

**Certificate of Need
Certificates Issued
June 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
Anson	H-011670-19	Fresenius Medical Care Anson County	061094	ESRD	Add one dialysis station for a total of no more than 18 stations upon project completion	4/1/2019	5/10/2019	6/11/2019	Conditional Approval	Tanya Saporito	Gloria Hale	\$323,733	12/1/2019
Brunswick	O-011678-19	Leland Dialysis	140237	ESRD	Add no more than one dialysis station for a total of no more than 12 stations upon completion of this project and Project ID #O-11593-18 (add one station)	4/1/2019	5/10/2019	6/11/2019	Conditional Approval	Tanya Saporito	Gloria Hale	\$18,470	12/1/2019
Brunswick	O-011679-19	Southeastern Dialysis Center-Shallotte	960145	ESRD	Add no more than one dialysis station for a total of no more than 15 stations upon completion of this project and Project ID # O-11487-18 (add four stations)	4/1/2019	5/17/2019	6/18/2019	Conditional Approval	Tanya Saporito	Gloria Hale	\$12,198	11/15/2019
Henderson	B-011520-18	Western Carolina Surgery Center	180265	ASC	Develop a new ASF with 2 ORs and 3 procedure rooms	6/1/2018	10/26/2018	6/5/2019	Denied	Julie Faenza	Fatimah Wilson	\$9,732,464	11/1/2019
Buncombe	B-011514-18	Asheville SurgCare	180266	ASC	Develop a new ASF with 5 ORs and 2 procedure rooms by relocating the 3 ORs at Orthopaedic Surgery Center of Asheville and developing the 2 ORs in the 2018 SMFP	6/1/2018	10/26/2018	6/5/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$9,238,973	9/1/2019
Davidson	G-011674-19	Lexington Dialysis Center	944660	ESRD	Add no more than 1 dialysis station and relocate no more than 4 dialysis stations from Piedmont Dialysis Center for a total of no more than 46 stations upon completion of this project, Project ID #G-11355-17 (replace the existing 37-station facility) and Project ID #G-11639-18 (add 4 stations)	4/1/2019	5/21/2019	6/21/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$84,000	11/30/2019
Forsyth	G-011675-19	Miller Street Dialysis Center of Wake Forest University	070671	ESRD	Add no more than 4 dialysis stations for a total of no more than 48 stations upon project completion	4/1/2019	5/20/2019	6/20/2019	Conditional Approval	Mike McKillip	Lisa Pittman	\$67,200	11/1/2019

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Forsyth	G-011676-19	Salem Kidney Center	944758	ESRD	Add no more than one dialysis station and relocate no more than three dialysis stations from Northside Dialysis Center for a total of no more than 51 stations upon project completion	4/1/2019	5/29/2019	6/29/2019	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$216,974	11/1/2019
Franklin	K-011669-19	Fresenius Kidney Care Tar River	130122	ESRD	Add no more than two dialysis stations for a total of no more than 14 stations upon project completion	4/1/2019	5/3/2019	6/4/2019	Conditional Approval	Bernetta Thorne-Williams	Fatimah Wilson	\$7,500	11/30/2019
Gaston	F-011671-19	Fresenius Medical Care Belmont	050039	ESRD	Add no more than three dialysis stations for a total of no more than 19 stations upon completion of this project and Project ID #F-11635-18 (relocate 3 stations)	4/1/2019	5/20/2019	6/20/2019	Conditional Approval	Greg Yakaboski	Gloria Hale	\$0	10/15/2019
Guilford	G-011655-19	LeBauer Endoscopy Center	923200	ASC	Relocate no more than one GI endo room from Wesley Long Hospital for a total of no more than five GI endo rooms upon project completion	3/1/2019	4/30/2019	6/17/2019	Conditional Approval	Celia Inman	Fatimah Wilson	\$1,784,163	3/1/2020
Guilford	G-011672-19	High Point Kidney Center	945262	ESRD	Add no more than 2 dialysis stations and relocate 5 stations from Triad Dialysis Center for a total of no more than 48 stations upon completion of this project, Project ID #G-11587-18 (add 7 stations), Project ID #G-11639-18 (relocate 4 stations) and Project ID #G-11651-19 (relocate 3 stations)	4/1/2019	5/21/2019	6/21/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$117,600	11/30/2019
Haywood	A-011686-19	Waynesville Dialysis Center	010800	ESRD	Add no more than two dialysis stations for a total of no more than 21 stations upon project completion	4/1/2019	5/20/2019	6/20/2019	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$22,758	10/31/2020
Iredell	F-011673-19	Lake Norman Dialysis Center	990439	ESRD	Add no more than 4 dialysis stations for a total of no more than 31 certified dialysis stations upon project completion	4/1/2019	5/16/2019	6/18/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$67,200	11/1/2019

**Certificate of Need
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June 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
Mecklenburg	F-011658-19	Atrium Health Mountain Island Emergency Department	190083	HOSPITAL	Develop a satellite emergency department with diagnostic and treatment services essential to providing emergency care, including a CT scanner, ultrasound, x-ray, laboratory services and pharmacy services, to be operated as part of Atrium Health	3/1/2019	5/16/2019	6/18/2019	Conditional Approval	Julie Faenza	Lisa Pittman	\$18,038,406	1/1/2020
Mecklenburg	F-011666-19	FMC Charlotte	955947	ESRD	Add no more than three dialysis stations for a total of no more than 45 certified dialysis stations upon completion of this project and Project ID# F-11633-18 (relocate three stations to FMC Regal Oaks)	4/1/2019	5/22/2019	6/22/2019	Conditional Approval	Julie Faenza	Gloria Hale	\$11,250	11/1/2019
Mecklenburg	F-011668-19	BMA OF NORTH CHARLOTTE	955788	ESRD	Add one dialysis station for a total of no more than 40 stations upon completion of this project, Project ID # F-11375-17 (relocate 12 stations), Project ID # F-11400-17 (add 10 stations) and Project ID#F-11475-18 (add 1 station)	4/1/2019	5/24/2019	6/25/2019	Conditional Approval	Julie Faenza	Gloria Hale	\$0	1/1/2020
Onslow	P-011681-19	Southeastern Dialysis Center of Jacksonville	956056	ESRD	Add no more than 5 stations for a total of no more than 38 stations upon completion of this project and Project ID #P-11415-17 (add two stations)	4/1/2019	5/3/2019	6/4/2019	Conditional Approval	Bernetta Thorne-Williams	Gloria Hale	\$95,039	11/30/2019
Pender	O-011689-19	Southeastern Dialysis Center - Burgaw	945252	ESRD	Add no more than one dialysis station for a total of no more than 19 certified stations upon project completion	4/1/2019	5/17/2019	6/18/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$12,073	1/1/2020
Transylvania	B-011688-19	Brevard Dialysis	080169	ESRD	Add no more than 2 dialysis stations for a total of no more than 13 stations upon project completion	4/1/2019	5/21/2019	6/21/2019	Conditional Approval	Mike McKillip	Lisa Pittman	\$22,758	11/1/2019
Union	F-011664-19	METROLINA KIDNEY CENTER	955949	ESRD	Add no more than seven dialysis stations for a total of no more than 29 stations upon project completion	4/1/2019	5/22/2019	6/25/2019	Conditional Approval	Greg Yakaboski	Gloria Hale	\$26,250	10/15/2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: H-11670-19

FID #: 061094

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 dialysis station for a total of no more than 18 stations upon project completion/ Anson County

CONDITIONS: See Reverse Side

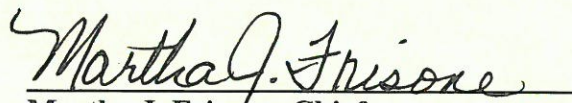
**PHYSICAL LOCATION: Fresenius Medical Care Anson County
2349 US Highway 74 West
Wadesboro, NC 28170**

MAXIMUM CAPITAL EXPENDITURE: \$323,733

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2019

This certificate is effective as of June 11, 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 supplemental 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 January 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than one additional dialysis station at Fresenius Medical Care of Anson County for a total of no more than 18 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 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 May 17, 2019.

TIMETABLE:

1. Financing Obtained _____ March 15, 2019
2. Drawings Completed _____ December 17, 2019
3. Construction/Renovation Contract(s) Executed _____ March 1, 2020
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ April 30, 2020
5. 50% of Construction/Renovation Completed _____ June 29, 2020
6. 75% of Construction/Renovation Completed _____ August 28, 2020
7. Construction/Renovation Completed _____ October 27, 2020
8. Equipment Ordered _____ October 17, 2020
9. Equipment Installed _____ November 28, 2020
10. Equipment Operational _____ December 8, 2020
11. Building/Space Occupied _____ December 8, 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 #: O-11678-19

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 12 stations upon completion of this project and Project ID #O-11593-18 (add one station)/ 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: December 1, 2019

This certificate is effective as of June 11, 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 January 2019 SDR, Total Renal Care of North Carolina, LLC shall develop no more than one additional dialysis station for a total of no more than 12 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 acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 17, 2019.

TIMETABLE:

- | | |
|--|------------------|
| 1. Equipment Ordered _____ | October 15, 2020 |
| 2. Services Offered _____ | January 1, 2021 |
| 3. 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-11679-19

FID #: 960145

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 15 stations upon completion of this project and Project ID #O-11487-18 (add four stations)/ Brunswick County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Southeastern Dialysis Center-Shallotte
4770 Shallotte Avenue
Shallotte, NC 28470

MAXIMUM CAPITAL EXPENDITURE: \$12,198

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2019

This certificate is effective as of June 18, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2019 SDR, Total Renal Care of North Carolina, LLC shall develop no more than one additional dialysis station for a total of no more than 15 certified stations at Southeastern Dialysis Center-Shallotte upon project completion, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to 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 May 17, 2019.

TIMETABLE:

1. Services Offered _____ January 1, 2021
2. 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 #: B-11520-18

FID #: 180265

ISSUED TO: Summit Health Partners, 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 multispecialty ambulatory surgical facility with one operating room and three procedure rooms by relocating one operating room from Fletcher Hospital, Incorporated d/b/a AdventHealth Hendersonville / Henderson County

CONDITIONS: See Reverse Side

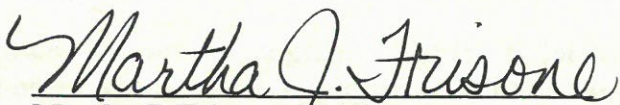
**PHYSICAL LOCATION: Western Carolina Surgery Center
1151 Naples Road
Hendersonville, NC 28792**

MAXIMUM CAPITAL EXPENDITURE: \$9,732,464

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of June 5, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. **Summit Health Partners, LLC shall materially comply with all representations made in the certificate of need application, except as specifically amended by the conditions of approval and as modified by additional information submitted to the CON Section. In those instances, in which any of these representations conflict, Summit Health Partners, LLC shall materially comply with the last-made representation.**
2. **Summit Health Partners, LLC shall develop a multi-specialty ambulatory surgical facility in Henderson County with one shared OR relocated from Fletcher Hospital, Incorporated d/b/a AdventHealth Hendersonville and three procedure rooms.**
3. **Summit Health Partners, LLC shall not begin offering services before June 1, 2021.**
4. **Upon completion of the project, Fletcher Hospital, Incorporated d/b/a AdventHealth Hendersonville shall be licensed for no more than six operating rooms, including five shared ORs and one dedicated C-Section OR.**
5. **Summit Health Partners, LLC shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section F of the application and that would otherwise require a certificate of need.**
6. **Summit Health Partners, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
7. **For the first three years of operation following completion of the project, Summit Health Partners, 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.**
8. **The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**
9. **Procedures performed in the procedure 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.**
10. **Summit Health Partners, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
11. **No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Summit Health Partners, 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; and**
 - f. **Average operating cost per unit of service.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 5, 2019.

TIMETABLE:

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

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: B-11514-18

FID #: 180266

ISSUED TO: Orthopaedic Surgery Center of Asheville, LP

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 multispecialty ambulatory surgical facility with five operating rooms and two procedure rooms by relocating the three operating rooms at Orthopaedic Surgery Center of Asheville and developing the two operating rooms in the 2018 SMFP/ Buncombe County

CONDITIONS: See Reverse Side

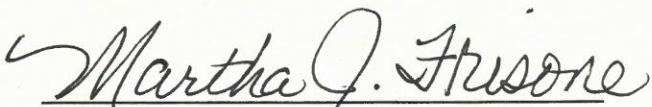
**PHYSICAL LOCATION: Asheville SurgCare
Nettlewood Drive
Asheville, NC 28803**

MAXIMUM CAPITAL EXPENDITURE: \$9,238,973

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of June 5, 2019


Martha J. Frisone, Chief

CONDITIONS:

- 1. Orthopaedic Surgery Center of Asheville, LP shall materially comply with all representations made in the certificate of need application.**
- 2. Orthopaedic Surgery Center of Asheville, LP shall develop Asheville SurgCare, a new multispecialty ambulatory surgical facility, by developing the two operating rooms in the 2018 SMFP, developing two procedure rooms, and relocating the three existing operating rooms from Orthopaedic Surgery Center of Asheville.**
- 3. Upon completion of the project, Asheville SurgCare shall be licensed for no more than five operating rooms and two procedure rooms and shall be considered a multispecialty ambulatory surgical program.**
- 4. Orthopaedic Surgery Center of Asheville, LP shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section F of the application and that would otherwise require a certificate of need.**
- 5. Asheville SurgCare 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, Asheville SurgCare 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. Upon project completion, Orthopaedic Surgery Center of Asheville, LP, shall take the steps necessary to delicense the three existing operating rooms at Orthopaedic Surgery Center of Asheville such that Orthopaedic Surgery Center of Asheville (License # AS0038) shall no longer be licensed as an ambulatory surgical facility.**
- 10. Orthopaedic Surgery Center of Asheville, LP 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.**

Project # B-11514-18 Cont.

11. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Orthopaedic Surgery Center of Asheville, LP shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
- a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
12. Orthopaedic Surgery Center of Asheville, LP shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 19, 2018.

TIMETABLE:

1.	Financing Obtained _____	August 15, 2019
2.	Drawings Completed _____	September 1, 2019
3.	Land Acquired _____	August 28, 2019
4.	Construction/Renovation Contract(s) Executed _____	October 15, 2019
5.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	February 1, 2020
6.	50% of Construction/Renovation Completed _____	June 1, 2020
7.	75% of Construction/Renovation Completed _____	October 1, 2020
8.	Construction/Renovation Completed _____	February 15, 2021
9.	Equipment Ordered _____	December 1, 2020
10.	Equipment Installed _____	March 15, 2021
11.	Equipment Operational _____	April 15, 2021
12.	Building/Space Occupied _____	May 15, 2021
13.	Licensure Obtained _____	June 1, 2021
14.	Services Offered _____	July 1, 2021
15.	Medicare and/or Medicaid Certification Obtained _____	July 15, 2021
16.	Facility or Service Accredited _____	August 15, 2021
17.	Final Annual Report Due _____	September 30, 2024

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11674-19

FID #: 944660

**ISSUED TO: Wake Forest University Health Sciences
Lexington Dialysis 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 1 dialysis station and relocate no more than 4 dialysis stations from Piedmont Dialysis Center for a total of no more than 46 stations upon completion of this project, Project ID #G-11355-17 (replace the existing 37-station facility) and Project ID #G-11639-18 (add 4 stations) / Davidson County

CONDITIONS: See Reverse Side

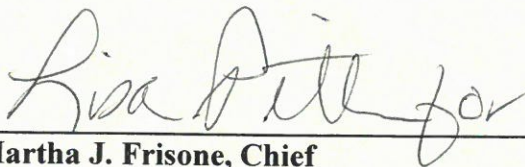
**PHYSICAL LOCATION: Lexington Dialysis Center
233 Anna Lewis Drive
Lexington, NC 27292**

MAXIMUM CAPITAL EXPENDITURE: \$84,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2019

This certificate is effective as of June 21, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2019 SDR, Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University Dialysis shall add no more than one additional dialysis station and relocate no more than four stations from Piedmont Dialysis Center for a total of no more than 46 certified dialysis stations at Lexington Dialysis Center upon completion of this project and Project ID #G-11355-17 (replace the existing 37-station facility), and Project ID #G-11639-18 (add 4 stations), which shall include any home hemodialysis training or isolation stations.
3. Upon completion of this project, Wake Forest University Health Sciences shall take the necessary steps to decertify four stations at Piedmont Dialysis Center for a total of no more than 54 dialysis stations.
4. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than five additional dialysis stations which shall include any isolation stations.
5. Wake Forest University Health Sciences and Lexington Dialysis 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 June 10, 2019.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Equipment Ordered _____ | November 17, 2019 |
| 2. Equipment Installed _____ | January 28, 2020 |
| 3. Equipment Operational _____ | February 28, 2020 |
| 4. Services Offered _____ | February 28, 2020 |
| 5. Medicare and / or Medicaid Certification Obtained _____ | February 28, 2020 |



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 25, 2019

William McDonald
1804 King Road
Tifton, GA 31793

Transmittal of Certificate of Need

Project ID #: G-11674-19

Facility: Lexington Dialysis Center

Project Description: Add no more than 1 dialysis station and relocate no more than 4 dialysis stations from Piedmont Dialysis Center for a total of no more than 46 stations upon completion of this project, Project ID #G-11355-17 (replace the existing 37-station facility) and Project ID #G-11639-18 (add 4 stations)

County: Davidson

FID #: 944660

Dear McDonald:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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.

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

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due November 30, 2019. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Celia C. Inman
Project Analyst



Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11675-19

FID #: 070671

**ISSUED TO: Wake Forest University Health Sciences
Miller Street Dialysis 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 4 stations for a total of no more than 48 stations upon completion of this project/ Forsyth County

CONDITIONS: See Reverse Side

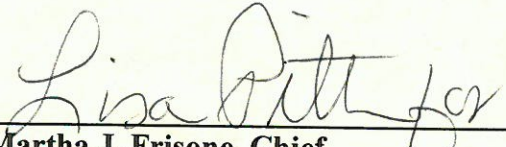
**PHYSICAL LOCATION: Miller Street Dialysis of Wake Forest University
120 Miller Street
Winston-Salem, NC 27103**

MAXIMUM CAPITAL EXPENDITURE: \$67,200

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of June 20, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Miller Street Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2019 SDR, the applicant shall develop no more than four additional dialysis stations for a total of no more than 48 certified stations at Miller Street Dialysis Center upon completion of the project, which shall include any home hemodialysis training or isolation stations.
3. Wake Forest University Health Sciences and Miller Street Dialysis Center of Wake Forest University 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 May 21, 2019.

TIMETABLE:

1. Equipment Ordered _____ November 17, 2019
2. Services Offered (required) _____ February 28, 2020
3. Medicare and / or Medicaid Certification Obtained _____ February 28, 2020



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 3, 2019

William McDonald
1804 King Road
Tifton, GA 31793

Transmittal of Certificate of Need

Project ID #: G-11676-19
Facility: Salem Kidney Center
Project Description: Add no more than one dialysis station and relocate no more than three dialysis stations from Northside Dialysis Center for a total of no more than 51 stations upon project completion
County: Forsyth
FID #: 944758

Dear Mr. McDonald:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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.

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

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

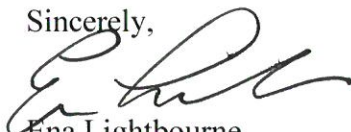
- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due November 1, 2019. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. In the future, address your Progress Reports to Celia C. Inman, the Project Analyst for your county. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,


Ena Lightbourne
Project Analyst


Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11676-19

FID #: 944758

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

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

SCOPE: Add no more than one dialysis station and relocate no more than three dialysis stations from Northside Dialysis Center for a total of no more than 51 stations upon project completion / Forsyth County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Salem Kidney Center of Wake Forest University
2705 Boulder Park Court
Winston Salem, NC 27101**

MAXIMUM CAPITAL EXPENDITURE: \$216,974

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of June 29, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2019 SDR, Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University shall develop no more than one additional dialysis station for a total of no more than 51 certified stations at Salem Kidney Center upon project completion.
3. Pursuant to Policy ESRD-2, Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University shall relocate no more than three dialysis stations from Northside Dialysis Center to Salem Kidney Center for a total of no more than 51 certified dialysis stations upon project completion.
4. Upon completion of this project, Wake Forest University Health Sciences shall take the necessary steps to decertify no more than three dialysis stations at Northside Dialysis Center for a total of no more than 42 dialysis stations at Northside Dialysis Center.
5. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University 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 June 11, 2019.

TIMETABLE:

- | | | |
|-----|---|-------------------|
| 1. | Financing Obtained _____ | March 2, 2019 |
| 2. | Drawings Completed _____ | March 2, 2019 |
| 3. | 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ | November 17, 2019 |
| 4. | 50% of Construction / Renovation Completed _____ | December 15, 2019 |
| 5. | 75% of Construction / Renovation Completed _____ | January 15, 2020 |
| 6. | Construction / Renovation Completed _____ | January 15, 2020 |
| 7. | Equipment Ordered _____ | November 17, 2019 |
| 8. | Equipment Installed _____ | January 28, 2020 |
| 9. | Equipment Operational _____ | February 28, 2020 |
| 10. | Services Offered (required) _____ | February 28, 2020 |
| 11. | Medicare and / or Medicaid Certification Obtained _____ | February 28, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: K-11669-19

FID #: 130122

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 14 stations upon project completion/ Franklin County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC Tar River
935 N. Main Street
Louisburg, NC 27549**

MAXIMUM CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2019

This certificate is effective as of June 4, 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 supplemental 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 January 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than two additional dialysis stations for a total of no more than 14 certified stations at FKC Tar River, 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 May 3, 2019.

TIMETABLE:

1. Financing Obtained _____ March 15, 2019
2. Drawings Completed _____ October 10, 2019
3. Construction/Renovation Contract(s) Executed _____ October 23, 2019
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ November 2, 2019
5. 50% of Construction/Renovation Completed _____ November 12, 2019
6. 75% of Construction/Renovation Completed _____ November 22, 2019
7. Construction/Renovation Completed _____ December 2, 2019
8. Equipment Ordered _____ October 23, 2019
9. Equipment Installed _____ December 13, 2019
10. Equipment Operational _____ December 18, 2019
11. Building/Space Occupied _____ December 28, 2019
12. Services Offered _____ December 31, 2019
13. Medicare and/or Medicaid Certification Obtained _____ December 31, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11671-19

FID #: 050039

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

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

SCOPE: Add no more than three dialysis stations for a total of no more than 19 stations upon completion of this project and Project ID #F-11635-18 (relocate 3 stations) / Gaston County

CONDITIONS: See Reverse Side

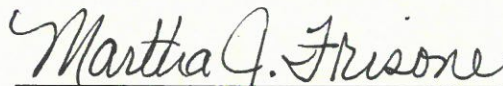
**PHYSICAL LOCATION: Fresenius Medical Care Belmont
5010 Medical Care Court
Belmont, NC 28012**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2019

This certificate is effective as of June 20, 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 January 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 3 additional dialysis stations for a total of no more than 19 certified stations at FMC Belmont upon completion of this project, Project I.D. # F-11635-18 (relocate 3 stations to BMA Kings Mountain), 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 May 22, 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

June 26, 2019

Jim Swann
3390 Dunn Road
Eastover, NC 28312

Transmittal of Certificate of Need

Project ID #: F-11671-19
Facility: Fresenius Medical Care Belmont
Project Description: Add no more than 3 dialysis stations for a total of no more than 19 stations upon completion of this project and Project ID #F-11635-18 (relocate 3 stations)
County: Gaston
FID #: 050039

Dear Mr. Swann:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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.

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

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

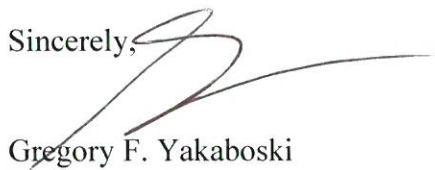
- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due October 15, 2019. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,


Gregory F. Yakaboski
Project Analyst


Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHRS

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: G-11655-19

FID #: 923200

**ISSUED TO: The Moses H. Cone Memorial Hospital
The Moses H. Cone Memorial Hospital Operating Corporation
Moses Cone Medical 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 one GI endo room from Wesley Long Hospital for a total of no more than five GI endo rooms upon project completion/ Guilford County

CONDITIONS: See Reverse Side

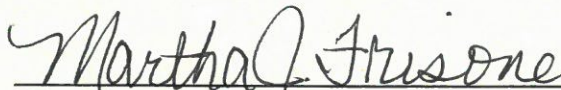
**PHYSICAL LOCATION: LeBauer Endoscopy Center
520 North Elam Avenue
Greensboro, NC 27403**

MAXIMUM CAPITAL EXPENDITURE: \$1,784,163

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2020

This certificate is effective as of May 31, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application or that would otherwise require a certificate of need.
3. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall relocate no more than one gastrointestinal endoscopy procedure room from Wesley Long Hospital to LeBauer Endoscopy Center for a total of no more than five upon project completion. Cone Health, License #HO159, shall be licensed for a total of no more than six gastrointestinal endoscopy procedure rooms; no more than three at Wesley Long Hospital and no more than three at Moses Cone Hospital following project completion.
4. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall take the necessary steps to delicense one gastrointestinal endoscopy procedure room at Wesley Long Hospital.
5. For the first three years of operation following completion of the project, The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, 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.
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 Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 31, 2019.

TIMETABLE:

1. Construction/Renovation Contract(s) Executed _____ February 14, 2020
2. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ March 30, 2020
3. 50% of Construction/Renovation Completed _____ May 14, 2020
4. 75% of Construction/Renovation Completed _____ June 28, 2020
5. Construction/Renovation Completed _____ August 12, 2020
6. Equipment Ordered _____ January 15, 2020
7. Equipment Installed _____ August 12, 2020
8. Equipment Operational _____ August 26, 2020
9. Building/Space Occupied _____ August 26, 2020
10. Services Offered _____ September 1, 2020
11. Final Annual Report Due _____ December 31, 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 25, 2019

William McDonald
1804 King Road
Tifton, GA 31793

Transmittal of Certificate of Need

Project ID #: G-11672-19

Facility: High Point Kidney Center

Project Description: Add no more than 2 dialysis stations and relocate 5 stations from Triad Dialysis Center for a total of no more than 48 stations upon completion of this project, Project ID #G-11587-18 (add 7 stations), Project ID #G-11639-18 (relocate 4 stations) and Project ID #G-11651-19 (relocate 3 stations)

County: Guilford

FID #: 945262

Dear McDonald:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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.

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

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due November 30, 2019. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,


Celia C. Inman
Project Analyst


Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHRS

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: G-11672-19

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 2 dialysis stations and relocate 5 stations from Triad Dialysis Center for a total of no more than 48 stations upon completion of this project, Project ID #G-11587-18 (add 7 stations), Project ID #G-11639-18 (relocate 4 stations) and Project ID #G-11651-19 (relocate 3 stations) / Guilford County

CONDITIONS: See Reverse Side

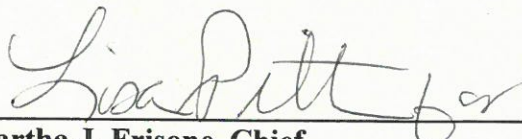
**PHYSICAL LOCATION: High Point Kidney Center
1900 Westchester Drive
High Point, NC 27262**

MAXIMUM CAPITAL EXPENDITURE: \$117,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2019

This certificate is effective as of June 21, 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.
2. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall add no more than two additional dialysis stations and relocate no more than five stations from Triad Dialysis Center for a total of no more than 48 certified dialysis stations at High Point Kidney Center upon completion of this project, Project ID #G-11587-18 (add 7 stations), Project ID #G-11639-18 (relocate 4 stations) and Project ID #G-11651-19 (relocate 3 stations), which shall include any home hemodialysis training or isolation stations.
3. Upon completion of this project, Wake Forest University Health Sciences shall take the necessary steps to decertify five stations at Triad Dialysis Center for a total of no more than 22 dialysis stations.
4. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University 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 June 10, 2019.

TIMETABLE:

- | | | |
|--|-------|-------------------|
| 1. Equipment Ordered | _____ | November 17, 2019 |
| 2. Equipment Installed | _____ | January 28, 2020 |
| 3. Equipment Operational | _____ | February 28, 2020 |
| 4. Services Offered | _____ | February 28, 2020 |
| 5. Medicare and / or Medicaid Certification Obtained | _____ | February 28, 2020 |



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 24, 2019

Esther Fleming
2321 W. Morehead Street
Charlotte, NC 28208

Transmittal of Certificate of Need

Project ID #: A-11686-19
Facility: Waynesville Dialysis Center
Project Description: Add no more than two dialysis stations for a total of no more than 21 stations upon project completion
County: Haywood
FID #: 10800

Dear Ms. Fleming:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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.

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

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due October 31, 2020. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Ena Lightbourne
Project Analyst



Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: A-11686-19

FID #: 10800

ISSUED TO: Total Renal Care of North Carolina, LLC

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

SCOPE: Add no more than two dialysis stations for a total of no more than 21 stations upon project completion / Haywood

CONDITIONS: See Reverse Side

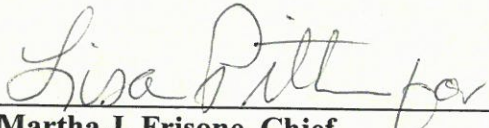
**PHYSICAL LOCATION: Waynesville Dialysis Center
11 Park Terrace Drive
Clyde, NC 28721**

MAXIMUM CAPITAL EXPENDITURE: \$22,758

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2020

This certificate is effective as of June 20, 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 January 2019 SDR, Total Renal Care of North Carolina, LLC shall develop no more than two additional dialysis stations for a total of no more than 21 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.**
- 3. Total Renal Care of North Carolina, LLC 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 June 18, 2019.

TIMETABLE:

- 1. Equipment Ordered _____ October 15, 2020**
- 2. Services Offered _____ January 1, 2021**
- 3. Medicare and/or Medicaid Certification Obtained _____ January 1, 2021**

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: F-11673-19

FID #: 990439

**ISSUED TO: Wake Forest University Health Sciences
Lake Norman Dialysis 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 4 dialysis stations for a total of no more than 31 certified dialysis stations upon project completion / Iredell County

CONDITIONS: See Reverse Side

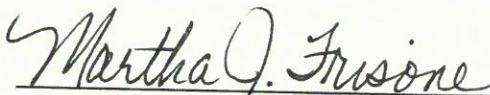
**PHYSICAL LOCATION: Lake Norman Dialysis Center of Wake Forest University
164 Professional Park Drive
Iredell, NC 28117**

MAXIMUM CAPITAL EXPENDITURE: \$67,200

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of June 18, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Lake Norman Dialysis 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 Lake Norman Dialysis Center of Wake Forest University shall materially comply with the last made representation.
2. Pursuant to the facility need determination in the January 2019 SDR, Wake Forest University Health Sciences and Lake Norman Dialysis Center of Wake Forest University shall develop no more than four additional dialysis stations for a total of no more than 31 certified stations at Lake Norman Dialysis Center of Wake Forest University upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Wake Forest University Health Sciences and Lake Norman Dialysis Center of Wake Forest University 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 June 11, 2019.

TIMETABLE:

- | | | |
|--|-------|-------------------|
| 1. Equipment Ordered | _____ | November 17, 2019 |
| 2. Equipment Installed | _____ | January 28, 2020 |
| 3. Equipment Operational | _____ | February 28, 2020 |
| 4. Services Offered | _____ | February 28, 2020 |
| 5. Medicare and/or Medicaid Certification Obtained | _____ | February 28, 2020 |

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: F-11658-19

FID #: 190083

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 satellite emergency department with diagnostic and treatment services essential to providing emergency care, including a CT scanner, ultrasound, x-ray, laboratory services and pharmacy services, to be operated as part of Atrium Health University / Mecklenburg County

CONDITIONS: See Reverse Side

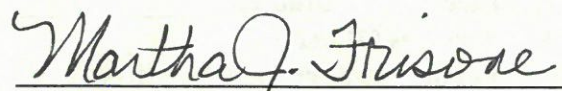
PHYSICAL LOCATION: Atrium Health Mountain Island Emergency Department
3458 Mount Holly-Huntersville Road
Charlotte, NC 28216

MAXIMUM CAPITAL EXPENDITURE: \$18,038,406

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2020

This certificate is effective as of June 18, 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 hospital-based satellite emergency department, including 24/7 emergency services, a replacement CT scanner, ultrasound equipment, x-ray equipment, laboratory services, and pharmacy services.
3. 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.
4. 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.
5. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, 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.
6. 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 May 30, 2019.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Drawings Completed _____ | March 13, 2020 |
| 2. Land Acquired _____ | July 1, 2019 |
| 3. Construction/Renovation Contract(s) Executed _____ | March 27, 2020 |
| 4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ | May 1, 2020 |
| 5. 50% of Construction/Renovation Completed _____ | June 12, 2020 |
| 6. 75% of Construction/Renovation Completed _____ | July 31, 2020 |
| 7. Construction/Renovation Completed _____ | September 24, 2020 |
| 8. Equipment Ordered _____ | October 29, 2019 |
| 9. Equipment Installed _____ | October 29, 2020 |
| 10. Equipment Operational _____ | December 18, 2020 |
| 11. Building/Space Occupied _____ | January 1, 2021 |
| 12. Licensure Obtained _____ | January 1, 2021 |
| 13. Services Offered _____ | January 1, 2021 |
| 14. Facility or Service Accredited _____ | January 1, 2021 |
| 15. Final Annual Report Due _____ | March 30, 2024 |



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 20, 2019

Elizabeth Kirkman
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217

Transmittal of Certificate of Need

Project ID #: F-11658-19
Facility: Atrium Health Mountain Island Emergency Department
Project Description: Develop a satellite emergency department with diagnostic and treatment services essential to providing emergency care, including a CT scanner, ultrasound, x-ray, laboratory services and pharmacy services, to be operated as part of Atrium Health University
County: Mecklenburg
FID #: 190083

Dear Ms. Kirkman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section, Radiation Protection Section, and Construction Section regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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.

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.ncdhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due January 1, 2020. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Julie M. Faenza
Project Analyst



Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Radiation Protection Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11666-19

FID #: 955947

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

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

SCOPE: Add no more than three dialysis stations for a total of no more than 45 certified dialysis stations upon completion of this project and Project ID# F-11633-18 (relocate three stations to FMC Regal Oaks) / Mecklenburg County

CONDITIONS: See Reverse Side

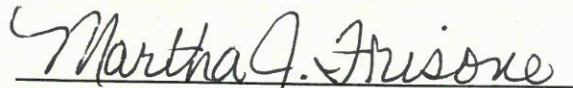
PHYSICAL LOCATION: FMC Charlotte
928 Baxter Street
Charlotte, NC 28204

MAXIMUM CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of June 22, 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 January 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than three additional dialysis stations at FMC Charlotte for a total of no more than 45 certified stations at FMC Charlotte upon completion of this project and Project I.D. #F-11633-18 (relocate three stations to FMC Regal Oaks), 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 May 28, 2019.

TIMETABLE:

- | | | |
|---|-------|--------------------------|
| 1. Equipment Ordered | _____ | October 17, 2019 |
| 2. Equipment Installed | _____ | December 16, 2019 |
| 3. Equipment Operational | _____ | December 26, 2019 |
| 4. Building / Space Occupied | _____ | December 26, 2019 |
| 5. Services Offered | _____ | December 31, 2019 |
| 6. Medicare and / or Medicaid Certification Obtained | _____ | December 31, 2019 |



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 26, 2019

Jim Swann
3390 Dunn Road
Eastover, NC 28312

Transmittal of Certificate of Need

Project ID #: F-11666-19

Facility: FMC Charlotte

Project Description: Add no more than three dialysis stations for a total of no more than 45 certified dialysis stations upon completion of this project and Project ID# F-11633-18 (relocate three stations to FMC Regal Oaks)

County: Mecklenburg

FID #: 955947

Dear Mr. Swann:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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.

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

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due November 1, 2019. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,


Julie M. Faenza
Project Analyst


Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHRS

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11668-19

FID #: 955788

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 dialysis station for a total of no more than 40 certified dialysis stations upon completion of this project, Project I.D. #F-11375-17 (relocate 12 stations to develop FKC Mallard Creek), Project I.D. #F-11400-17 (add 10 stations), and Project I.D. #F-11475-18 (add one station)/ Mecklenburg County

CONDITIONS: See Reverse Side

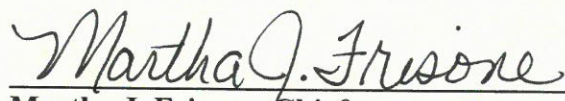
PHYSICAL LOCATION: FMC of North Charlotte
5220 North Tryon Street
Charlotte, NC 28213

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2020

This certificate is effective as of June 25, 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 January 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than one additional dialysis station at FMC of North Charlotte for a total of no more than 40 certified stations at FMC of North Charlotte upon completion of this project, Project I.D. #F-11375-17 (relocate 12 stations to develop FKC Mallard Creek), Project I.D. #F-11400-17 (add 10 stations), and Project I.D. #F-11475-18 (add one station), 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 May 28, 2019.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Equipment Ordered _____ | October 17, 2019 |
| 2. Equipment Installed _____ | December 1, 2019 |
| 3. Equipment Operational _____ | December 15, 2019 |
| 4. Services Offered _____ | December 31, 2019 |
| 5. 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

June 28, 2019

Jim Swann
3390 Dunn Road
Eastover, NC 28312

Transmittal of Certificate of Need

Project ID #: F-11668-19
Facility: BMA of North Charlotte
Project Description: Add no more than one dialysis station for a total of no more than 40 certified dialysis stations upon completion of this project, Project I.D. #F-11375-17 (relocate 12 stations to develop FKC Mallard Creek) , Project I.D. #F-11400-17 (add 10 stations), and Project I.D. #F-11475-18 (add one station)
County: Mecklenburg
FID #: 955788

Dear Mr. Swann:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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.

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

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due January 1, 2020. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,


Julie M. Faenza
Project Analyst


Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHRS

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: P-11681-19

FID #: 956056

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 5 stations for a total of no more than 38 stations upon completion of this project and Project ID #P-11415-17 (add two stations)/ Onslow County

CONDITIONS: See Reverse Side

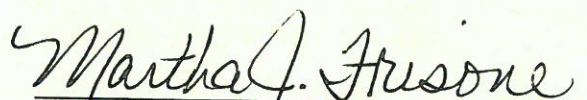
**PHYSICAL LOCATION: Southeastern Dialysis Center of Jacksonville
14 Office Park Drive
Jacksonville, NC 28546**

MAXIMUM CAPITAL EXPENDITURE: \$95,039

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2019

This certificate is effective as of June 4, 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 January 2019 SDR, the applicant shall develop no more than five additional dialysis stations for a total of no more than 38 certified stations at Southeastern Dialysis Center - Jacksonville upon completion of this project and Project I.D. # P-11415-17 (add two stations), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to 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 May 3, 2019.

TIMETABLE:

1. Equipment Ordered _____ October 15, 2020
2. Services Offered _____ January 1, 2021
3. 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-11689-19

FID #: 945252

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 19 certified stations upon project completion / Pender County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Southeastern Dialysis Center - Burgaw
704 South Dickerson Street
Burgaw, NC 28425**

MAXIMUM CAPITAL EXPENDITURE: \$12,073

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2020

This certificate is effective as of June 18, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2019 SDR, Total Renal Care of North Carolina, LLC shall develop no more than one additional dialysis station at Southeastern Dialysis Center – Burgaw for a total of no more than 19 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC 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 June 14, 2019.

TIMETABLE:

1. Equipment Ordered _____ November 15, 2020
2. Services Offered _____ January 1, 2021
3. Medicare and/or Medicaid Certification Obtained _____ January 1, 2021



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 21, 2019

Esther Fleming
2321 W. Morehead Street
Charlotte, NC 28208

Transmittal of Certificate of Need

Project ID #: O-11689-19
Facility: Southeastern Dialysis Center - Burgaw
Project Description: Add no more than one dialysis station for a total of no more than 19 certified stations upon project completion
County: Pender
FID #: 945252

Dear Ms. Fleming:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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.

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

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:


- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due January 1, 2020. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. In the future, address your Progress Reports to Tanya M. Saporito, the Project Analyst for your county. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,


Julie M. Faenza
Project Analyst


Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 24, 2019

Esther Fleming
2321 W. Morehead Street
Charlotte, NC 28208

Transmittal of Certificate of Need

Project ID #: B-11688-19
Facility: Brevard Dialysis
Project Description: Add no more than two stations for a total of no more than 13 stations upon completion of this project
County: Transylvania
FID #: 080169

Dear Ms. Fleming:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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 applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

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

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due November 1, 2019. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. In the future, address your Progress Reports to Ena Lightbourne Project Analyst, the Project Analyst for your county. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Michael J. McKillop
Project Analyst



Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: B-11688-19

FID #: 080169

ISSUED TO: Total Renal Care of North Carolina, LLC

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

SCOPE: Add no more than two stations for a total of no more than 13 stations upon completion of this project/ Transylvania County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Brevard Dialysis
102 College Station Drive
Suite 10
Brevard, NC 28712**

MAXIMUM CAPITAL EXPENDITURE: \$22,758

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of June 21, 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 January 2019 SDR, the applicant shall develop no more than two additional dialysis stations for a total of no more than 13 certified stations at Brevard Dialysis, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the 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 June 3, 2019.

TIMETABLE:

1. Equipment Ordered _____ October 15, 2020
2. Services Offered (required) _____ January 1, 2021
3. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11664-19

FID #: 955949

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 seven dialysis stations for a total of no more than 29 stations upon project completion / Union County

CONDITIONS: See Reverse Side

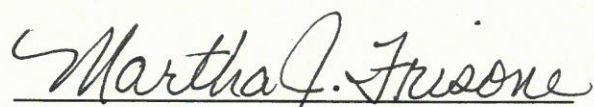
**PHYSICAL LOCATION: Metrolina Kidney Center
1338 East Sunset Drive
Monroe, NC 28112**

MAXIMUM CAPITAL EXPENDITURE: \$26,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2019

This certificate is effective as of June 22, 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 January 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 7 additional dialysis stations for a total of no more than 29 certified stations at Metrolina Kidney Center upon completion of this project, 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 May 28, 2019.

TIMETABLE:

1. Construction / Renovation Contract(s) Executed _____ December 1, 2019
2. Services Offered _____ December 31, 2019
3. Medicare and / or Medicaid Certification Obtained _____ December 1, 2019



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 28, 2019

Jim Swann
3390 Dunn Road
Eastover, NC 28312

Transmittal of Certificate of Need

Project ID #: F-11664-19
Facility: Metrolina Kidney Center
Project Description: Add no more than seven dialysis stations for a total of no more than 29 stations upon project completion
County: Union
FID #: 955949

Dear Mr. Swann

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved 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 subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** 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.

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

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:


- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.


The first progress report on this project is due October 15, 2019. Forms for the submittal of these reports are enclosed. 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. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with 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)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,


Gregory F. Yakoboski
Project Analyst


Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11659-19

FID #: 953429

ISSUED TO: Rex Hospital, Inc.

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

SCOPE: Acquire a second fixed dedicated PET scanner pursuant to the need determination in the 2019 SMFP/ Wake County

CONDITIONS: See Reverse Side

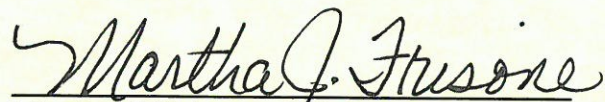
**PHYSICAL LOCATION: Rex Hospital
4420 Lake Boone Trail
Raleigh, NC 27607**

MAXIMUM CAPITAL EXPENDITURE: \$4,206,352

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of June 1, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Rex Hospital, Inc. shall materially comply with all representations made in the certificate of need application.
2. Rex Hospital, Inc. shall acquire no more than one additional fixed PET scanner for a total of no more than two fixed PET scanners at the hospital.
3. Rex Hospital, Inc., as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q of the application 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, Rex Hospital, 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. Rex Hospital, 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 May 3, 2019.

TIMETABLE:

- | | |
|--|------------------|
| 1. Drawings Completed _____ | October 25, 2019 |
| 2. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ | January 13, 2020 |
| 3. Construction/Renovation Completed _____ | June 1, 2020 |
| 4. Services Offered _____ | July 1, 2020 |
| 5. Final Annual Report Due _____ | October 1, 2023 |