

**Certificate of Need
Certificates Issued
July 2019**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Brunswick	O-011457-18	The Brunswick Community	150394	ACH	Cost overrun for Project ID# O-11061-15(Construct a new 110-bed ACH facility with a 48-bed special care unit in Sunset Beach)	3/1/2018	6/20/2018	7/11/2019	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$2,233,473	3/15/2019
Carteret	P-011665-19	Crystal Coast Dialysis Unit	970506	ESRD	Add no more than five dialysis stations for a total of no more than 21 stations upon completion of this project and Project ID #P-11538-18 (relocate entire facility)	4/1/2019	5/31/2019	7/2/2019	Conditional Approval	Bernetta Thorne-Williams	Gloria Hale	\$18,750	1/1/2020
Catawba	E-011667-19	FMC of Catawba Valley	010648	ESRD	Add no more than three dialysis stations for a total of no more than 25 stations upon completion of this project, Project ID #E-11209-16 (relocate six stations to FKC Newton), Project ID #E-11390-17 (add 5 stations), Project ID #E-11480-18 (add one station), and Project ID #E-11649-19 (relocate three stations to FKC	4/1/2019	6/17/2019	7/18/2019	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$0	12/1/2019
Cumberland	M-011663-19	FMC Dialysis Services South Ramsey	070203	ESRD	Add no more than three dialysis stations and relocate 3 stations from Dunn Kidney Center (Harnett County) for a total of no more than 47 stations upon completion of this project, Project ID# M-11286-17 (relocate 5 stations) and Project ID# M-11502-18 (relocate 5 stations)	4/1/2019	6/28/2019	7/30/2019	Conditional Approval	Tanya Saporito	Lisa Pittman	\$0	1/15/2020
Cumberland	M-011662-19	FMC Services of West Fayetteville	011019	ESRD	Add no more than one dialysis station for a total of no more than 40 stations upon completion of this project and Project ID #M-11650-19 (relocate one station)	4/1/2019	6/14/2019	7/15/2019	Conditional Approval	Tanya Saporito	Lisa Pittman	\$0	11/15/2019
Davidson	G-011134-16	Thomasville Dialysis Center	020758	ESRD	Add 8 dialysis stations (4 based on facility need methodology and 4 relocated from High Point Kidney Center) for a total of 32 dialysis stations upon project completion	4/1/2016	5/12/2016	7/16/2019	Conditional Approval	Bernetta Thorne-Williams	Fatimah Wilson	\$862,000	10/31/2016
Duplin	P-011680-19	Southeastern Dialysis Center - Kenansville	945251	ESRD	Add no more than 2 dialysis stations for a total of no more than 19 stations	4/1/2019	6/14/2019	7/16/2019	Conditional Approval	Bernetta Thorne-Williams	Fatimah Wilson	\$0	1/30/2020
Duplin	P-006938-03	GlenCare	923122	NH	Add 20 nursing facility beds to be transferred from Cherry Hospital, and delicense 22 existing adult care home beds	11/1/2003	3/29/2004	7/3/2019	Conditional Approval	Judy Egan	Greg Yakaboski	\$53,600	10/15/2004

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Duplin	P-008728-11	Warsaw Health & Rehabilitation Center	923122	NH	Relocate a 20-bed nursing facility from Duplin General Hospital to a wing of the Glencare of Warsaw nursing facility.	9/1/2011	11/29/2011	7/3/2019	Denied - Settlement	Paula Quirin	Greg Yakaboski	\$0	12/31/2012
Guilford	G-010210-13	Surgical Center of Greensboro	943477	ASC	Relocate existing ASC from 1211 Virginia St. & 1101 Carolina St. to new replacement facility and add two procedure rooms in the new location.	10/1/2013	12/20/2013	7/10/2019	Denied - Settlement	Celia Inman	Lisa Pittman	\$22,974,569	10/1/2014
Hoke	N-011687-19	Dialysis Care of Hoke County	945165	ESRD	Add no more than 5 dialysis stations for a total of no more than 23 stations upon completion of this project and Project ID# N-11588-18 (relocate 3 stations).	4/1/2019	6/7/2019	7/9/2019	Conditional Approval	Celia Inman	Fatimah Wilson	\$0	2/1/2021
McDowell	C-011685-19	McDowell Dialysis Center	040266	ESRD	Add no more than 2 dialysis stations for a total of no more than 17 stations upon completion of this project and Project ID #C-11594-18 (add 2 stations).	4/1/2019	6/17/2019	7/18/2019	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$22,758	1/2/2020
Mitchell	D-011693-19	Mitchell House	120180	ACH	Add no more than 20 ACH beds for a total of no more than 100 ACH beds pursuant to a need determination in the 2019 SMEP.	5/1/2019	6/14/2019	7/16/2019	Conditional Approval	Celia Inman	Gloria Hale	\$4,375,000	6/15/2020
Rowan	F-011653-19	The Landings of Salisbury	190081	ACH	Relocate all 106 ACH beds from Kannon Creek Assisted Living, to the replacement facility, The Landings of Salisbury, for a total of no more than 106 ACH beds upon project completion.	3/1/2019	6/7/2019	7/9/2019	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$8,812,606	2/3/2020
Wake	J-011661-19	Southwest Wake County Dialysis	990968	ESRD	Add no more than two dialysis stations for a total of no more than 30 stations upon completion of this project and Project ID # J-11510-18 (relocate two stations to FKC Holly Springs)	4/1/2019	6/21/2019	7/23/2019	Conditional Approval	Mike McKillip	Fatimah Wilson	\$0	12/1/2019
Wake	J-011682-19	Wake Forest Dialysis Center	041181	ESRD	Add no more than 3 dialysis stations for a total of no more than 21 stations upon completion of this project, Project ID #J-11131-16 (relocate 10 stations), Project ID #J-11152-16 (add 1 station), Project ID #J-11254-16 (add 2 stations), and Project ID #J-11597-18 (add 3 stations)	4/1/2019	6/21/2019	7/23/2019	Conditional Approval	Mike McKillip	Fatimah Wilson	\$0	12/1/2019

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CORRECTED CERTIFICATE OF NEED

for

Project ID #: O-11457-18

FID #: 150394

**ISSUED TO: The Brunswick Community, LLC
Brunswick AL Properties, LLC**

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

SCOPE: Cost overrun for Project ID #O-11061-15 (Construct a new freestanding 110-bed adult care home facility with a 48-bed special care unit)/ Brunswick County

CONDITIONS: See Reverse Side

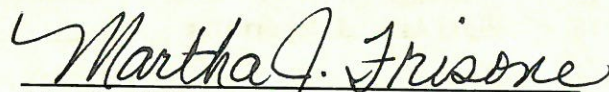
**PHYSICAL LOCATION: The Brunswick Community
5220 Ocean Highway West
Shallotte, NC 28740**

MAXIMUM CAPITAL EXPENDITURE: \$2,233,473

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 15, 2019

This certificate is effective as of July 25, 2018
Corrected certificate issued on July 11, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. The Brunswick Community, LLC and Brunswick AL Properties, LLC shall materially comply with the representations in this application and the representations in Project I.D. #O-11061-15 and supplemental information provided to the Agency during the review of this application. Where representations conflict, The Brunswick Community, LLC and Brunswick AL Properties, LLC shall materially comply with the last made representation.
2. The total approved capital expenditure for Project I.D. #O-11457-18 is \$8,500,000, an increase of \$2,233,473 over the previously approved capital expenditure of \$6,266,527.
3. The Brunswick Community, LLC and Brunswick AL Properties, LLC shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section VI of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Brunswick Community, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. The Brunswick Community, LLC and Brunswick AL Properties, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 29, 2018.

TIMETABLE:

1.	Financing Obtained _____	August 1, 2017
2.	Drawings Completed _____	December 30, 2017
3.	Land Acquired _____	September 15, 2017
4.	Construction/Renovation Contract(s) Executed _____	July 1, 2018
5.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	October 30, 2018
6.	50% of Construction/Renovation Completed _____	February 1, 2019
7.	75% of Construction/Renovation Completed _____	June 1, 2019
8.	Construction/Renovation Completed _____	September 30, 2019
9.	Equipment Ordered _____	March 30, 2019
10.	Equipment Installed _____	June 30, 2019
11.	Equipment Operational _____	July 30, 2019
12.	Building/Space Occupied _____	September 30, 2019
13.	Licensure Obtained _____	October 1, 2019
14.	Services Offered _____	October 1, 2019
15.	Medicare and/or Medicaid Certification Obtained _____	October 1, 2019
16.	Final Annual Report Due _____	January 1, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11665-19

FID #: 970506

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

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

SCOPE: Add no more than five dialysis stations for a total of no more than 21 stations upon completion of this project and Project ID #P-11538-18 (relocate entire facility)/ Carteret County

CONDITIONS: See Reverse Side

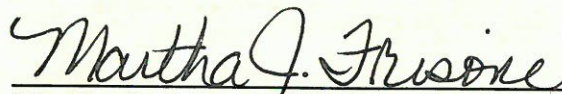
**PHYSICAL LOCATION: Crystal Coast Dialysis Unit
2900 Arendell Street
Morehead City, NC 28557**

MAXIMUM CAPITAL EXPENDITURE: \$18,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2020

This certificate is effective as of July 2, 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 five additional dialysis stations for a total of no more than 21 certified stations at Crystal Coast Dialysis Unit, which shall include any home hemodialysis training or isolation stations upon completion of this project and Project I.D. # P-11538-18 (relocate entire facility).
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than five additional dialysis stations which shall include any isolation stations upon completion of this project and Project I.D. # P-11538-18 (relocate entire facility) for a total of no more than 21 dialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 3, 2019.

TIMETABLE:

- | | | |
|---|-------|-------------------|
| 1. Construction / Renovation Contract(s) Executed | _____ | October 23, 2019 |
| 2. 50% of Construction / Renovation Completed | _____ | November 23, 2019 |
| 3. Construction / Renovation Completed | _____ | December 10, 2019 |
| 4. Services Offered (required) | _____ | December 31, 2019 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: E-11667-19

FID #: 010648

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 25 stations upon completion of this project, Project ID #E-11209-16 (relocate six stations to FKC Newton), Project ID #E-11390-17 (add 5 stations), Project ID #E-11480-18 (add one station), and Project ID #E-11649-19 (relocate three stations to FKC Newton) / Catawba County

CONDITIONS: See Reverse Side

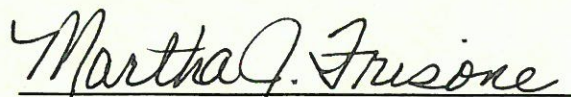
PHYSICAL LOCATION: FMC of Catawba Valley
301 10th Street NW, Suite C 101
Conover, NC 28613

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2019

This certificate is effective as of July 18, 201


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 for a total of no more than 25 certified stations at FMC of Catawba Valley upon completion of this project, and the following projects: Project ID #E-11209-16 (relocate six stations to FKC Newton), Project ID #E-11390-17 (add 5 stations), Project ID #E-11480-18 (add one station), and Project ID #E-11649-19 (relocate three stations to FKC Newton), 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 June 24, 2019.

TIMETABLE:

- | | | |
|--|-------|-------------------|
| 1. Financing Obtained | _____ | March 15, 2019 |
| 2. Equipment Ordered | _____ | October 17, 2019 |
| 3. Equipment Installed | _____ | December 16, 2019 |
| 4. Equipment Operational | _____ | December 26, 2019 |
| 5. Building / Space Occupied | _____ | December 26, 2019 |
| 6. Services Offered (required) | _____ | December 31, 2019 |
| 7. Medicare and / or Medicaid Certification Obtained | _____ | December 31, 2019 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: M-11663-19

FID #: 070203

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 and relocate 3 stations from Dunn Kidney Center (Harnett County) for a total of no more than 47 stations upon completion of this project, Project ID# M-11286-17 (relocate 5 stations) and Project ID #M-11502-18 (relocate 5 stations)/ Cumberland County

CONDITIONS: See Reverse Side

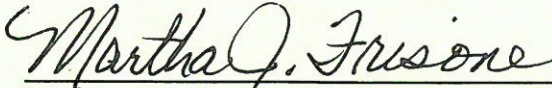
**PHYSICAL LOCATION: FMC Dialysis Services of South Ramsey
526 Ramsey Street
Fayetteville, NC 28311**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2020

This certificate is effective as of July 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall add no more than three additional dialysis stations pursuant to Policy ESRD-2, and relocate no more than three stations from Dunn Kidney Center for a total of no more than 47 certified stations at FMC Dialysis Services South Ramsey upon completion of this project, Project ID #M-11286-17, and Project ID #M-11502-18, which shall include any home hemodialysis training or isolation stations.
3. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify three dialysis stations at Dunn Kidney Center in Harnett County for a total of no more than 32 dialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 1, 2019.

TIMETABLE:

1. Equipment Ordered _____	October 15, 2019
2. Equipment Installed _____	December 14, 2019
3. Equipment Operational _____	December 26, 2019
4. Building / Space Occupied _____	December 26, 2019
5. Services Offered (required) _____	December 31, 2019
6. Medicare and / or Medicaid Certification Obtained _____	December 31, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: M-11662-19

FID #: 011019

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 stations upon completion of this project and Project ID #M-11650-19 (relocate one station)/ Cumberland County

CONDITIONS: See Reverse Side

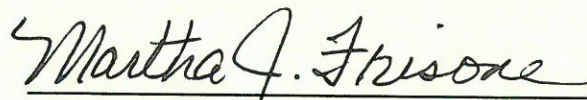
PHYSICAL LOCATION: FMC Services of West Fayetteville
6959 Nexus Court
Fayetteville, NC 28304

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2019

This certificate is effective as of July 15, 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 Services of West Fayetteville for a total of no more than 40 certified stations upon completion of this project and Project ID #M-11650-19 (relocate one station from FMC Services of West Fayetteville), 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 June 14, 2019.

TIMETABLE:

1. Financing Obtained	_____	March 15, 2019
2. Equipment Ordered	_____	October 17, 2019
3. Equipment Installed	_____	December 16, 2019
4. Equipment Operational	_____	December 26, 2019
5. Building / Space Occupied	_____	December 26, 2019
6. Services Offered (required)	_____	December 31, 2019
7. Medicare and / or Medicaid Certification Obtained	_____	December 31, 2019

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: G-11134-16

FID #: 020758

**ISSUED TO: Wake Forest University Health Sciences
Thomasville Dialysis 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 and relocate no more than 4 existing dialysis stations from High Point Kidney Center for a total of no more than 32 stations upon project completion/ Davidson County

CONDITIONS: See Reverse Side

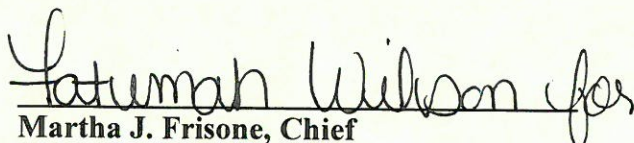
**PHYSICAL LOCATION: Thomasville Dialysis Center of Wake Forest University
10 Laura Lane
Thomasville, NC 27360**

MAXIMUM CAPITAL EXPENDITURE: \$862,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2016

This certificate is effective as of June 14, 2016
Corrected certificate issued on July 16, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Thomasville Dialysis 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 Thomasville Dialysis Center of Wake Forest University shall add no more than four additional dialysis stations and relocate no more than four dialysis stations from High Point Kidney Center to Thomasville Dialysis Center of Wake Forest for a total of no more than 32 dialysis stations, which shall include any home hemodialysis training or isolation stations, upon project completion.
3. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 32 stations, which shall include any home hemodialysis training or isolation stations, upon projection completion.
4. After certification of the four stations relocated to Thomasville Dialysis Center of Wake Forest University, Wake Forest University Health Sciences shall take the necessary steps to decertify four stations at High Point Kidney Center for a total of no more than 36 dialysis stations at High Point Kidney Center following completion of Project I.D. # G-10262-14 (relocate 10 stations to North Randolph Dialysis Center to develop a new facility), Project I.D. # G-11075-15 (add eight stations to High Point Kidney Center for a total of 40 stations upon project completion) and this project.
5. Wake Forest University Health Sciences and Thomasville 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 May 25, 2016.

TIMETABLE:

50% Completion of Construction	_____	April 15, 2017
Completion of Construction	_____	November 30, 2017
Occupancy/Offering of Service	_____	December 31, 2017
Certification of Stations	_____	December 31, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11680-19

FID #: 945251

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 19 stations upon project completion/ Duplin County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Southeastern Dialysis Center-Kenansville
305 Beasley Street
Kenansville, NC 28349**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 30, 2020

This certificate is effective as of July 16, 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 19 certified stations at Southeastern Dialysis Center - Kenansville 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 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 18, 2019.

TIMETABLE:

1. Services Offered (required) _____ 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*

REVISED CERTIFICATE OF NEED

for

Project ID #: P-6938-03

FID #: 923122

ISSUED TO: OHI Asset (NC) Warsaw, L.P.

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 no more than 20 existing certified nursing facility beds by transfer from Cherry Hospital and renovate space to develop an Enhanced Behavioral Care Unit. Upon licensure of the 20 transferred nursing facility beds, delicense 22 adult care home beds and operate no more than 80 licensed nursing facility beds and 30 licensed adult care home beds, for a total of no more than 110 licensed facility beds/ Duplin County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: GlenCare
214 Lanefield Road
Warsaw, NC 28398**

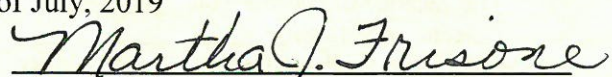
MAXIMUM CAPITAL EXPENDITURE: \$53,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2004

This certificate is effective as of 6th day of August, 2004

The revised certificate is effective as of the 3rd day of July, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. The Kornegay Company, LLC (Lessor) and Kornegay Healthcare, Inc. d/b/a GlenCare (Lessee) shall materially comply with all representations made in the certificate of need application.
2. The Kornegay Company, LLC (Lessor) and Kornegay Healthcare, Inc. d/b/a GlenCare (Lessee) shall acquire, by transfer from Cherry Hospital, no more than 20 existing certified nursing facility beds for the development of an Enhanced Behavioral Care unit as a distinct part of the facility.
3. Upon licensure of the 20 transferred nursing facility beds, The Kornegay Company, LLC (Lessor) and Kornegay Healthcare, Inc. d/b/a GlenCare (Lessee) shall delicense 22 adult care home beds and operate no more than 80 licensed nursing facility beds and 30 licensed adult care home beds, for a total bed complement of no more than 110 licensed facility beds.
4. The Kornegay Company, LLC (Lessor) and Kornegay Healthcare, Inc. d/b/a GlenCare (Lessee) may not admit for enhanced nursing facility care any person not referred by Cherry Hospital or other State psychiatric hospitals. Pursuant to Policy NH-5 in the 2003 State Medical Facilities Plan, these 20 nursing facility beds shall be occupied solely by persons who would otherwise have been served in nursing facility beds in Cherry Hospital or in one of the State's other psychiatric hospitals.
5. Kornegay Company, LLC (Lessor) and Kornegay Healthcare, Inc. d/b/a GlenCare (Lessee) shall not charge more than 33% of the total days of care provided in the Enhanced Behavioral Care unit each year as skilled nursing days of care.
6. The Kornegay Company, LLC (Lessor) and Kornegay Healthcare, Inc. d/b/a GlenCare (Lessee) shall submit all patient charges and actual per diem reimbursement rates for the new Enhanced Behavioral Care unit for each source of patient payment to the CON Section at year end for each of the first two operating years following licensure of the transferred beds.
7. Prior to the issuance of a certificate of need, The Kornegay Company, LLC (Lessor) and Kornegay Healthcare, Inc. d/b/a GlenCare (Lessee) shall provide a fully executed written memorandum of agreement regarding the bed transfer that is signed by the Director of Cherry Hospital; the Chief of Adult Community Mental Health Services in the Division of MH/DD/SAS; the Chief of Institutional Services in the Division of MH/DD/SAS; the Secretary of Health and Human Services; The Kornegay Company, LLC; and Kornegay Healthcare, Inc.
8. Prior to issuance of the certificate of need, The Kornegay Company, LLC (Lessor) and Kornegay Healthcare, Inc. d/b/a GlenCare (Lessee) shall submit to the Certificate of Need Section copies of letters to or from health professional training programs in the area regarding its efforts to accommodate their clinical needs.
9. The Kornegay Company, LLC (Lessor) and Kornegay Healthcare, Inc. d/b/a GlenCare (Lessee) shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance and compliance with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on June 3, 2004.

TIMETABLE:

Contract Award	May 2, 2004
25% completion of construction	May 11, 2004
50% completion of construction	May 18, 2004
75% completion of construction	May 24, 2004
Completion of construction	May 30, 2004
Licensure of facility	June 1, 2004
Medicare/Medicaid Certification of facility	June 1, 2004

STATE OF NORTH CAROLINA

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

REVISED CERTIFICATE OF NEED

for

Project ID #: P-8728-11

FID #: 923122

ISSUED TO: OHI Asset (NC) Warsaw, L.P.

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

SCOPE: Relocate the 20 nursing facility beds at Duplin General Hospital to Warsaw Health and Rehabilitation (formerly GlenCare of Warsaw) for a total of no more than 100 nursing facility beds and no adult care home beds at Warsaw Health and Rehabilitation upon project completion/ Duplin County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Warsaw Health and Rehabilitation (formerly GlenCare of Warsaw)
214 Lanefield Road
Warsaw, NC 28398**

MAXIMUM CAPITAL EXPENDITURE: \$175,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2012

This certificate is effective as of 5th day of June, 2012

The revised certificate is effective as of the 3rd day of July, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Duplin General Hospital, Inc., The Kornegay Company, LLC and Sovran Senior Living, LLC shall materially comply with all representations made in the certificate of need application and in the supplemental materials dated April 18, 2012. In those instances where representations conflict, Duplin General Hospital, Inc., Kornegay Healthcare, Inc. and Sovran Senior Living, LLC shall comply with the later representation.
2. Duplin General Hospital, Inc. shall relocate the 20 existing nursing facility beds at Duplin General Hospital to Warsaw Health and Rehabilitation (formerly GlenCare of Warsaw).
3. Upon licensure of the 20 nursing facility beds at Warsaw Health and Rehabilitation, Duplin General Hospital shall take the necessary steps to de-license the 20 nursing facility beds on the hospital's license.
4. Upon project completion, Warsaw Health and Rehabilitation shall be licensed for no more than 100 nursing facility beds and no adult care home beds.
5. The Kornegay Company, LLC and Sovran Senior Living, LLC shall submit all patient charges and actual per diem reimbursement rates for each source of patient payment to the CON Section at year end for each of the first two operating years following licensure of the beds at Warsaw Health and Rehabilitation.
6. The Kornegay Company, LLC and Sovran Senior Living, LLC shall receive the Medicaid per diem reimbursement rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
7. For the first two full federal fiscal years of operation following completion of the project, actual private pay charges shall not be increased more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.

TIMETABLE:

50% completion of construction February 15, 2013
Completion of construction March 1, 2013
Occupancy March 31, 2013



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 10, 2019

Kelli Collins
3820 North Elm Street
Greensboro, NC 27455

Transmittal of Corrected Certificate of Need

Project ID #: G-10210-13
Facility: Surgical Center of Greensboro
Project Description: Relocate existing ASC within Greensboro to a replacement facility and add two procedure rooms
County: Guilford
FID #: 943477

Dear Ms. Collins:

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

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

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

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

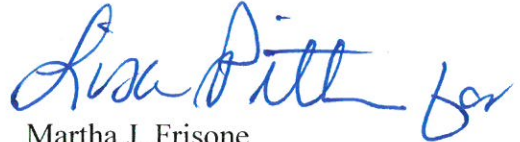
Kelli Collins
July 9, 2019
Page 2

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)).

Sincerely,



Celia C. Inman
Project Analyst



Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHRS
Construction 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-10210-13

FID #: 943477

ISSUED TO: Surgical Center of Greensboro, LLC

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

SCOPE: Relocate existing ASC within Greensboro to a replacement facility and add two procedure rooms/ Guilford County

CONDITIONS: See Reverse Side

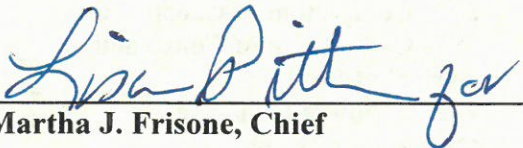
**PHYSICAL LOCATION: Surgical Center of Greensboro
705 Green Valley Road
Greensboro, NC 27408**

MAXIMUM CAPITAL EXPENDITURE: \$22,974,569

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2014

This certificate is effective as of March 17, 2014


Martha J. Frisone, Chief

CONDITIONS:

1. Surgical Center of Greensboro, LLC shall materially comply with all representations made in its certificate of need application.
2. Surgical Center of Greensboro, LLC shall relocate 13 operating rooms from two buildings to a single ambulatory surgical center which shall be licensed for no more than 13 dedicated outpatient operating rooms and two procedure room at project completion.
3. Surgical Center of Greensboro, LLC shall construct no more than 13 operating rooms in the replacement facility that meet licensure requirements for an operating room under the ambulatory surgical facility rules.
4. The two procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
5. Procedures performed in the minor 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.
6. Surgical Center of Greensboro, LLC shall not perform gastrointestinal endoscopy procedures in the procedure rooms.
7. Surgical Center of Greensboro, LLC shall meet all criteria to maintain accreditation of the ambulatory surgical facility from The Joint Commission, The Accreditation Association of Ambulatory Health Care or a comparable accreditation authority within two years following completion of the facility.
8. Surgical Center of Greensboro, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or which would otherwise require a certificate of need.
9. Surgical Center of Greensboro, 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. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
10. Surgical Center of Greensboro, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section prior to the issuance of the certificate of need.

TIMETABLE:

1.	Completion of Final Drawings and Specifications _____	September 1, 2014
2.	Obtain Funds Necessary to Undertake Project _____	December 1, 2014
3.	Approval of Site by the Construction Section, DHSR _____	January 28, 2015
4.	Contract Award _____	February 1, 2015
5.	25% Completion of Construction _____	May 11, 2015
6.	Ordering Equipment _____	May 28, 2015
7.	50% Completion of Construction _____	August 3, 2018
8.	75% Completion of Construction _____	October 5, 2015
9.	Arrival of Equipment _____	October 28, 2015
10.	Completion of Construction _____	November 24, 2015
11.	Operation of Equipment _____	December 24, 2015
12.	Licensure / Certification of Facility _____	March 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: N-11687-19

FID #: 945165

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 dialysis stations for a total of no more than 23 stations upon completion of this project and Project ID# N-11588-18 (relocate 6 stations) / Hoke County

CONDITIONS: See Reverse Side

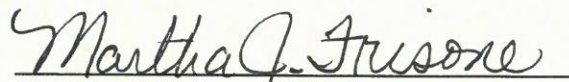
**PHYSICAL LOCATION: Dialysis Care of Hoke County
403 S Main Street
Raeford, NC 28376**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2021

This certificate is effective as of July 9, 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 and operate no more than five additional dialysis stations at Dialysis Care of Hoke County for a total of no more than 23 certified stations upon completion of this project and Project ID G#11588-18 (relocate six stations to Robeson County Dialysis), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 18, 2019.

TIMETABLE:

1. Services Offered (required) _____ 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 #: C-11685-19

FID #: 040266

ISSUED TO: Total Renal Care of North Carolina, LLC

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

SCOPE: Add no more than 2 dialysis stations for a total of no more than 17 stations upon completion of this project and Project ID #C-11594-18 (add 2 stations) / McDowell County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: \$22,758

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 2, 2020

This certificate is effective as of July 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 two additional dialysis stations for a total of no more than 17 certified stations upon completion of this project and Project ID #C-11594-18 (add 2 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 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 19, 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 #: D-11693-19

FID #: 120180

**ISSUED TO: Mitchell House One, LLC
Spruce Pine Propco Holdings, 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 20 ACH beds for a total of no more than 100 ACH beds pursuant to a need determination in the 2019 SMFP/ Mitchell County

CONDITIONS: See Reverse Side

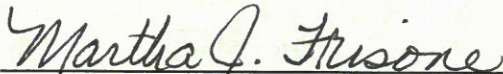
**PHYSICAL LOCATION: Mitchell House
13681 Hwy 226 South
Spruce Pine, NC 28777**

MAXIMUM CAPITAL EXPENDITURE: \$4,375,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2020

This certificate is effective as of July 16, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Mitchell House One, LLC and Spruce Pine Propco Holdings, LLC shall materially comply with all representations made in the certificate of need application.
2. Mitchell House One, LLC and Spruce Pine Propco Holdings, LLC shall add no more than 20 adult care home beds for a total of no more than 100 adult care home beds at Mitchell House upon completion of the project.
3. Mitchell House shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
4. For the first two years of operation following completion of the project, Mitchell House One, LLC and Spruce Pine Propco Holdings, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
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, Mitchell House One, LLC and Spruce Pine Propco Holdings, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. Mitchell House One, LLC and Spruce Pine Propco Holdings, 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 20, 2019.

TIMETABLE:

1. Financing Obtained _____ May 1, 2021
2. Construction/Renovation Contract(s) Executed _____ July 10, 2021
3. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ September 28, 2021
4. 50% of Construction/Renovation Completed _____ December 17, 2021
5. 75% of Construction/Renovation Completed _____ March 7, 2022
6. Construction/Renovation Completed _____ May 11, 2022
7. Equipment Ordered _____ April 11, 2022
8. Equipment Installed _____ April 26, 2022
9. Equipment Operational _____ July 10, 2022
10. Building/Space Occupied _____ August 25, 2022
11. Licensure Obtained _____ October 1, 2022
12. Services Offered _____ October 1, 2022
13. Medicare and/or Medicaid Certification Obtained _____ October 31, 2022
14. First Annual Report Due _____ December 30, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11653-19

FID #: 190081

**ISSUED TO: Salisbury Opco, LLC
Salisbury Propco Holdings, LLC**

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

SCOPE: Relocate all 106 ACH beds from Kannon Creek Assisted Living, to the replacement facility, The Landings of Salisbury, for a total of no more than 106 ACH beds upon project completion / Rowan County

CONDITIONS: See Reverse Side

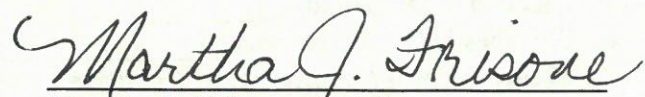
**PHYSICAL LOCATION: The Landings of Salisbury
645 Julian Road
Salisbury, NC 28147**

MAXIMUM CAPITAL EXPENDITURE: \$8,812,606

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 3, 2020

This certificate is effective as of July 9, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Salisbury Opco, LLC and Salisbury Propco Holdings, LLC shall materially comply with all representations made in the certificate of need application.
2. Salisbury Opco, LLC and Salisbury Propco Holdings, LLC shall relocate no more than 106 adult care home beds to a new facility, The Landings of Salisbury, for a total of no more than 106 licensed adult care home beds upon completion of the project.
3. Salisbury Opco, LLC and Salisbury Propco Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
4. For the first two years of operation following completion of the project, Salisbury Opco, LLC and Salisbury Propco Holdings, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
5. Salisbury Opco, LLC and Salisbury Propco Holdings, 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.
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, Salisbury Opco, LLC and Salisbury Propco Holdings, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. Salisbury Opco, LLC and Salisbury Propco Holdings, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 13, 2019.

TIMETABLE:

1. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ September 28, 2021
2. Construction / Renovation Completed _____ May 11, 2022
3. Licensure Obtained _____ October 1, 2022
4. Services Offered (required) _____ October 1, 2022
5. Medicare and / or Medicaid Certification Obtained _____ October 31, 2022
6. Final Annual Report Due _____ December 31, 2025

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11661-19

FID #: 990968

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 30 stations upon completion of this project and Project ID # J-11510-18 (relocate two stations to FKC Holly Springs)/ Wake County

CONDITIONS: See Reverse Side

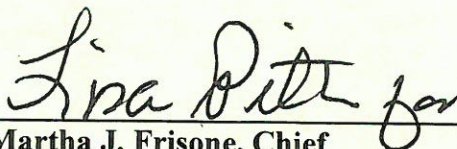
PHYSICAL LOCATION: Southwest Wake County Dialysis
320 Gideon Way
Raleigh, NC 27603

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2019

This certificate is effective as of July 23, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than two additional dialysis station at Southwest Wake County Dialysis for a total of no more than 30 certified stations at Southwest Wake County Dialysis upon completion of this project and Project I.D. # J-11510-18 (relocate two dialysis stations to FKC Holly Springs), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 24, 2019.

TIMETABLE:

1. Services Offered (required) _____ December 31, 2020
2. 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 #: J-11682-19

FID #: 041181

ISSUED TO: Total Renal Care of North Carolina, LLC

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

SCOPE: Add no more than 3 dialysis stations for a total of no more than 21 stations upon completion of this project, Project ID #J-11131-16 (relocate 10 stations), Project ID #J-11152-16 (add 1 station), Project ID #J-11254-16 (add 2 stations), and Project ID #J-11597-18 (add 3 stations)/ Wake County

CONDITIONS: See Reverse Side

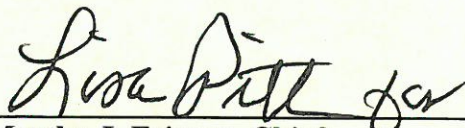
PHYSICAL LOCATION: Wake Forest Dialysis Center
11011 Ingleside Place
Raleigh, NC 27614

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2019

This certificate is effective as of July 23, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2019 SDR, Total Renal Care of North Carolina, LLC shall develop and operate no more than three additional dialysis stations at Wake Forest Dialysis Center for a total of no more than 21 certified stations upon completion of this project, Project I.D. # J-11131-16 (relocate 10 stations), Project I.D. # J-11152-16 (add one station), Project I.D. # J-11254-16 (add two stations), and Project I.D. # J-11597-18 (add three 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 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 21, 2019.

TIMETABLE:

1. Services Offered (required) _____ 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 #: P-11684-19

FID #: 000304

ISSUED TO: DVA Renal Healthcare, Inc.

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

SCOPE: Add no more than 3 dialysis stations for a total of no more than 20 stations upon completion of this project and Project ID #P-11598-18 (add 2 stations)/ Wayne County

CONDITIONS: See Reverse Side


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

MAXIMUM CAPITAL EXPENDITURE: \$34,956

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 3, 2020

This certificate is effective as of July 9, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2019 SDR, DVA Renal Healthcare, Inc. shall develop no more than three additional dialysis stations for a total of no more than 20 certified stations at Mt. Olive Dialysis upon completion of this project and Project I.D. #P-11598-18 (add two stations), which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 18, 2019.

TIMETABLE:

1. Services Offered (required) _____ 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 #: P-11683-19

FID #: 944654

ISSUED TO: DVA Renal Healthcare, Inc.

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

SCOPE: Add no more than 2 dialysis stations for a total of no more than 25 stations upon completion of this project, Project ID #P-11454-18 (relocate 7 stations), and Project ID #P-11596-18 (add six stations) / Wayne County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 3, 2020

This certificate is effective as of July 4, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the January 2019 SDR, DVA Renal Healthcare, Inc. shall develop no more than two additional dialysis stations for a total of no more than 25 certified stations at Goldsboro Dialysis upon completion of this project, Project ID #P-11454-18 (relocate 7 stations), and Project ID #P-11596-18 (add six stations), which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 18, 2019.

TIMETABLE:

1. Services Offered _____ January 1, 2021