialysis stations for a total of no more than 42 certified stations at BMA Lenoir upon completion of this project, and the following projects: Project ID # E-11528-18 (Change of Scope); Project ID # E-11401-17 (add seven stations); and Project ID# E-11377-17 (relocate BMA Lenoir), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir shall install plumbing and electrical wiring through the walls for no more than one dialysis station which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir 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. Financing Obtained _____ September 17, 2019
2. Drawings Completed _____ June 18, 2019
3. Construction/Renovation Contract(s) Executed _____ August 2, 2019
4. 25% of Construction/Renovation Completed
(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 #: E-11570-18

FID #: 955790

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

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

SCOPE: Add no more than two dialysis stations for a total no more than 35 dialysis stations upon completion of this project, Project I.D. # E-11485-18 (add 4 stations) and Project I.D. # E-11209-16 (relocate 6 stations to FKC Newton) / Catawba County

CONDITIONS: See Reverse Side

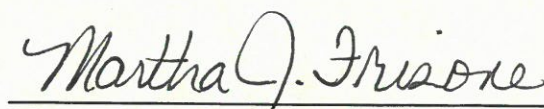
PHYSICAL LOCATION: FMC of Hickory
1899 Tate Blvd. SE. Suite 1103
Hickory, NC 28602

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2019

This certificate is effective as of February 19, 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 two additional dialysis stations for a total of no more than 35 certified stations at FMC of Hickory upon completion of this project, Project ID # E-11485-18 (add 4 stations) and Project ID # E-11209-16 (relocate 6 stations to FKC Newton), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than two dialysis stations which shall include any isolation stations.
4. 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 23, 2019

TIMETABLE:

- | | | |
|--|-------|--------------------|
| 1. Financing Obtained | _____ | September 17, 2018 |
| 2. Drawings Completed | _____ | June 18, 2019 |
| 3. Equipment Ordered | _____ | October 17, 2019 |
| 4. Equipment Installed | _____ | December 16, 2019 |
| 5. Equipment Operational | _____ | December 26, 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 #: L-11580-18

FID #: 970528

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

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

SCOPE: Add no more than two dialysis stations for a total of no more than 26 stations upon completion of this project, Project ID #L-11374-17 (relocate 10 stations) and Project ID #L-11483-18 (add four stations)/ Edgecombe County

CONDITIONS: See Reverse Side

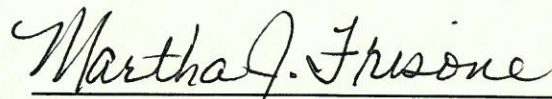
PHYSICAL LOCATION: BMA East Rocky Mount
230 S. Fairview Road
Rocky Mount, NC 28655

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2019

This certificate is effective as of February 9, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount shall materially comply with all representations made in the certificate of need application and any clarifying responses. In the event that representations conflict, Bio-Medical Applications of North Carolina, Inc. shall materially comply with the last made representation.**
2. **Pursuant to the facility need determination in the July 2018 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount shall develop no more than two additional dialysis stations for a total of no more than 26 certified stations at BMA East Rocky Mount upon completion of this project, Project ID# L-11374-17 (relocate 10 stations to FMC Boice-Willis) and Project ID# L-11483-18 (add four stations), which shall include any home hemodialysis training or isolation stations.**
3. **Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount shall take the necessary steps to decertify ten dialysis stations at BMA East Rocky Mount (relocating ten stations to FMC Boice-Willis) for a total of no more than 26 dialysis stations at BMA East Rocky Mount.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA East Rocky Mount shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

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

TIMETABLE:

1. **Services Offered _____ December 31, 2019**
2. **Medicare and/or Medicaid Certification Obtained _____ December 31, 2019**



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 6, 2019

William McDonald
1804 King Road
Tifton, GA 31793

Transmittal of Corrected Certificate of Need

Project ID #: G-11587-18
Facility: High Point Kidney Center
Project Description: Add no more than seven dialysis stations for a total of no more than 48 stations
County: Guilford
FID #: 945262

Dear Mr. McDonald:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your corrected certificate of need for the above referenced project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The first progress report on this project is due May 1, 2019. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189.

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

William McDonald
March 6, 2019
Page 2

Sincerely,



Celia C. Inman
Project Analyst



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

Enclosures

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

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: G-11587-18

FID #: 945262

**ISSUED TO: Wake Forest University Health Sciences
High Point 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 7 dialysis stations for a total of no more than 48 stations/Guilford County

CONDITIONS: See Reverse Side

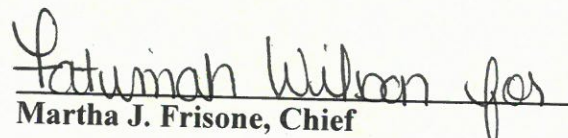
**PHYSICAL LOCATION: High Point Kidney Center
1900 Westchester Drive
High Point, NC 27262**

MAXIMUM CAPITAL EXPENDITURE: \$117,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2019

This certificate is effective as of February 7, 2019
Corrected certificate issued on March 6, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. **Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall materially comply with the last made representation.**
2. **Pursuant to the facility need determination in the July 2018 SDR, Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University Dialysis shall develop no more than seven additional dialysis stations for a total of no more than 48 certified dialysis stations at High Point Kidney Center upon project completion, which shall include any home hemodialysis training or isolation stations.**
3. **Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 7 dialysis stations which shall include any isolation stations.**
4. **Wake Forest University Health Sciences and High Point 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 January 24, 2019.

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 #: J-11578-18

FID #: 955801

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 and add no more than six dialysis stations for a total of no more than 39 dialysis stations upon project completion/ Lee County

CONDITIONS: See Reverse Side

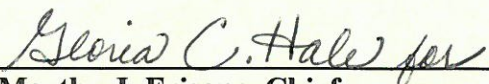
**PHYSICAL LOCATION: Carolina Dialysis-Sanford
PIN# 9642-44-9206-00 and 3642-44-9042-00
Central Drive, Lots 5 & 6
Sanford, NC 27713**

MAXIMUM CAPITAL EXPENDITURE: \$3,555,257

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of February 11, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Sanford 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 six additional dialysis stations for a total of no more than 39 certified stations at Carolina Dialysis - Sanford upon project completion which shall include any home hemodialysis training or isolation stations.
3. Pursuant to Policy ESRD-2, Carolina Dialysis, LLC d/b/a Carolina Dialysis - Sanford shall relocate the entire facility to a new site in Lee County.
4. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Sanford shall install plumbing and electrical wiring through the walls for no more than six additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
5. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Sanford 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. 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 #: F-11637-18

FID #: 070499

ISSUED TO: Independent Nephrology Services, Inc.

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

SCOPE: Relocate no more than two dialysis stations from BMA Beatties Ford to be used exclusively for home hemodialysis training and support

CONDITIONS: See Reverse Side

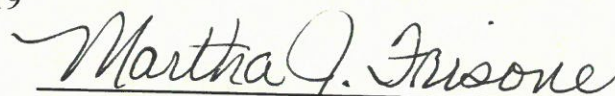
PHYSICAL LOCATION: INS Charlotte
6646 Regal Oaks Drive
Charlotte, NC 28212

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2020

This certificate is effective as of February 14, 2019


Martha J. Frisone, Chief

CONDITIONS:

- 1. Independent Nephrology Services, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Independent Nephrology Services, Inc. shall materially comply with the last made representation.**
- 2. Pursuant to Policy ESRD-2, Independent Nephrology Services, Inc. shall relocate two dialysis stations from BMA Beatties Ford to INS Charlotte.**
- 3. Independent Nephrology Services, Inc. shall install plumbing and electrical wiring through the walls for no more than two dialysis stations which shall include any isolation stations.**
- 4. Upon completion of this project, Fresenius Medical Care Holdings, Inc. shall take the necessary steps to decertify two dialysis stations at BMA Beatties Ford for a total of no more than 39 dialysis stations at BMA Beatties Ford following completion of this project, Project I.D. #F-10259-14 (add seven stations), Project I.D. #F-11007-15 (add four stations), and Project I.D. #F-11638-18 (relocate two stations to INS Huntersville).**
- 5. Independent Nephrology Services, 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 18, 2019

TIMETABLE:

- 1. Services Offered _____ December 31, 2019**

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11638-18

FID #: 070257

ISSUED TO: Independent Nephrology Services, Inc.

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

SCOPE: Relocate no more than two dialysis stations from BMA Beatties Ford to be used exclusively for home hemodialysis training and support / Mecklenburg County

CONDITIONS: See Reverse Side

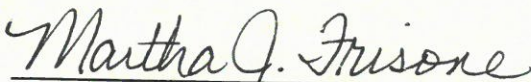
**PHYSICAL LOCATION: INS Huntersville
9920 Kincey Avenue, Suite 140
Huntersville, NC 28212**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2020

This certificate is effective as of February 14, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Independent Nephrology Services, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Independent Nephrology Services, Inc. shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Independent Nephrology Services, Inc. shall relocate two dialysis stations from BMA Beatties Ford to INS Huntersville.
3. Independent Nephrology Services, Inc. shall install plumbing and electrical wiring through the walls for no more than two dialysis stations which shall include any isolation stations.
4. Upon completion of this project, Fresenius Medical Care Holdings, Inc. shall take the necessary steps to decertify two dialysis stations at BMA Beatties Ford for a total of no more than 39 dialysis stations at BMA Beatties Ford following completion of this project, Project I.D. #F-10259-14 (add seven stations), Project I.D. #F-11007-15 (add four stations), and Project I.D. #F-11637-18 (relocate two stations to INS Charlotte).
5. Independent Nephrology Services, 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 18, 2019

TIMETABLE:

1. Services Offered _____ December 31, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11550-18

FID #: 180375

**ISSUED TO: Britthaven, Inc.
Hillco, Ltd.
Granite Falls, LTC, 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 110-bed nursing facility (including a 30-bed SCU) by relocating no more than 80 NF beds from Macon Valley Nursing & Rehabilitation Center (Macon County) and no more than 30 NF beds from Magnolia Lane Nursing & Rehabilitation Center (Burke County) / Mecklenburg County

CONDITIONS: See Reverse Side

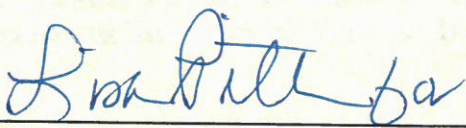
**PHYSICAL LOCATION: Western Mecklenburg Health & Rehabilitation Center
6242 Pleasant Grove Road
Charlotte, NC 28216**

MAXIMUM CAPITAL EXPENDITURE: \$17,573,554

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of February 11, 2019



Martha J. Frisone, Chief

CONDITIONS:

- 1. Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC shall materially comply with the last made representation.**
- 2. Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC shall develop a new 110-bed nursing facility, Western Mecklenburg Health and Rehabilitation Center, by relocating 80 nursing facility beds from Macon Valley Nursing & Rehabilitation Center (Macon County) and 30 nursing facility beds from Magnolia Lane Nursing & Rehabilitation Center (Burke County),**
- 3. Upon completion of the project, Western Mecklenburg Health and Rehabilitation Center shall be licensed for no more than 110 nursing facility beds.**
- 4. Upon completion of the project, Macon Valley Nursing & Rehabilitation Center (Macon County) shall be licensed for no more than 120 nursing facility beds, and Magnolia Lane Nursing & Rehabilitation Center (Burke County) shall be licensed for no more than 91 nursing facility beds.**
- 5. Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms with or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes,**
- 6. For the first two years of operation following completion of the project, Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, 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 Certification of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 7. Approval by the Healthcare Planning and Certificate of Need Section to develop the proposed special care unit beds means only that the applicants are authorized to develop the proposed special care unit beds. It does not mean that Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC will be able to obtain a license for the special care unit beds if a moratorium on licensure of special care unit beds is still in effect. In that instance, Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC would need to demonstrate that they meet the criteria for an exception and it be granted by the Secretary of the Department of Health and Human Services. If a moratorium on licensure of special care unit beds is still in effect at the time the facility is complete, and**

(Cont. F-11550-18)

Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC are unable to obtain an exception, then they may develop all 110 beds as general nursing home beds.

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, Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC shall submit, on the form provided by the Healthcare Planning and Certification of Need Section, an annual report containing:
- 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 services and;
 - f. Average operating cost per unit of service.

TIMETABLE:

1. Financing Obtained _____	September 1, 2019
2. Land Acquired _____	February 1, 2020
3. Drawings Completed _____	April 30, 2020
4. Construction/Renovation Contract(s) Executed _____	June 1, 2020
5. 25% of Construction/Renovation Completed (25% of the cost is in place) _____	September 1, 2020
6. 50% of Construction/Renovation Completed _____	December 1, 2020
7. 75% of Construction/Renovation Completed _____	April 1, 2021
8. Construction/Renovation Completed _____	June 1, 2021
9. Equipment Ordered _____	April 1, 2021
10. Equipment Installed _____	June 1, 2021
11. Equipment Operational _____	July 1, 2021
12. Building/Space Occupied _____	August 1, 2021
13. Licensure Obtained _____	September 1, 2021
14. Services Offered _____	October 1, 2021
15. Medicare and/or Medicaid Certification Obtained _____	October 1, 2021
16. Facility or Service Accredited _____	October 1, 2021
17. Final Annual Report Due _____	January 1, 2025

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11590-18

FID #: 180474

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, Mountain Island Lake Dialysis, by relocating no more than 10 stations from North Charlotte Dialysis / Mecklenburg County

CONDITIONS: See Reverse Side

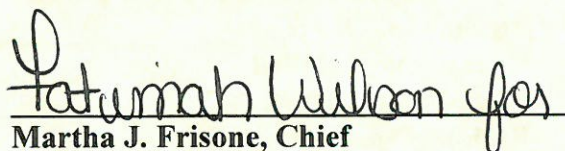
**PHYSICAL LOCATION: Mountain Island Lake Dialysis
10311 Rozzelles Ferry Road
Charlotte, NC 28214**

MAXIMUM CAPITAL EXPENDITURE: \$2,434,963

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2019

This certificate is effective as of February 7, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Renal Treatment Centers – Mid-Atlantic, Inc. d/b/a Mountain Island Lake 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 Mountain Island Lake Dialysis shall develop a new kidney disease treatment center to be known as Mountain Island Lake Dialysis by relocating no more than 10 dialysis stations from North Charlotte Dialysis.
3. Mountain Island Lake Dialysis will offer a home dialysis training and support program exclusively for peritoneal dialysis patients. Mountain Island Lake Dialysis shall not develop any home hemodialysis stations as part of this project.
4. Renal Treatment Centers – Mid-Atlantic, Inc. d/b/a Mountain Island Lake Dialysis shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations which shall include any isolation stations.
5. Upon completion of this project, DaVita, Inc. shall take the necessary steps to decertify 10 dialysis stations at North Charlotte Dialysis for a total of no more than 19 dialysis stations at North Charlotte Dialysis following completion of this project, Project I.D. #F-11452-18 (relocate three stations to Cannon Dialysis), and Project I.D. #F-11547-18 (relocate four stations to Huntersville Dialysis).
6. Prior to the issuance of a certificate of need, Renal Treatment Centers – Mid-Atlantic, Inc. d/b/a Mountain Island Lake Dialysis shall provide a copy of the letter it states was sent to Central Piedmont Community College on page 52 of the application.
7. Renal Treatment Centers – Mid-Atlantic, Inc. d/b/a Mountain Island Lake 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 February 5, 2019.

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 #: H-11643-18

FID #: 180570

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 kidney disease treatment center to provide home peritoneal dialysis training and support services by relocating the existing PD program from Dialysis Care of Moore County/ Moore County

CONDITIONS: See Reverse Side

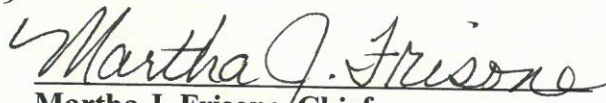
PHYSICAL LOCATION: Pinehurst Home Training
246 Olmsted Boulevard
Pinehurst, NC 28374

MAXIMUM CAPITAL EXPENDITURE: \$1,043,263

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2019

This certificate is effective as of February 26, 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 supplemental responses. In the event that representations conflict, Total Renal Care of North Carolina, LLC shall materially comply with the last made representation.
2. Total Renal Care of North Carolina, LLC shall establish a freestanding home dialysis training and support program to provide only peritoneal dialysis training and support services.
3. Total Renal Care of North Carolina, LLC d/b/a Pinehurst Home Training 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 February 12, 2019.

TIMETABLE:

1. Financing Obtained _____ November 15, 2018
2. Drawings Completed _____ June 19, 2019
3. 50% of Construction/Renovation Completed _____ July 15, 2020
4. Construction/Renovation Completed _____ October 15, 2020
5. Equipment Ordered _____ July 15, 2020
6. Building/Space Occupied _____ December 1, 2020
7. Services Offered _____ January 1, 2021
8. 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 #: O-11642-18

FID #: 180569

ISSUED TO: Total Renal Care of North Carolina, LLC

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

SCOPE: Develop a new 10-station facility by relocating 8 stations from Cape Fear Dialysis and 2 stations from Southeastern Dialysis Center-Wilmington / New Hanover County

CONDITIONS: See Reverse Side

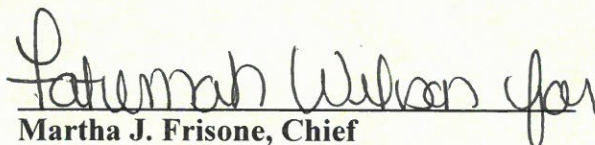
**PHYSICAL LOCATION: Wrightsville Beach Dialysis
6930 Market Street
Wilmington, NC 28411**

MAXIMUM CAPITAL EXPENDITURE: \$1,801,834

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2019

This certificate is effective as of February 7, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Wrightsville Beach Dialysis shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC shall develop a new 10-station kidney disease treatment center to be known as Wrightsville Beach Dialysis by relocating eight dialysis stations from Cape Fear Dialysis and two dialysis stations from Southeastern Dialysis Center - Wilmington.
3. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify eight dialysis stations at Cape Fear Dialysis for a total of no more than 32 dialysis stations at Cape Fear Dialysis, following completion of this project and Project ID #O-11260-16 (add eight stations).
4. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify two dialysis stations at Southeastern Dialysis Center-Wilmington for a total of no more than 30 dialysis stations at Southeastern Dialysis Center-Wilmington following completion of this project, Project ID #O-11257-16 (add four stations) and Project ID #O-11548-18 (relocate six stations).
5. Total Renal Care of North Carolina, LLC d/b/a Wrightsville Beach Dialysis shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations, which shall include any home training and isolation stations.
6. Total Renal Care of North Carolina, LLC d/b/a Wrightsville Beach 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 17, 2019.

TIMETABLE:

1. 50% of Construction/Renovation Completed _____ July 15, 2020
2. Construction/Renovation Completed _____ October 15, 2020
3. Building/Space Occupied _____ December 1, 2020
4. Services Offered _____ January 1, 2021
5. 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 #: H-11521-18

FID #: 180262

ISSUED TO: The Samaritan Colony, Incorporated

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 14-bed chemical dependency treatment facility for adult women pursuant to the need determination in the 2018 SMFP/ Richmond County

CONDITIONS: See Reverse Side

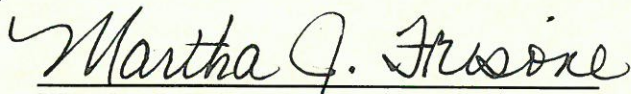
**PHYSICAL LOCATION: Samaritan Women's Recovery Center
136 Samaritan Drive
Rockingham, NC 28379**

MAXIMUM CAPITAL EXPENDITURE: \$2,927,314

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2019

This certificate is effective as of February 6, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. The Samaritan Colony, Incorporated shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, The Samaritan Colony, Incorporated shall materially comply with the last made representation.
2. The Samaritan Women's Recovery Center shall develop a new 14-bed chemical dependency treatment facility for adult women.
3. Upon completion of the project, Samaritan Women's Recovery Center shall be licensed for no more than 14 adult chemical dependency treatment beds for women.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Samaritan Colony, Incorporated shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payer mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.

TIMETABLE:

1. Construction/Renovation Contract(s) Executed _____ May 1, 2019
2. Construction/Renovation Completed _____ March 1, 2020
3. Building/Space Occupied _____ May 1, 2020
4. Services Offered _____ July 1, 2020
5. Final Annual Report Due _____ October 1, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11549-18

FID #: 180374

**ISSUED TO: Britthaven, Inc.
Hillco, Ltd
Granite Falls, LTC, 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 89-bed nursing facility including a 30-bed SCU, by relocating no more than 49 NF beds from Premier Nursing & Rehabilitation Center (Onslow County), no more than 20 nursing NF beds from Jacobs's Creek Nursing & Rehabilitation Center (Rockingham County) and no more than 20 NF beds from Chowan River Nursing & Rehabilitation Center (Chowan County) / Rowan County

CONDITIONS: See Reverse Side

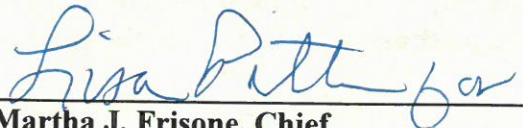
PHYSICAL LOCATION: Rowan County Health & Rehabilitation Center
Highway 152 & Stirewalt Rd.
China Grove, NC 28023

MAXIMUM CAPITAL EXPENDITURE: \$15,267,286

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2019

This certificate is effective as of February 9, 2019



Martha J. Frisone, Chief

CONDITIONS:

- 1. Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC shall materially comply with the last made representation.**
- 2. Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC shall develop a new 89-bed nursing facility, Rowan County Health and Rehabilitation Center, by relocating 49 nursing facility beds from Premier Nursing & Rehabilitation Center (Onslow Co.), 20 nursing facility beds from Jacob's Creek Nursing & Rehabilitation Center (Rockingham Co.), and 20 nursing facility beds from Chowan River Nursing & Rehabilitation Center (Chowan Co).**
- 3. Upon completion of the project, Rowan County Health and Rehabilitation Center shall be licensed for no more than 89 nursing facility beds.**
- 4. Upon completion of the project, Premier Nursing & Rehabilitation Center (Onslow Co.) shall be licensed for no more than 190 nursing facility beds, Jacob's Creek Nursing & Rehabilitation Center (Rockingham Co.) shall be licensed for no more than 150 nursing facility beds, and Chowan River Nursing & Rehabilitation Center (Chowan Co.) shall be licensed for no more than 110 nursing facility beds.**
- 5. Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms with or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. For the first two years of operation following completion of the project, Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, 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 Certification of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 7. Approval by the Healthcare Planning and Certificate of Need Section to develop the proposed special care unit beds means only that the applicants are authorized to develop the proposed special care unit beds. It does not**

(Con't F-11549-18)

mean that Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC will be able to obtain a license for the special care unit beds if a moratorium on licensure of special care unit beds is still in effect. In that instance, Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC would need to demonstrate that they meet the criteria for an exception and it be granted by the Secretary of the Department of Health and Human Services. If a moratorium on licensure of special care unit beds is still in effect at the time the facility is complete, and Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC are unable to obtain an exception, then they may develop all 89 beds as general nursing home beds.

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, Britthaven, Inc., Hillco, Ltd., and Granite Falls LTC, LLC shall submit, on the form provided by the Healthcare Planning and Certification of Need Section, an annual report containing:
 - a. Payor mix for the services authorized in this certificate of need;
 - b. Utilization of the services authorized in this certificate of need;
 - c. Revenues and operating costs for the services authorized in this certificate of need;
 - d. Average gross revenue per unit of service;
 - e. Average net revenue per unit of service;
 - f. Average operating cost per unit of service.

TIMETABLE:

1. Financing Obtained _____ September 1, 2019
2. Land Acquired _____ February 1, 2020
3. Drawings Completed _____ April 30, 2020
4. Construction/Renovation Contract(s) Executed _____ June 1, 2020
5. 25% of Construction/Renovation Completed _____
(25% of the cost is in place) _____ September 1, 2020
6. 50% of Construction/Renovation Completed _____ December 1, 2020
7. 75% of Construction/Renovation Completed _____ April 1, 2021
8. Construction/Renovation Completed _____ June 1, 2021
9. Equipment Ordered _____ April 1, 2021
10. Equipment Installed _____ June 1, 2021
11. Equipment Operational _____ July 1, 2021
12. Building/Space Occupied _____ August 1, 2021
13. Licensure Obtained _____ September 1, 2021
14. Services Offered _____ October 1, 2021
15. Medicare and/or Medicaid Certification Obtained _____ October 1, 2021
16. Facility or Service Accredited _____ October 1, 2021
17. Final Annual Report Due _____ January 1, 2025

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11551-18

FID #: 180414

**ISSUED TO: RAC Surgery Center, LLC
Fresenius Vascular Care Raleigh MSO, 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 ambulatory surgical facility in Raleigh with one operating room and two procedure rooms focused on vascular access procedures for patients with end stage renal disease pursuant to the need determination in the 2018 SMFP for additional operating rooms/ Wake County

CONDITIONS: See Reverse Side

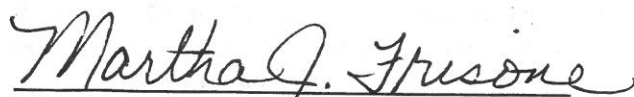
**PHYSICAL LOCATION: RAC Surgery Center
3031 New Bern Avenue, Suite 100
Raleigh, NC 27610**

MAXIMUM CAPITAL EXPENDITURE: \$2,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 31, 2019

This certificate is effective as of February 28, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, LLC shall materially comply with all representations made in the certificate of need application.
2. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, LLC shall develop a new single-specialty ambulatory surgical facility by developing no more than one operating room and two procedure rooms.
3. Upon completion of the project, RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, LLC shall be licensed for no more than one operating room and two procedure rooms.
4. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, LLC 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.
5. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, 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.
6. For the first three years of operation following completion of the project, RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, LLC 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.
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. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, 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.
10. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
11. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, 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 February 15, 2019.

TIMETABLE:

1. **Financing Obtained** _____ **March 5, 2019**
2. **25% of Construction/Renovation Completed**
(25% of the cost is in place) _____ **July 30, 2019**
3. **Construction/Renovation Completed** _____ **November 2, 2019**
4. **Licensure Obtained** _____ **January 1, 2020**
5. **Services Offered** _____ **January 3, 2020**
6. **Medicare and/or Medicaid Certification Obtained** _____ **April 1, 2020**
7. **Final Annual Report Due** _____ **April 3, 2023**

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: J-11561-18

FID #: 180424

ISSUED TO: OrthoNC ASC, 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 ambulatory surgical facility with one operating room and one procedure room focused on orthopaedic and pain management procedures pursuant to the need determination in the 2018 SMFP for additional operating rooms/ Wake County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Ortho NC ASC
11200 Governor Manly Way
Suite 309
Raleigh, NC 27614

MAXIMUM CAPITAL EXPENDITURE: \$3,895,599

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2019

This certificate is effective as of February 28, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. OrthoNC ASC, Inc. shall materially comply with all representations made in the certificate of need application.
2. OrthoNC ASC, Inc. shall develop a new single-specialty ambulatory surgical facility by developing no more than one operating room and one procedure room.
3. Upon completion of the project, OrthoNC ASC, Inc. shall be licensed for no more than one operating room and one procedure room.
4. OrthoNC ASC, 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.
5. OrthoNC ASC, Inc. 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, OrthoNC ASC, Inc. 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.
7. The procedure room 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 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.
9. OrthoNC ASC, 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.
10. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, OrthoNC ASC, 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.
11. OrthoNC ASC, 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 February 12, 2019.

TIMETABLE:

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

STATE OF NORTH CAROLINA

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

REVISED

CERTIFICATE OF NEED

for

Project ID #: J-8263-08

FID #: 080825

ISSUED TO: WR Imaging, 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: Shall develop a diagnostic center in the Panther Creek area of Cary/ Wake County

CONDITIONS: See Reverse Side

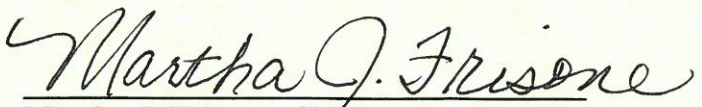
**PHYSICAL LOCATION: Panther Creek Project
McCrimmon Parkway
Cary, NC 27519**

MAXIMUM CAPITAL EXPENDITURE: \$7,294,590

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2019

This certificate is effective as of July 27, 2010
Revised certificate issued on February 21, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. WR Imaging, LLC shall materially comply with all representations made in the certificate of need application, identified as Project I.D. No. J-8263-08, and in the supplemental information provided to the Agency on April 16, 2010 and May 4, 2010. In those instances in which any of these representations conflict, WR Imaging, LLC shall materially comply with the last-made representations.
2. WR Imaging, LLC shall, as part of this project, develop and operate no more than one hospital based outpatient care center to be located at the site on the southwest corner of McCrimmon Parkway and Highway 55 in Cary, Wake County, as described in the application.
3. WR Imaging, LLC shall not acquire, as part of this project or within one year after completion of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
4. WR Imaging, LLC shall relocate and replace one existing CT scanner from Rex Healthcare of Cary to the Rex Healthcare of Panther Creek, removing from service one existing 4-slice CT scanner.
5. WR Imaging, LLC shall not relocate, as part of this project, from its other sites, any existing equipment, which costs \$10,000 or more, within one year after completion of this project.

TIMETABLE:

- | | | |
|----|--|------------------|
| 1. | Financing Obtained _____ | March 1, 2013 |
| 2. | 50% of Construction/Renovation Completed _____ | November 1, 2013 |
| 3. | Construction/Renovation Completed _____ | May 1, 2014 |
| 4. | Equipment Ordered _____ | January 1, 2014 |
| 5. | Services Offered _____ | July 1, 2014 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11616-18

FID #: 180516

ISSUED TO: Private Diagnostic Clinic, PLLC

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

SCOPE: Develop a new diagnostic center / Wake

CONDITIONS: See Reverse Side

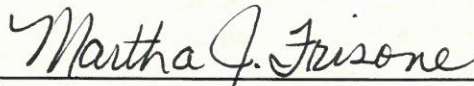
**PHYSICAL LOCATION: Duke Health Holly Springs
401 Irving Parkway
Holly Springs, NC 27540**

MAXIMUM CAPITAL EXPENDITURE: \$1,902,746

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2019

This certificate is effective as of February 14, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Private Diagnostic Clinic, PLLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Private Diagnostic Clinic, PLLC shall materially comply with the last made representation.
2. Private Diagnostic Clinic, PLLC shall develop a new diagnostic imaging center with X-ray and ophthalmology diagnostic equipment.
3. Private Diagnostic Clinic, PLLC 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, Private Diagnostic Clinic, PLLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Private Diagnostic Clinic, PLLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 7, 2019

TIMETABLE:

1. Construction/Renovation Contract(s) Executed _____ August 1, 2019
2. 25% of Construction/Renovation Completed _____
(25% of the cost is in place) _____ September 1, 2019
3. 50% of Construction/Renovation Completed _____ October 1, 2019
4. 75% of Construction/Renovation Completed _____ November 1, 2019
5. Construction/Renovation Completed _____ December 1, 2019
6. Equipment Ordered _____ July 1, 2019
7. Equipment Installed _____ December 10, 2019
8. Equipment Operational _____ December 20, 2019
9. Building/Space Occupied _____ December 1, 2019
10. Services Offered _____ January 1, 2020
11. Facility or Service Accredited _____ January 1, 2020
12. Final Annual Report Due _____ April 1, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11617-18

FID #: 180515

ISSUED TO: Private Diagnostic Clinic, PLLC

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

SCOPE: Develop a new diagnostic center / Wake County

CONDITIONS: See Reverse Side

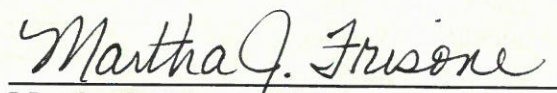
**PHYSICAL LOCATION: Duke Health Center Apex
1545 Orchard Villas Avenue
Apex, NC 27502**

MAXIMUM CAPITAL EXPENDITURE: \$760,237

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 30, 2019

This certificate is effective as of February 14, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Private Diagnostic Clinic, PLLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Private Diagnostic Clinic, PLLC shall materially comply with the last made representation.
2. Private Diagnostic Clinic, PLLC shall develop a new diagnostic imaging center with existing X-ray, C-arm and Echocardiography medical diagnostic equipment.
3. Private Diagnostic Clinic, PLLC 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, Private Diagnostic Clinic, PLLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Private Diagnostic Clinic, PLLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 7, 2019

TIMETABLE:

1.	Construction/Renovation Contract(s) Executed _____	May 20, 2019
2.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	May 27, 2019
3.	50% of Construction/Renovation Completed _____	June 3, 2019
4.	75% of Construction/Renovation Completed _____	June 10, 2019
5.	Construction/Renovation Completed _____	June 17, 2019
6.	Equipment Installed _____	June 25, 2019
7.	Equipment Operational _____	June 25, 2019
8.	Building/Space Occupied _____	June 17, 2019
9.	Services Offered _____	July 1, 2020
10.	Facility or Service Accredited _____	July 1, 2020
11.	Final Annual Report Due _____	September 1, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11597-18

FID #: 041181

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 3 stations for a total of no more than 18 stations upon completion of this project, Project I.D. #J-11131-16 (relocate 10 stations to Oak City Dialysis), Project I.D. #J-11152-16 (add 1 station), and Project I.D. #J-11254-16 (add 2 stations)/ Wake

CONDITIONS: See Reverse Side

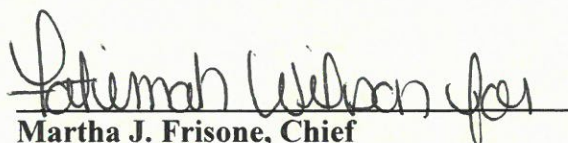
PHYSICAL LOCATION: Wake Forest Dialysis Center
11001 Ingleside Place
Raleigh, NC 27614

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2020

This certificate is effective as of February 7, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center 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 d/b/a Wake Forest Dialysis Center shall develop and operate no more than three additional dialysis stations for a total of no more than 18 certified stations upon completion of this project, Project I.D. #J-11131-16 (relocate 10 stations to Oak City Dialysis), Project I.D. #J-11152-16 (add 1 station), and Project I.D. #J-11254-16 (add 2 stations).
3. Total Renal Care of North Carolina, LLC d/b/a Wake Forest 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 17, 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 #: R-11576-18

FID #: 001549

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

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

SCOPE: Add no more than two dialysis stations for a total of no more than 16 dialysis stations upon project completion / Washington County

CONDITIONS: See Reverse Side

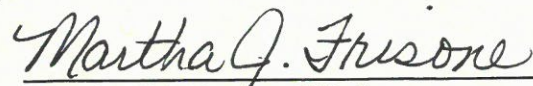
**PHYSICAL LOCATION: FMC Dialysis Services of Plymouth
734 US 64 East
Plymouth, NC 27962**

MAXIMUM CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2019

This certificate is effective as of February 19, 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 two additional dialysis stations for a total of no more than 16 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than two dialysis stations, which shall include any isolation stations.
4. 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 23, 2019

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
(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 04, 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 #: P-11598-18

FID #: 000304

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 two dialysis stations for a total of no more than 17 dialysis stations upon completion

CONDITIONS: See Reverse Side

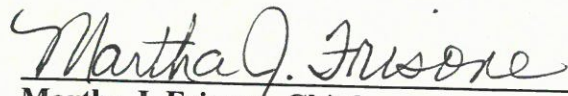
**PHYSICAL LOCATION: Mt Olive Dialysis
105 Michael Martin Road
Mount Olive, NC 28365**

MAXIMUM CAPITAL EXPENDITURE: \$21,758

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2019

This certificate is effective as of February 5, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Mt Olive 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 Mt Olive Dialysis shall develop no more than two additional dialysis stations for a total of no more than 17 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. d/b/a Mt Olive Dialysis shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, which shall include and isolation stations.
4. DVA Renal Healthcare, Inc. d/b/a Mt Olive 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 17, 2019.

TIMETABLE:

1. Financing Obtained _____ September 1, 2018
2. Equipment Ordered _____ July 15, 2019
3. Equipment Installed _____ November 15, 2019
4. Equipment Operational _____ December 1, 2019
5. Services Offered _____ January 1, 2020
6. Medicare and/or Medicaid Certification Obtained _____ January 1, 2020