

**Certificate of Need
Certificates Issued
December 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
Alamance	G-011786-19	Alamance County Dialysis	140092	ESRD	Add no more than 3 stations for a total of no more than 13 stations upon project completion	10/1/2019	11/8/2019	12/10/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$54,850	8/1/2020
Caldwell	E-011569-18	BMA Lenoir	170328	ESRD	Add no more than one station for a total of no more than 42 stations upon completion of this project and the following projects: Project ID # E-11528-18 (change of scope); Project ID # E-11401-17 (add seven stations); and Project ID # E-11377-17 (relocate BMA Lenoir)	10/1/2018	1/10/2019	12/19/2019	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$3,750	7/1/2019
Cumberland	M-011763-19	FMC Services of West Fayetteville	011019	ESRD	Add no more than 4 stations for a total of no more than 40 stations upon completion of this project, Project ID #s M-11502-18 (change of scope for Project ID #M-11286-17 to relocate 5 stations to FKC Rockfish), M-11314-17 (add 5 stations), M-11650-19 (relocate 1 station to FKC Rockfish), M-11662-19 (add 1 station), and M-11740-19 (relocate 4 stations to FKC Rockfish)	10/1/2019	11/8/2019	12/10/2019	Conditional Approval	Celia Inman	Gloria Hale	\$0	2/1/2021
Gaston	F-011781-19	FMC Gastonia	955615	ESRD	Add no more than 2 dialysis stations for a total of no more than 39 stations upon project completion	10/1/2019	11/4/2019	12/5/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$0	6/1/2020
Guilford	G-011754-19	Triad Breast Imaging Center	190382	DXCTR	Develop a new diagnostic center including mammography, ultrasound, and dual energy x-ray absorptiometry scan	9/1/2019	11/25/2019	12/28/2019	Conditional Approval	Greg Yakaboski	Gloria Hale	\$1,659,212	6/18/2020
Guilford	G-011745-19	Peters Endoscopy Center	061166	ESRD	Relocate existing ASF with 2 GI endo rooms from 507 Lindsay St. to 1580 Skeet Club Rd	9/1/2019	11/8/2019	12/10/2019	Conditional Approval	Celia Inman	Gloria Hale	\$175,000	4/15/2020
Guilford	G-011764-19	Fresenius Medical Care High Point	150332	ESRD	Add no more than 4 stations for a total of no more than 14 stations upon project completion	10/1/2019	11/8/2019	12/10/2019	Conditional Approval	Celia Inman	Fatimah Wilson	\$15,000	2/1/2021
Guilford	G-011765-19	BMA of Greensboro	945258	ESRD	Add no more than 7 stations for a total of no more than 51 stations upon project completion	10/1/2019	11/8/2019	12/10/2019	Conditional Approval	Celia Inman	Fatimah Wilson	\$3,125,049	9/30/2020
Johnston	J-011762-19	Johnston Health	943290	HOSPITAL	Relocate six adult psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 for a total of no more than 26 psychiatric beds upon project completion	9/1/2019	11/8/2019	12/10/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$2,048,500	10/1/2020
Mecklenburg	F-011462-18	Liberty Commons of Mecklenburg Health & Rehabilitation Center	180099	NH	Develop a new 100-bed NF facility in Mecklenburg County by relocating no more than 13 NF beds from The Oaks (Forsyth County), 25 NF beds from Warren Hills (Warren County), 30 NF beds from Cross Creek (Hyde County), 22 NF beds from Bermuda Commons (Davie County), and 10 NF beds from Parkview (Orange County)	3/1/2018	5/25/2018	12/12/2019	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$18,604,791	10/15/2020

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Mecklenburg	F-011461-18	Liberty Commons Nursing & Rehabilitation Center of Mint Hill	180101	NH	Develop a new 83-bed NF facility in Mecklenburg County by relocating no more than 67 NF beds from Mary Gran (Sampson County), 7 NF beds from Liberty Commons of Columbus (Columbus County), and 9 NF beds from Shoreland (Columbus County)	3/1/2018	5/22/2018	12/12/2019	Conditional Approval	Mike McKillip	Lisa Pittman	\$15,307,416	12/1/2018
Orange	J-011692-19	Duke Health Orange Ambulatory Surgical Center	190164	ASC	Develop a new multi-specialty ambulatory surgical facility by developing no more than two operating rooms and two procedure rooms pursuant to the need determination in the 2019 SMFP	5/1/2019	9/25/2019	12/18/2019	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$12,084,000	6/15/2020
Orange	J-011695-19	University of North Carolina Hospitals	923517	HOSPITAL	Develop no more than 1 additional operating room on the Chapel Hill campus for a total of no more than 43 operating rooms on the Chapel Hill campus and 8 operating rooms on the Hillsborough campus upon completion of this project, Project ID #J-11644-18 (add 2 ORs), and Project ID #J-11646-18 (add 2 ORs). Upon completion of this project, Project I.D. #J-11644-18 and Project I.D. #J-11646-18, University of North Carolina at Chapel Hill shall be licensed for no more than 51 operating rooms (43 on the Chapel Hill campus and 8 on the Hillsborough campus)	5/1/2019	9/25/2019	12/18/2019	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$6,736,595	6/15/2020
Orange	J-011644-18	University of North Carolina Hospitals	923517	HOSPITAL	Develop no more than 2 additional operating rooms on the Chapel Hill Campus for a total of no more than 42 operating rooms on the Chapel Hill campus and 8 operating rooms on the Hillsborough campus upon completion of this project and Project I.D. # J-11646-18 (add 2 ORs). Upon completion of this project and Project I.D. # J-11646-18, University of North Carolina Hospitals at Chapel Hill shall be licensed for no more than 50 operating rooms (42 on the Chapel Hill campus and 8 on the Hillsborough campus)	12/1/2018	4/29/2019	12/18/2019	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$377,694	6/15/2020
Orange	J-011646-18	University of North Carolina Hospitals- Hillsborough	090274	HOSPITAL	Develop no more than 2 additional operating rooms on the Hillsborough campus for a total of no more than 8 operating rooms on the Hillsborough campus and 42 on the Chapel Hill campus upon completion of this project and Project I.D. #J-11644-18 (add 2 ORs). Upon completion of this project and Project I.D. # J-11644-18, University of North Carolina Hospitals at Chapel Hill shall be licensed for no more than 50 operating rooms (42 on the Chapel Hill campus and 8 on the Hillsborough campus)	12/1/2018	4/29/2019	12/18/2019	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$2,121,838	6/15/2020

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: G-11786-19

FID #: 140092

ISSUED TO: Renal Treatment Centers - Mid-Atlantic, Inc.

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

SCOPE: Add no more than 3 stations for a total of no more than 13 stations upon project completion / Alamance County

CONDITIONS: See Reverse Side

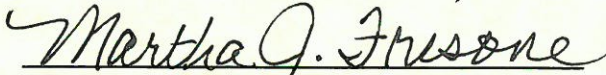
**PHYSICAL LOCATION: Alamance County Dialysis
829 South Main Street
Graham, NC 27253**

MAXIMUM CAPITAL EXPENDITURE: \$54,850

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2020

This certificate is effective as of December 10, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Renal Treatment Centers – Mid-Atlantic, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Renal Treatment Centers – Mid-Atlantic, Inc. shall materially comply with the last made representation.
2. Pursuant to the facility need determination in the July 2019 Semiannual Dialysis Report, Renal Treatment Centers – Mid-Atlantic, Inc. shall develop no more than three additional dialysis stations at Alamance County Dialysis for a total of no more than 13 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Renal Treatment Centers – Mid-Atlantic, 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 November 25, 2019.

TIMETABLE:

1. Equipment Ordered _____ July 31, 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*

CORRECTED CERTIFICATE OF NEED

for

Project ID #: E-11569-18

FID #: 170328

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

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

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

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: BMA Lenoir
1208 Hickory Boulevard SW
Lenoir, NC 28645**

MAXIMUM CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2019

This certificate is effective as of February 12, 2019
Corrected certificate issued on December 19, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir shall develop no more than one additional dialysis stations for a total of no more than 42 certified stations at BMA Lenoir upon completion of this project, and the following projects: Project ID # E-11528-18 (Change of Scope); Project ID # E-11401-17 (add seven stations); and Project ID# E-11377-17 (relocate BMA Lenoir), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir shall install plumbing and electrical wiring through the walls for no more than one dialysis station which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 16, 2019

TIMETABLE:

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

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: M-11763-19

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 4 stations for a total of no more than 40 stations upon completion of this project, Project ID #s M-11502-18 (change of scope for Project ID #M-11286-17 to relocate 5 stations to FKC Rockfish), M-11314-17 (add 5 stations), M-11650-19 (relocate 1 station to FKC Rockfish), M-11662-19 (add 1 station), and M-11740-19 (relocate 4 stations to FKC Rockfish) / Cumberland County

CONDITIONS: See Reverse Side

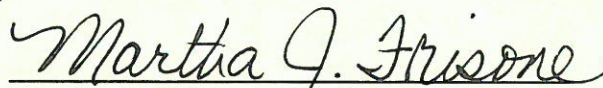
PHYSICAL LOCATION: FMC Services of West Fayetteville
6959 Nexus Court
Fayetteville, NC 28304

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2021

This certificate is effective as of December 10, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than four additional dialysis stations at FMC Services of West Fayetteville for a total of no more than 40 certified stations upon completion of this project and Project ID #s M-11502-18 (change of scope for M-11286-17 to relocate five stations to FKC Rockfish), M-11314-17 (add five stations), M-11662-19 (add one station), M-11650-19 (relocate one station to FKC Rockfish) and M-11740-19 (relocate four stations to FKC Rockfish).
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 November 13, 2019.

TIMETABLE:

1. Equipment Ordered	_____	October 2, 2020
2. Equipment Installed	_____	December 1, 2020
3. Equipment Operational	_____	December 8, 2020
4. Building / Space Occupied	_____	December 8, 2020
5. Services Offered (required)	_____	December 31, 2020
6. Medicare and / or Medicaid Certification Obtained	_____	December 31, 2020

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11781-19

FID #: 955615

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

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

SCOPE: Add no more than 2 dialysis stations for a total of no more than 39 stations upon project completion / Gaston County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Fresenius Medical Care Gastonia
348 Burtonwood Drive
Gastonia, NC 28054**

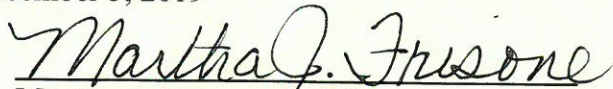
MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2020

This certificate is effective as of

December 5, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 Semiannual Dialysis Report, Bio-Medical Applications of North Carolina, Inc. shall develop no more than two additional dialysis stations at Fresenius Medical Care Gastonia for a total of no more than 39 certified stations at Fresenius Medical Care Gastonia 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 November 6, 2019.

TIMETABLE:

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|--|--------------------|
| 1. Drawings Completed _____ | June 2, 2020 |
| 2. Equipment Ordered _____ | September 30, 2020 |
| 3. Equipment Installed _____ | November 29, 2020 |
| 4. Equipment Operational _____ | December 13, 2020 |
| 5. Building / Space Occupied _____ | December 13, 2020 |
| 6. Services Offered (required) _____ | December 31, 2020 |
| 7. 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 #: G-11745-19

FID #: 061166

ISSUED TO: Bethany Medical Center, P.A.

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 ASF with 2 GI endo rooms from 507 Lindsay St. to 1580 Skeet Club Rd / Guilford County

CONDITIONS: See Reverse Side

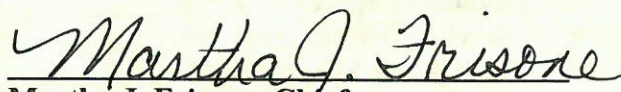
**PHYSICAL LOCATION: Peters Endoscopy Center
1580 Skeet Club Rd
High Point, NC 27265**

MAXIMUM CAPITAL EXPENDITURE: \$175,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 15, 2020

This certificate is effective as of December 10, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bethany Medical Center, P.A. shall materially comply with all representations made in the certificate of need application.
2. Bethany Medical Center, P.A. shall relocate its existing ambulatory surgical facility with two gastrointestinal endoscopy procedure rooms to 1580 Skeet Club Road, High Point.
3. Upon completion of the project, Bethany Medical Center, P.A. shall be licensed for no more than two gastrointestinal endoscopy procedure rooms.
4. Bethany Medical Center, P.A. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.
5. For the first three years of operation following completion of the project, Bethany Medical Center, P.A. shall not increase charges more than 5% of the charges projected in Sections F and 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, Bethany Medical Center, P.A. 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. Bethany Medical Center, P.A. 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 13, 2019.

TIMETABLE:

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|-----|--|-------------------|
| 1. | Construction / Renovation Contract(s) Executed _____ | January 31, 2020 |
| 2. | 25% of Construction / Renovation Completed (25% of the cost is in place) _____ | February 15, 2020 |
| 3. | 50% of Construction / Renovation Completed _____ | March 1, 2020 |
| 4. | 75% of Construction / Renovation Completed _____ | March 15, 2020 |
| 5. | Construction / Renovation Completed _____ | March 31, 2020 |
| 6. | Equipment Installed _____ | March 27, 2020 |
| 7. | Equipment Operational _____ | March 27, 2020 |
| 8. | Building / Space Occupied _____ | March 31, 2020 |
| 9. | Services Offered (required) _____ | March 31, 2020 |
| 10. | First Annual Report Due* _____ | March 31, 2022 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11754-19

FID #: 190382

ISSUED TO: Triad Breast Imaging Center, LLC

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

SCOPE: Develop a new diagnostic center including mammography, ultrasound, and dual energy x-ray absorptiometry scan/ Guilford County

CONDITIONS: See Reverse Side

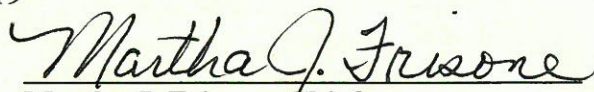
**PHYSICAL LOCATION: Triad Breast Imaging Center
3515 W. Market Street
Greensboro, NC 27403**

MAXIMUM CAPITAL EXPENDITURE: \$1,659,212

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 18, 2020

This certificate is effective as of December 28, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Triad Breast Imaging Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Triad Breast Imaging Center, LLC shall develop a new diagnostic center in Greensboro with no more than one 3D mammography unit, one ultrasound unit and one bone densitometer unit.
3. Triad Breast Imaging Center, LLC, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section F 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, Triad Breast Imaging Center, 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. Triad Breast Imaging Center, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 23, 2019.

TIMETABLE:

1. Financing Obtained _____ March 23, 2020
2. Construction / Renovation Contract(s) Executed _____ May 18, 2020
3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ June 15, 2020
4. 50% of Construction / Renovation Completed _____ July 13, 2020
5. 75% of Construction / Renovation Completed _____ August 10, 2020
6. Construction / Renovation Completed _____ September 7, 2020
7. Equipment Operational _____ September 21, 2020
8. Building / Space Occupied _____ September 21, 2020
9. Licensure Obtained _____ September 28, 2020
10. Services Offered (required) _____ October 1, 2020
11. First Annual Report Due _____ January 1, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11764-19

FID #: 150332

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 4 stations for a total of no more than 14 stations upon project completion / Guilford County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Fresenius Medical Care High Point
1320 Eastchester Drive
High Point, NC 27265**

MAXIMUM CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2021

This certificate is effective as of December 10, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 4 additional dialysis station at Fresenius Medical Care High Point for a total on no more than 14 dialysis stations, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

TIMETABLE:

1. Drawings Completed _____ June 17, 2020
2. Construction / Renovation Contract(s) Executed _____ August 1, 2020
3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ August 31, 2020
4. 50% of Construction / Renovation Completed _____ September 30, 2020
5. 75% of Construction / Renovation Completed _____ October 21, 2020
6. Construction / Renovation Completed _____ November 11, 2020
7. Equipment Ordered _____ October 21, 2020
8. Equipment Installed _____ December 5, 2020
9. Equipment Operational _____ December 12, 2020
10. Building / Space Occupied _____ December 12, 2020
11. Services Offered (required) _____ December 31, 2020
12. 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 #: G-11765-19

FID #: 945258

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 7 stations for a total of no more than 51 stations upon project completion/ Guilford County

CONDITIONS: See Reverse Side

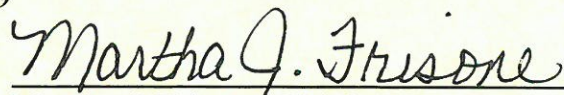
**PHYSICAL LOCATION: BMA of Greensboro
2700 Henry Street
Greensboro, NC 27405**

MAXIMUM CAPITAL EXPENDITURE: \$3,125,049

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2020

This certificate is effective as of December 10, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than seven additional dialysis station at BMA of Greensboro for a total on no more than 51 dialysis stations, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

TIMETABLE:

1. Drawings Completed _____ May 18, 2020
2. Construction / Renovation Contract(s) Executed _____ July 2, 2020
3. 25% of Construction / Renovation Completed (25% of the cost is in place) August 16, 2020
4. 50% of Construction / Renovation Completed _____ September 30, 2020
5. 75% of Construction / Renovation Completed _____ October 30, 2020
6. Construction / Renovation Completed _____ November 29, 2020
7. Equipment Ordered _____ October 30, 2020
8. Equipment Installed _____ December 9, 2020
9. Equipment Operational _____ December 23, 2020
10. Building / Space Occupied _____ December 23, 2020
11. Services Offered (required) _____ December 31, 2020
12. 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-11762-19

FID #: 943290

ISSUED TO: Johnston Health Services Corporation

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

SCOPE: Relocate six adult psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 for a total of no more than 26 psychiatric beds upon project completion / Johnston County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Johnston Health
509 North Bright Leaf Blvd
Smithfield, NC 27577**

MAXIMUM CAPITAL EXPENDITURE: \$2,048,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2020

This certificate is effective as of December 10, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Johnston Health Services Corporation shall materially comply with all representations made in the certificate of need application.
2. Johnston Health Services Corporation shall relocate no more than six adult psychiatric inpatient beds from Broughton Hospital to Johnston Health for a total of no more than 26 psychiatric inpatient beds at Johnston Health.
3. Johnston Health Services Corporation shall accept patients requiring involuntary admission for psychiatric inpatient services.
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, Johnston Health Services Corporation shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Johnston Health Services Corporation 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 November 18, 2019.

TIMETABLE:

1. Drawings Completed _____ April 5, 2020
2. Construction / Renovation Contract(s) Executed _____ July 1, 2020
3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ October 1, 2020
4. 50% of Construction / Renovation Completed _____ December 30, 2020
5. 75% of Construction / Renovation Completed _____ March 15, 2021
6. Construction / Renovation Completed _____ May 28, 2021
7. Licensure Obtained _____ June 15, 2021
8. Services Offered (required) _____ July 1, 2021
9. First Annual Report Due* _____ September 30, 2022

STATE OF NORTH CAROLINA

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

REVISED CERTIFICATE OF NEED

for

Project ID #: F-11461-18

FID #: 180101

**ISSUED TO: Liberty Commons of Mecklenburg, LLC
Mecklenburg County Healthcare 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: Develop a new 83-bed NF facility in Mecklenburg County by relocating no more than 67 NF beds from Mary Gran (Sampson County), 7 NF beds from Liberty Commons of Columbus (Columbus County), and 9 NF beds from Shoreland (Columbus County)/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Liberty Commons Nursing & Rehabilitation
Center of Mint Hill
7712 Wilson Grove Road
Mint Hill, NC 28277**

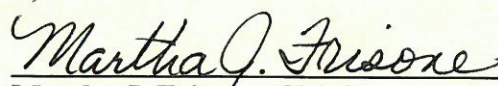
MAXIMUM CAPITAL EXPENDITURE: \$15,307,416

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2018

This certificate is effective as of June 22, 2018

This revised certificate is effective as of December 12, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall materially comply with all representations made in the certificate of need application.
2. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall develop a new nursing facility with no more than 83 nursing facility beds in Mecklenburg County by relocating 67 nursing facility beds from Mary Gran (Sampson County), seven nursing facility beds from Liberty Commons of Columbus (Columbus County), and nine nursing facility beds from Shoreland (Columbus County).
3. Upon completion of the project, Mary Gran shall be licensed for no more than 145 nursing facility beds and 30 adult care home beds, Liberty Commons of Columbus shall be licensed for no more than 100 nursing facility beds and 40 adult care home beds, and Shoreland shall be licensed for no more than 80 nursing facility beds and 10 adult care home beds.
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, Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, 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. For the first two years of operation following completion of the project, Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section X.4 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. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare 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.

TIMETABLE:

- | | |
|---|-------------------|
| 1. Drawings Completed _____ | October 1, 2020 |
| 2. Construction/ Renovation Contract (s) Executed _____ | June 1, 2021 |
| 3. 25% of Construction/Renovation Completed
(25% of the cost in place) _____ | March 1, 2022 |
| 4. 50% of Construction/Renovation Completed _____ | August 1, 2022 |
| 5. 75% of Construction/Renovation Completed _____ | January 1, 2023 |
| 6. Construction/Renovation Completed _____ | July 1, 2023 |
| 7. License Obtained _____ | October 1, 2023 |
| 8. Services Offered _____ | October 1, 2023 |
| 9. First Annual Report due _____ | December 31, 2024 |

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

REVISED CERTIFICATE OF NEED

for

Project ID #: F-11462-18

FID #: 180099

**ISSUED TO: Liberty Commons of Mecklenburg, LLC
Mecklenburg County Healthcare 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: Develop a new 100-bed NF facility in Mecklenburg County by relocating no more than 13 NF beds from The Oaks (Forsyth County), 25 NF beds from Warren Hills (Warren County), 30 NF beds from Cross Creek (Hyde County), 22 NF beds from Bermuda Commons (Davie County), and 10 NF beds from Parkview (Orange County) /Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Liberty Commons of Mecklenburg Health and Rehabilitation Center
19100 Old Statesville Road
Cornelius, NC 28031

MAXIMUM CAPITAL EXPENDITURE: \$18,604,791

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2020

This certificate is effective as of June 26, 2018

This revised certificate is effective as of December 12, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Liberty Commons of Mecklenburg, LLC, and Mecklenburg County Healthcare Properties, LLC shall materially comply with all representations made in the certificate of need application.
2. Liberty Commons of Mecklenburg, LLC, and Mecklenburg County Healthcare Properties, LLC shall develop a new 100-bed nursing facility in Mecklenburg County by relocating no more than 13 nursing facility beds from The Oaks (Forsyth County), 25 nursing facility beds from Warren Hills (Warren County), 30 nursing facility beds from Cross Creek (Hyde County), 22 nursing facility beds from Bermuda Commons (Davie County), and 10 nursing facility beds from Parkview (Orange County).
3. Upon completion of the project, Liberty Commons of Mecklenburg Health and Rehabilitation Center, shall be licensed for no more than 100 nursing facility beds.
4. Upon completion of the project, The Oaks (Forsyth County) shall be licensed for no more than 118 nursing facility beds, Warren Hills (Warren County) shall be licensed for no more than 115 nursing facility beds and 20 adult care home beds, Cross Creek (Hyde County) shall be licensed for no more than 50 nursing facility beds, Bermuda Commons (Davie County) shall be licensed for no more than 95 nursing facility beds and 10 adult care home beds, and Parkview (Orange County) shall be licensed for no more than 98 nursing facility beds and seven adult care home beds.
5. Liberty Commons of Mecklenburg, 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. For the first two years of operation following completion of the project, Liberty Commons of Mecklenburg, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section X 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. No later than three months after the last day of each of the first three full year of operation following initiation of the services authorized by this certificate of need, Liberty Commons of Mecklenburg, 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.
8. Liberty Commons of Mecklenburg, LLC, and Mecklenburg County Healthcare 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.

TIMETABLE:

1.	Drawings Completed _____	October 1, 2020
2.	Land Acquired _____	January 1, 2020
3.	Construction/ Renovation Contract (s) Executed _____	June 1, 2021
4.	25% of Construction/Renovation Completed (25% of the cost in place) _____	March 1, 2022
5.	50% of Construction/Renovation Completed _____	August 1, 2022
6.	75% of Construction/Renovation Completed _____	January 1, 2023
7.	Construction/Renovation Completed _____	July 1, 2023
8.	Equipment Ordered _____	July 1, 2023
9.	Equipment Installed _____	September 1, 2023
10.	Equipment Operational _____	September 1, 2023
11.	Building/Space Occupied _____	October 1, 2023
12.	License Obtained _____	October 1, 2023
13.	Services Offered _____	October 1, 2023
14.	Medicare and / or Medicaid Certification Obtained _____	October 1, 2023
15.	First Annual Report due _____	December 31, 2024

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11644-18

FID #: 923517

ISSUED TO: University of North Carolina Hospitals at Chapel Hill

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 no more than 2 additional operating rooms on the Chapel Hill Campus for a total of no more than 42 operating rooms on the Chapel Hill campus and 8 operating rooms on the Hillsborough campus upon completion of this project and Project I.D. # J-11646-18 (add 2 ORs). Upon completion of this project and Project I.D. # J-11646-18, University of North Carolina Hospitals at Chapel Hill shall be licensed for no more than 50 operating rooms (42 on the Chapel Hill campus and 8 on the Hillsborough campus)/ Orange County

CONDITIONS:	See Reverse Side
PHYSICAL LOCATION:	University of North Carolina Hospitals 101 Manning Drive Chapel Hill, NC 27514
MAXIMUM CAPITAL EXPENDITURE:	\$377,694
TIMETABLE:	See Reverse Side
FIRST PROGRESS REPORT DUE:	June 15, 2020

This certificate is effective as of December 18, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill shall develop no more than 2 additional operating rooms on the Chapel Hill Campus for a total of no more than 42 operating rooms on the Chapel Hill campus, and 8 operating rooms on the Hillsborough campus upon completion of this project and Project I.D. # J-11646-18.
3. Upon completion of this project and Project I.D. # J-11646-18 University of North Carolina Hospitals at Chapel Hill shall be licensed for no more than 50 operating rooms (42 on the Chapel Hill campus and 8 on the Hillsborough campus).
4. University of North Carolina Hospitals at Chapel Hill shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. 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, University of North Carolina Hospitals at Chapel Hill 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.

TIMETABLE:

- | | | | |
|----|---|-------|-------------------|
| 1. | 25% of Construction/Renovation Completed
(25% of the cost is in place) | _____ | November 19, 2020 |
| 2. | Construction/Renovation Completed | _____ | January 15, 2021 |
| 3. | Services Offered | _____ | February 1, 2021 |
| 4. | Final Annual Report Due | _____ | April 28, 2024 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11646-19

FID #: 090274

ISSUED TO: University of North Carolina Hospitals at Chapel Hill

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 no more than 2 additional operating rooms on the Hillsborough campus for a total of no more than 8 operating rooms on the Hillsborough campus and 42 on the Chapel Hill campus upon completion of this project and Project I.D. #J-11644-18 (add 2 ORs). Upon completion of this project and Project I.D. # J-11644-18, University of North Carolina Hospitals at Chapel Hill shall be licensed for no more than 50 operating rooms (42 on the Chapel Hill campus and 8 on the Hillsborough campus)/ Orange County

CONDITIONS: See Reverse Side

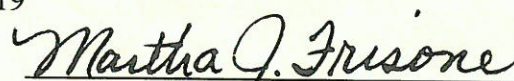
PHYSICAL LOCATION: University of North Carolina Hospitals-Hillsborough
101 Manning Drive
Chapel Hill, NC 27514

MAXIMUM CAPITAL EXPENDITURE: \$2,121,838

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2020

This certificate is effective as of December 18, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill shall develop no more than 2 additional operating rooms on the Hillsborough campus for a total of no more than 8 operating rooms on the Hillsborough campus and 42 on the Chapel Hill campus upon completion of this project and Project I.D. #J-11644-18.
3. Upon completion of this project and Project I.D. # J-11644-18, University of North Carolina Hospitals at Chapel Hill shall be licensed for no more than 50 operating rooms (42 on the Chapel Hill campus and 8 on the Hillsborough campus).
4. University of North Carolina Hospitals at Chapel Hill shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. 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, University of North Carolina Hospitals at Chapel Hill 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.

TIMETABLE:

1. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ May 28, 2021
2. Construction/Renovation Completed _____ November 1, 2021
3. Services Offered _____ November 1, 2021
4. Final Annual Report Due _____ January 29, 2025

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11692-19

FID #: 190164

ISSUED TO: Duke University Health System, Inc.

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

SCOPE: Develop a new multi-specialty ambulatory surgical facility by developing no more than two operating rooms and two procedure rooms pursuant to the need determination in the 2019 SMFP/ Orange County

CONDITIONS: See Reverse Side

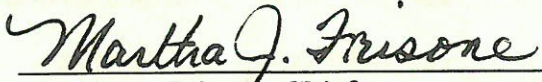
**PHYSICAL LOCATION: Duke Health Orange Ambulatory Surgical Center
66 Vilcom Center Drive
Chapel Hill, NC 27514**

MAXIMUM CAPITAL EXPENDITURE: \$12,084,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2020

This certificate is effective as of December 18, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Duke University Health System, Inc. shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System, Inc. shall develop a new multi-specialty ambulatory surgical facility by developing no more than two operating rooms and two procedure rooms.
3. Upon project completion, Duke Health Orange Ambulatory Surgery Center shall be licensed for no more than two operating rooms and two procedure rooms.
4. Duke University Health System, Inc. shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. Duke University Health System, Inc. shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
6. For the first three years of operation following completion of the project, Duke University Health System, Inc. shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. The procedure 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. Duke University Health System, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
10. Prior to issuing a certificate of need for this project (Project I.D.#J-11692-19), Duke University Health System, Inc. shall either:
 - a. surrender the certificate of need issued for Project I.D.#J-11632-18, if one has been issued, by submitting a letter to the Healthcare Planning and Certificate of Need Section which states that the certificate of need is being surrendered and returning the certificate of need; or
 - b. withdraw the application identified as Project I.D. #J-11632-18, if no certificate of need has been issued for that project, by submitting a letter to the Healthcare Planning and Certificate of Need Section which states that the application identified as Project I.D. #J-11632-18 is being withdrawn.
11. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, Duke University Health System, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
12. Duke University Health System, 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.

TIMETABLE:

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

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11695-19

FID #: 923517

ISSUED TO: University of North Carolina Hospitals at Chapel Hill

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 no more than 1 additional operating room on the Chapel Hill campus for a total of no more than 43 operating rooms on the Chapel Hill campus and 8 operating rooms on the Hillsborough campus upon completion of this project, Project ID #J-11644-18 (add 2 ORs), and Project ID #J-11646-18 (add 2 ORs). Upon completion of this project, Project I.D. #J-11644-18 and Project I.D. #J-11646-18, University of North Carolina at Chapel Hill shall be licensed for no more than 51 operating rooms (43 on the Chapel Hill campus and 8 on the Hillsborough campus/ Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: University of North Carolina Hospitals
101 Manning Drive
Chapel Hill, NC 27514

MAXIMUM CAPITAL EXPENDITURE: \$6,736,595

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2020

This certificate is effective as of December 18, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill shall develop 1 additional operating room on the Chapel Hill Campus for a total of no more than 43 operating rooms on the Chapel Hill campus and 8 operating rooms on the Hillsborough campus upon completion of this project, Project I.D # J-11644-18 (add 2 ORs) and Project I.D. # J-11646-18 (add 2 ORs).
3. Upon completion of this project, Project I.D. #J-11644-18 and Project I.D. # J-11646-18, University of North Carolina Hospitals at Chapel Hill shall be licensed for no more than 51 operating rooms (43 on the Chapel Hill campus and 8 on the Hillsborough campus).
4. University of North Carolina Hospitals at Chapel Hill shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. University of North Carolina Hospitals at Chapel Hill 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 fiscal years of operation following initiation of the services authorized by this certificate of need, University of North Carolina Hospitals at Chapel Hill 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.

TIMETABLE:

1. Drawings Completed _____ November 9, 2022
2. Construction / Renovation Contract(s) Executed _____ February 2, 2023
3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ May 7, 2023
4. 50% of Construction / Renovation Completed _____ July 14, 2023
5. 75% of Construction / Renovation Completed _____ September 20, 2023
6. Construction / Renovation Completed _____ November 29, 2023
7. Equipment Ordered _____ August 1, 2023
8. Equipment Installed _____ August 1, 2023
9. Equipment Operational _____ November 15, 2023
10. Building / Space Occupied _____ December 1, 2023
11. Licensure Obtained _____ November 30, 2023
12. Services Offered (required) _____ February 1, 2024
13. First Annual Report Due _____ April 30, 2025

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11756-19

FID #: 190385

**ISSUED TO: Raleigh Radiology, LLC
Raleigh Radiology Imaging Network, 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 diagnostic center with one unit each of the following: CT scanner, mammography, bone density, X-ray, and ultrasound/ Wake County

CONDITIONS: See Reverse Side

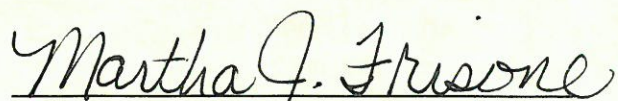
**PHYSICAL LOCATION: Raleigh Radiology Cameron Village
505 Oberlin Road
Raleigh, NC 27605**

MAXIMUM CAPITAL EXPENDITURE: \$2,460,148

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2020

This certificate is effective as of December 5, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Raleigh Radiology Imaging Network, LLC and Raleigh Radiology, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Raleigh Radiology Imaging Network, LLC and Raleigh Radiology, LLC shall materially comply with the last made representation.
2. Raleigh Radiology Imaging Network, LLC and Raleigh Radiology, LLC shall develop a diagnostic center initially with no more than one CT scanner, one ultrasound unit, one x-ray unit, one bone densitometry unit, and one mammography unit.
3. Raleigh Radiology Imaging Network, LLC and Raleigh Radiology, LLC, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section F 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, Raleigh Radiology Imaging Network, LLC and Raleigh Radiology, 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. Raleigh Radiology Imaging Network, LLC and Raleigh Radiology, LLC 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 November 8, 2019.

TIMETABLE:

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

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: J-11766-19

FID #: 180166

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

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

SCOPE: Add no more than 2 dialysis stations and relocate entire home training program from BMA of Raleigh Dialysis for a total of no more than 26 stations upon completion of this project and Project ID #J-11740-18 (relocate 24-station facility to a new location) / Wake County

CONDITIONS: See Reverse Side

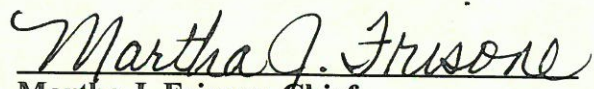
**PHYSICAL LOCATION: Cary Kidney Center
400 Kiesler Drive
Cary, NC 27518**

MAXIMUM CAPITAL EXPENDITURE: \$407,482

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2020

This certificate is effective as of December 10, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than two additional dialysis stations and relocate the home training program from BMA of Raleigh Dialysis to Cary Kidney Center for a total of no more than 26 certified stations upon completion of this project and Project ID #J-11470-18 (relocate the entire facility), 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 November 13, 2019.

TIMETABLE:

1. Drawings Completed _____ June 17, 2020
2. Land Acquired _____ September 15, 2020
3. Construction / Renovation Contract(s) Executed _____ October 15, 2020
4. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ November 5, 2020
5. 50% of Construction / Renovation Completed _____ November 19, 2020
6. 75% of Construction / Renovation Completed _____ November 26, 2020
7. Construction / Renovation Completed _____ December 3, 2020
8. Equipment Ordered _____ October 19, 2020
9. Equipment Installed _____ December 8, 2020
10. Equipment Operational _____ December 15, 2020
11. Building / Space Occupied _____ December 15, 2020
12. Services Offered (required) _____ 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 #: J-11773-19

FID #: 970505

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

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

SCOPE: Add no more than 2 dialysis stations and relocate no more than 2 stations from Fresenius Medical Care Eastern Wake pursuant to Policy ESRD-2, for a total of no more than 30 stations upon completion of this project and Project ID #J-11540-18 (relocate 4 stations to Johnston Dialysis Center) / Wake County

CONDITIONS: See Reverse Side

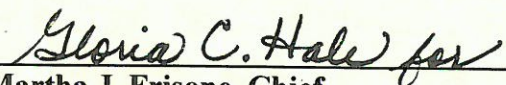
PHYSICAL LOCATION: Zebulon Kidney Center
465 Stratford Drive
Zebulon, NC 27597

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2021

This certificate is effective as of December 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 July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than two additional dialysis stations and relocate no more than two stations from Fresenius Medical Care Eastern Wake for a total of no more than 30 certified stations upon completion of this project and Project ID #J-11540-18 (relocate four stations to Johnston Dialysis Center), 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 two dialysis stations at Fresenius Medical Care Eastern Wake for a total of no more than 15 dialysis stations upon completion of this project.
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 December 9, 2019.

TIMETABLE:

1.	Equipment Ordered _____	September 29, 2020
2.	Equipment Installed _____	December 13, 2020
3.	Equipment Operational _____	December 27, 2020
4.	Building / Space Occupied _____	December 27, 2020
5.	Services Offered (required) _____	December 31, 2020
6.	Medicare and / or Medicaid Certification Obtained _____	December 31, 2020