

**Certificate of Need
Certificates Issued
March 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
Henderson	B-011610-18	The Landings of Hendersonville	180506	ACH	Acquire and relocate 15 ACH beds from Country Meadow Rest Home and 43 ACH beds from The Gardens of the Blue Ridge, pursuant to Policy LTC-2 in the 2018 SMFP, to create a new facility for a total of 58 ACH beds upon project completion	11/1/2018	2/26/2019	3/29/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$5,345,000	10/1/2019
Henderson	B-011641-18	Hendersonville Dialysis Center	140094	ESRD	Cost overrun for Project ID #B-11246-16 (add 7 stations)	12/1/2018	2/20/2019	3/23/2019	Conditional Approval	Julie Faenza	Lisa Pittman	\$244,377	8/1/2019
Pitt	Q-011636-18	FMC Farmville	140329	ESRD	Relocate 4 dialysis stations from Greenville Dialysis Center for a total of 14 stations upon completion	12/1/2018	2/20/2019	3/23/2019	Conditional Approval	Bernetta Thorne-Williams	Lisa Pittman	\$15,000	9/30/2019
Richmond	H-011629-18	FirstHealth Moore Regional Hospital - Richmond	933431	HOSPITAL	Relocate existing MRI scanner from Hamlet to Richmond	12/1/2018	2/1/2019	3/5/2019	Conditional Approval	Tanya Saporito	Lisa Pittman	\$2,823,597	8/30/2019
Union	F-011618-18	Atrium Health Union West	180514	HOSPITAL	Develop a new satellite campus of CHS Union by relocating 40 acute care beds, two ORs, one dedicated C-Section OR, one GI endoscopy room, and one CT scanner from CHS Union	11/1/2018	2/12/2019	3/15/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$116,213,331	4/30/2020
Wake	J-011572-18	FMC New Hope Dialysis	020868	ESRD	Add 8 dialysis stations for a total of 36 stations upon completion of this project, Project I.D. # J-11271-16 (relocate 6 stations to FMC Rock Quarry), Project I.D.# J-11312-17 (add 6 stations), Project I.D. # J-11372-17 (relocate 4 stations to FKC Selma) and Project I.D. # J-11510-18 (relocate 4 stations to FKC Holly Springs)	10/1/2018	2/27/2019	3/30/2019	Conditional Approval	Jane Rhoe-Jones	Fatimah Wilson	\$0	7/31/2019
Wake	J-011575-18	BMA of Raleigh	955616	ESRD	Add no more than four stations for a total of no more than 50 stations upon completion of this project and Project I.D. # J-11510-18 (relocate 4 stations to FKC Holly Springs)	10/1/2018	2/12/2019	3/15/2019	Conditional Approval	Celia Inman	Fatimah Wilson		10/30/2019
Wake	J-011615-18	Well Care Home Health	180512	HC	Develop a new Medicare-certified home health agency in Wake County pursuant to the 2018 SMFP need determination	11/1/2018	1/29/2019	3/1/2019	Conditional Approval	Bernetta Thorne-Williams	Lisa Pittman	\$100,000	7/30/2019

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: B-11610-18

FID #: 180506

ISSUED TO: **Henderson Opco, LLC**
Henderson Propco, 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: Acquire and relocate 15 ACH beds from Country Meadow Rest Home and 43 ACH beds from The Gardens of the Blue Ridge, pursuant to Policy LTC-2 in the 2018 SMFP, to create a new facility for a total of no more than 58 ACH beds upon project completion/ Henderson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Landings of Hendersonville
Duncan Hill Raod #5-9
Hendersonville, NC 28792

MAXIMUM CAPITAL EXPENDITURE: \$ 5,345,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2019

This certificate is effective as of March 29, 2019


Martha J. Frisone, Chief

CONDITIONS:

- 1. Henderson Opco, LLC and Henderson Propco, LLC shall materially comply with all representations made in the certificate of need application.**
- 2. Henderson Opco, LLC and Henderson Propco, LLC shall acquire and relocate no more than 15 adult care home (ACH) beds from Country Meadow Rest Home and 43 ACH beds from The Gardens of The Blue Ridge, pursuant to Policy LTC-2 for a total of no more than 58 licensed ACH beds at The Landings of Hendersonville upon completion of this project.**
- 3. Henderson Opco, LLC and Henderson Propco, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.**
- 4. Henderson Opco, LLC and Henderson Propco, 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.**
- 5. For the first two years of operation following completion of the project, Henderson Opco, LLC and Henderson Propco, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Henderson Opco, LLC and Henderson Propco, 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.**
- 7. Henderson Opco, LLC and Henderson Propco, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 20, 2019

TIMETABLE:

1. Financing Obtained _____ July 1, 2019
2. Construction/Renovation Contract(s) Executed _____ August 30, 2019
3. 25% of Construction/Renovation Completed _____
(25% of the cost is in place) _____ November 8, 2019
4. 50% of Construction/Renovation Completed _____ January 17, 2020
5. 75% of Construction/Renovation Completed _____ March 27, 2020
6. Construction/Renovation Completed _____ May 26, 2020
7. Equipment Ordered _____ April 26, 2020
8. Equipment Installed _____ May 11, 2020
9. Equipment Operational _____ July 20, 2020
10. Building/Space Occupied _____ August 24, 2020
11. Licensure Obtained _____ October 1, 2020
12. Services Offered _____ October 1, 2020
13. Medicare and/or Medicaid Certification Obtained _____ October 30, 2020
14. Final Annual Report Due _____ December 30, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: B-11641-18

FID #: 140094

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: Cost overrun for Project ID #B-11246-16(add 7 stations) / Henderson County

CONDITIONS: See Reverse Side

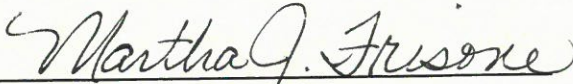
**PHYSICAL LOCATION: Hendersonville Dialysis Center
1250 7th Avenue East
Hendersonville, NC 28792**

MAXIMUM CAPITAL EXPENDITURE: \$ 244,377

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2019

This certificate is effective as of March 23, 2019


Martha J. Frisone, Chief

CONDITIONS:

- 1. Total Renal Care of North Carolina, LLC shall materially comply with the representations in this application, the representations in Project I.D. #B-11246-16, 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. The total approved capital expenditure for Project I.D. #B-11641-18 is \$1,337,549, an increase of \$244,377 over the previously approved capital expenditure of \$1,093,172.**
- 3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 21, 2019.

TIMETABLE:

- 1. Construction/Renovation Contract(s) Executed _____ July 15, 2019**
- 2. 50% of Construction/Renovation Completed _____ August 15, 2019**
- 3. Construction/Renovation Completed _____ November 15, 2019**
- 4. Equipment Ordered _____ August 15, 2019**
- 5. 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 #: Q-11636-18

FID #: 140329

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

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

SCOPE: Relocate no more than four dialysis stations from Greenville Dialysis Center to FMC Farmville for a total of no more than 14 dialysis stations at FMC Farmville upon project completion/ Pitt County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: FMC Farmville
4302 South Main Street
Farmville, NC 27828**

MAXIMUM CAPITAL EXPENDITURE: \$ 15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2019

This certificate is effective as of March 23, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. FMC Farmville shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate no more than 4 dialysis stations from Greenville Dialysis Center to FMC Farmville for a total of no more than 14 dialysis stations at FMC Farmville upon project completion.
3. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify four dialysis stations at Greenville Dialysis Center for a total of no more than 47 dialysis stations at Greenville Dialysis Center.
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 February 25, 2019.

TIMETABLE:

1. Financing Obtained _____ November 15, 2018
2. Drawings Completed _____ July 16, 2019
3. Construction/Renovation Contract(s) Executed _____ August 6, 2019
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ September 5, 2019
5. 50% of Construction/Renovation Completed _____ October 5, 2019
6. 75% of Construction/Renovation Completed _____ October 26, 2019
7. Construction/Renovation Completed _____ November 16, 2019
8. Equipment Ordered _____ October 15, 2018
9. Equipment Installed _____ December 14, 2018
10. Equipment Operational _____ December 26, 2018
11. Building/Space Occupied _____ December 26, 2018
12. Services Offered _____ December 31, 2019
13. Medicare and/or Medicaid Certification Obtained _____ December 31, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: H-11629-18

FID #: 933431

ISSUED TO: FirstHealth of the Carolinas, 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 existing fixed MRI scanner from FirstHealth Moore Regional Hospital-Hamlet to FirstHealth Moore Regional Hospital-Richmond/Richmond County

CONDITIONS: See Reverse Side

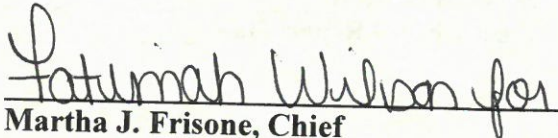
**PHYSICAL LOCATION: FirstHealth Moore Regional Hospital-Richmond
925 Long Drive
Rockingham, NC 28379**

MAXIMUM CAPITAL EXPENDITURE: \$2,823,597

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2019

This certificate is effective as of March 5, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. FirstHealth of the Carolinas, Inc. shall materially comply with all representations made in the certificate of need application.
2. FirstHealth of the Carolinas, Inc. as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section F, Section Q and Exhibit F.1 of the application or that would otherwise require a certificate of need.
3. FirstHealth of the Carolinas, Inc. shall relocate the existing fixed MRI scanner located at FirstHealth Moore Regional Hospital-Hamlet to FirstHealth Moore Regional Hospital-Richmond.
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, FirstHealth of the Carolinas, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. FirstHealth of the Carolinas, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 12, 2019.

TIMETABLE:

1. Financing Obtained _____	June 15, 2019
2. Drawings Completed _____	July 15, 2019
3. Construction/Renovation Contract(s) Executed _____	August 1, 2019
4. 25% of Construction/Renovation Completed (25% of the cost is in place) _____	November 1, 2020
5. 50% of Construction/Renovation Completed _____	February 1, 2020
6. 75% of Construction/Renovation Completed _____	May 1, 2020
7. Construction/Renovation Completed _____	September 1, 2020
8. Equipment Installed _____	September 15, 2020
9. Equipment Operational _____	October 1, 2020
10. Building/Space Occupied _____	October 1, 2020
11. Services Offered _____	October 1, 2020
12. Final Annual Report Due _____	December 31, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11618-18

FID #: 180514

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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 satellite campus of CHS Union by relocating 40 acute care beds, two ORs, one dedicated C-Section OR, one GI endoscopy room, and one CT scanner from CHS Union/Union County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Atrium Health Union West
Stallings, NC 28104**

MAXIMUM CAPITAL EXPENDITURE: \$116,213,331

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2020

This certificate is effective as of March 15, 2019


Martha J. Frisone, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.**
- 2. The Charlotte-Mecklenburg Hospital Authority shall develop a new satellite campus of CHS Union by relocating no more than 40 acute care beds, two ORs, one dedicated C-Section OR, one GI endoscopy room, and one CT scanner from CHS Union to Atrium Health Union West.**
- 3. Upon completion of the project, Atrium Health Union West shall be licensed as a satellite campus of CHS Union, License #H0050, with no more than 40 acute care beds, two ORs, one dedicated C-Section OR, one GI endoscopy room, and one CT scanner. CHS Union Hospital, License #H0050, shall be licensed for no more than 182 acute care beds, six ORs, two dedicated C-Section ORs, two GI endoscopy rooms, and three CT scanners.**
- 4. The Charlotte-Mecklenburg Hospital Authority 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. The Charlotte-Mecklenburg Hospital Authority shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Charlotte-Mecklenburg Hospital Authority shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 7. The Charlotte-Mecklenburg Hospital Authority 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 26, 2019.

TIMETABLE:

1. Construction/Renovation Contract(s) Executed _____ April 15, 2020
2. 25% of Construction/Renovation Completed _____
3. (25% of the cost is in place) _____ September 1, 2020
4. 50% of Construction/Renovation Completed _____ January 31, 2021
5. 75% of Construction/Renovation Completed _____ June 1, 2021
6. Construction/Renovation Completed _____ November 30, 2021
7. Equipment Ordered _____ January 31, 2021
8. Equipment Installed _____ December 1, 2021
9. Equipment Operational _____ December 15, 2021
10. Building/Space Occupied _____ January 1, 2022
11. Licensure Obtained _____ January 1, 2022
12. Services Offered _____ January 1, 2022
13. Medicare and/or Medicaid Certification Obtained _____ January 1, 2022
14. Facility or Service Accredited _____ January 1, 2022
15. Final Annual Report Due _____ March 31, 2025

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11572-18

FID #: 020868

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 8 dialysis stations for a total of no more than 36 stations upon completion of this project, Project I.D. # J-11271-16 (relocate 6 stations to FMC Rock Quarry), Project I.D.# J-11312-17 (add 6 stations), Project I.D. # J-11372-17 (relocate 4 stations to FKC Selma) and Project I.D. # J-11510-18 (relocate 4 stations to FKC Holly Springs)/ Wake County

CONDITIONS: See Reverse Side

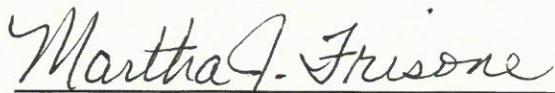
PHYSICAL LOCATION: FMC New Hope Dialysis
835 South New Hope Road
Raleigh, NC 27610

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 31, 2019

This certificate is effective as of March 30, 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 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. shall develop no more than eight additional dialysis stations for a total of no more than 36 certified stations at FMC New Hope Dialysis upon completion of this project, Project ID #J-11271-16 (relocate six stations to FMC Rock Quarry), Project ID #J-11312-17 (add six stations), Project ID #J-11372-179 (relocate four stations to FKC Selma) and Project ID #J-11510-18 (relocate four stations to FKC Holly Springs), which shall include any home hemodialysis training or isolation stations.**

3. **Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

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

TIMETABLE:

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

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11575-18

FID #: 956008

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

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

SCOPE: Add no more than four stations for a total of no more than 50 stations upon completion of this project and Project ID # J-11510-18 (relocate 4 stations to FKC Holly Springs)/ Wake County

CONDITIONS: See Reverse Side

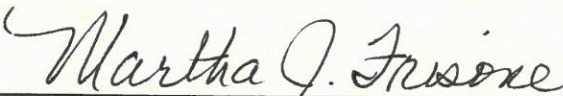
**PHYSICAL LOCATION: BMA of Raleigh
3943 New Bern Ave., Suite 100
Raleigh, NC 27610**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 30, 2019

This certificate is effective as of March 15, 2019


Martha J. Frisone
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 four additional dialysis stations for a total of no more than 50 certified stations at BMA of Raleigh Dialysis upon completion of this project and Project ID #J-11510-18 (relocate four stations to FKC Holly Springs), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 15, 2019.

TIMETABLE:

- | | | |
|--|-------|-------------------|
| 1. Equipment Ordered | _____ | October 17, 2019 |
| 2. Equipment Installed | _____ | December 6, 2019 |
| 3. Equipment Operational | _____ | December 13, 2019 |
| 4. Building/Space Occupied | _____ | December 26, 2019 |
| 5. Services Offered | _____ | December 31, 2019 |
| 6. Medicare and/or Medicaid Certification Obtained | _____ | December 31, 2019 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11615-18

FID #: 180512

ISSUED TO: Well Care Home of the Southern Triangle, Inc.

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

SCOPE: Develop a new Medicare-certified home health agency in Wake County pursuant to the Need Determination in the 2018 State Medical Facilities Plan/ Wake County

CONDITIONS: See Reverse Side

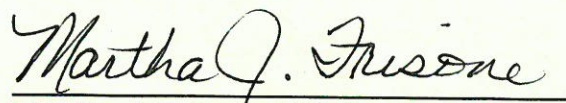
**PHYSICAL LOCATION: Well Care Home Health
351 West Center Street, Suite 364
Holly Springs, NC 27540**

MAXIMUM CAPITAL EXPENDITURE: \$100,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 30, 2019

This certificate is effective as of March 1, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Well Care Home Health of the Southern Triangle, Inc., d/b/a/ Well Care Home Health shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the need determination identified in the 2018 State Medical Facilities Plan, Well Care Home Health of the Southern Triangle, Inc., d/b/a/ Well Care Home Health shall develop no more than one Medicare-certified home health care agency in Wake County.
3. Upon completion of the project, Well Care Health, LLC shall be licensed for no more than two Medicare-certified home health care agencies in Wake County.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Well Care Home Health of the Southern Triangle, Inc., d/b/a/ Well Care Home Health 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. Well Care Home Health of the Southern Triangle, Inc., d/b/a/ Well Care Home Health 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 18, 2019.

TIMETABLE:

1. Services Offered _____ May 4, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11581-18

FID #: 170236

ISSUED TO: RAI Care Centers of North Carolina II, LLC

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

SCOPE: Add no more than three dialysis stations for a total of no more than 21 stations upon completion of this project, Project I.D. # P-11346-17 (relocate entire facility to a new location in Goldsboro) and Project I.D. # P-11477-18 (add two dialysis stations)/ Wayne County

CONDITIONS: See Reverse Side

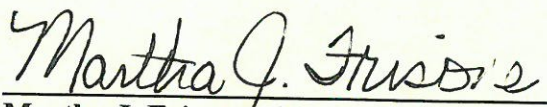
**PHYSICAL LOCATION: RAI Care Centers-Goldsboro
604 Hospital Road
Goldsboro, NC 27534**

MAXIMUM CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2019

This certificate is effective as of March 19, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. RAI Care Centers of North Carolina II, 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, the applicant shall develop no more than three additional dialysis stations for a total of no more than 21 certified stations at RAI Care Centers-Goldsboro upon completion of this project, Project I.D. P-11346-17 (relocate entire dialysis facility to a new location in Goldsboro), and Project I.D. # P-11477-18 (add two dialysis stations) which shall include any home hemodialysis training or isolation stations.
3. RAI Care Centers of North Carolina II, LLC shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations, which shall include any isolation or home hemodialysis training stations.
4. RAI Care Centers of North Carolina II, 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 19, 2019.

TIMETABLE:

1. Financing Obtained _____ September 17, 2018
2. Drawings Completed _____ June 3, 2019
3. Construction/Renovation Contract(s) Executed _____ July 18, 2019
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ August 22, 2019
5. 50% of Construction/Renovation Completed _____ September 26, 2019
6. 75% of Construction/Renovation Completed _____ October 31, 2019
7. Construction/Renovation Completed _____ November 30, 2019
8. Equipment Ordered _____ September 19, 2019
9. Equipment Installed _____ November 18, 2019
10. Equipment Operational _____ November 23, 2019
11. Building/Space Occupied _____ November 23, 2019
12. Services Offered _____ December 3, 2019
13. Medicare and/or Medicaid Certification Obtained _____ December 3, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11596-18

FID #: 944654

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 6 stations for a total of no more than 23 stations upon completion of this project and Project ID #P-11451-18 (relocate 7 stations to Rosewood Dialysis)/ Wayne County

CONDITIONS: See Reverse Side

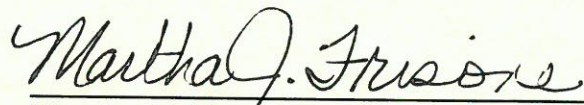
**PHYSICAL LOCATION: Goldsboro Dialysis Center
2609 Hospital Road
Goldsboro, NC 27534**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2019

This certificate is effective as of March 19, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. DVA Renal Healthcare, 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, applicant shall develop no more than six additional dialysis stations for a total of no more than 23 certified stations at Goldsboro Dialysis upon project completion, which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. shall install plumbing and electrical wiring through the walls for no more than six additional dialysis stations which shall include any isolation stations
4. DVA Renal Healthcare, Inc., shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 18, 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 |