



**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**

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

**VIA EMAIL ONLY**

July 9, 2021

Sandra Martin Clark  
[clark@manningfulton.com](mailto:clark@manningfulton.com)

**Exempt from Review – Acquisition of Facility**

**Record #:** 3598  
**Date of Request:** June 29, 2021  
**Facility Name:** FMC Dialysis Services of Warren Hills  
**Type of Facility:** ESRD  
**FID #:** 991065  
**Acquisition by:** K & W Investment Holdings, LLC  
**Business #:** 3405  
**County:** Warren

Dear Ms. Clark:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that the project described above is exempt from certificate of need (CON) review in accordance with G.S. 131E-184(a)(8). Therefore, the above referenced business may proceed to acquire the health service facility identified above without first obtaining a CON. The Agency’s determination is limited to the question of whether the above referenced business would have to obtain a CON if the current owners of the health service facility do in fact sell it to the business listed above. Note that pursuant to G.S. 131E-181(b): *“A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.”*

If the business listed above does acquire the facility, you should contact the Agency’s & (Section Name) Section to obtain instructions for changing ownership of the existing facility.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination regarding whether a certificate of need would be required. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Kim Meymandi  
 Project Analyst

Lisa Pittman  
 Assistant Chief, Certificate of Need

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

**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  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**From:** Pittman, Lisa  
**To:** Meymandi, Kimberly  
**Cc:** Wilson, Fatimah  
**Subject:** FW: [External] Certificate of Need Assignment  
**Date:** Tuesday, June 29, 2021 3:06:57 PM

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For you Kim!

**Lisa Pittman**

Assistant Chief

Division of Health Service Regulation, Healthcare Planning and CON Section  
NC Department of Health and Human Services

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***Know the 3 Ws. Wear. Wait. Wash.***

#StayStrongNC and get the latest at [nc.gov/covid19](https://nc.gov/covid19).

Office: 919 855 3989 *I am primarily working from home. Email is the best way to contact me.*  
[Lisa.Pittman@dhhs.nc.gov](mailto:Lisa.Pittman@dhhs.nc.gov)

809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704

**From:** Pittman, Lisa

**Sent:** Tuesday, June 29, 2021 3:03 PM

**To:** 'Sandra Martin Clark' <Clark@manningfulton.com>

**Subject:** RE: [External] Certificate of Need Assignment

You're right! We just call it a transfer of ownership. I had not heard of the assignment language before. We will respond in the next few days.

**Lisa Pittman**

Assistant Chief

Division of Health Service Regulation, Healthcare Planning and CON Section  
NC Department of Health and Human Services

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[Lisa.Pittman@dhhs.nc.gov](mailto:Lisa.Pittman@dhhs.nc.gov)

809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704

**From:** Sandra Martin Clark <[Clark@manningfulton.com](mailto:Clark@manningfulton.com)>

**Sent:** Tuesday, June 29, 2021 1:35 PM

**To:** Pittman, Lisa <[lisa.pittman@dhhs.nc.gov](mailto:lisa.pittman@dhhs.nc.gov)>

**Subject:** RE: [External] Certificate of Need Assignment

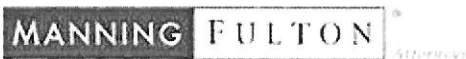
**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Thank you for your response. This is for Warren Hills Dialysis Center CON. The landlord is a joint owner for the certificate of need and has sold its interest. We have an assignment prepared and signed to show the transfer of ownership (hopefully this was correct). We thought we were to send the assignment of the CON to your office for updating. I have attached what was signed. Sandy.

**Sandra M. Clark**

T (919) 787-8880

F (919) 325-4606



**Raleigh**

Glenwood Plaza  
3605 Glenwood Avenue, Suite 500  
Raleigh, NC 27612

**Durham**

Diamond View II  
280 South Mangum Street, Suite 130  
Durham, NC 27701

**Mailing Address**

Post Office Box 20389  
Raleigh, NC 27619

[www.manningfulton.com](http://www.manningfulton.com)



**From:** Pittman, Lisa <[lisa.pittman@dhhs.nc.gov](mailto:lisa.pittman@dhhs.nc.gov)>

**Sent:** Tuesday, June 29, 2021 1:28 PM

**To:** Sandra Martin Clark <[Clark@manningfulton.com](mailto:Clark@manningfulton.com)>

**Subject:** RE: [External] Certificate of Need Assignment

What is an assignment of a CON?

**Lisa Pittman**  
Assistant Chief

Division of Health Service Regulation, Healthcare Planning and CON Section  
NC Department of Health and Human Services

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#StayStrongNC and get the latest at [nc.gov/covid19](https://nc.gov/covid19).

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[Lisa.Pittman@dhhs.nc.gov](mailto:Lisa.Pittman@dhhs.nc.gov)

809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704

**From:** Sandra Martin Clark <[Clark@manningfulton.com](mailto:Clark@manningfulton.com)>

**Sent:** Tuesday, June 29, 2021 1:20 PM

**To:** Pittman, Lisa <[lisa.pittman@dhhs.nc.gov](mailto:lisa.pittman@dhhs.nc.gov)>

**Subject:** [External] Certificate of Need Assignment

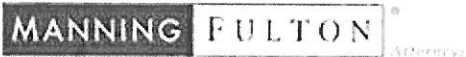
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Ms. Pittman – we need to file an assignment of a certificate of need with your office. Do you have a contact person where I should send this assignment. Thank you for your assistance. Sandy.

**Sandra M. Clark**

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F (919) 325-4606



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Raleigh, NC 27612

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## Wilson, Fatimah

---

**From:** Sandra Martin Clark <Clark@manningfulton.com>  
**Sent:** Thursday, July 1, 2021 2:14 PM  
**To:** Meymandi, Kimberly  
**Subject:** RE: [External] RE: Warren Hills Dialysis

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Please use myself as the contact for K & W Investment Holdings:

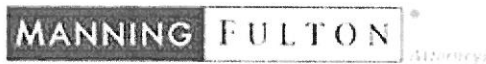
Sandy Clark  
209 Devonhall Lane  
Cary NC 27518  
919-669-5736  
[clark@manningfulton.com](mailto:clark@manningfulton.com)

Thanks. Sandy.

Sandra M. Clark

T (919) 787-8880

F (919) 325-4606



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Raleigh, NC 27612  
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**Durham**  
Diamond View II  
180 South Mangum Street, Suite 130  
Durham, NC 27701

**Mailing Address**  
Post Office Box 20389  
Raleigh, NC 27619



**From:** Meymandi, Kimberly <kim.meymandi@dhhs.nc.gov>

**Sent:** Thursday, July 1, 2021 10:21 AM

**To:** Sandra Martin Clark <Clark@manningfulton.com>

**Subject:** RE: [External] RE: Warren Hills Dialysis

Hi Sandra,

Thank you for sending the document. We also need contact information for K & W Investment Holdings. Please provide a point of contact name, e-mail and phone number.

Thanks

**Kim Meymandi**

Project Analyst, Certificate of Need

Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section

NC Department of Health and Human Services



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**Find a vaccine location, get questions answered and more at [YourSpotYourShot.nc.gov](http://YourSpotYourShot.nc.gov).**

Office: 919-855-4665 / I am primarily working from home. Email is the best way to contact me.

[Kim.Meymandi@dhhs.nc.gov](mailto:Kim.Meymandi@dhhs.nc.gov)

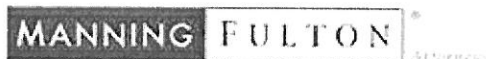
809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704  
[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

**From:** Sandra Martin Clark <[Clark@manningfulton.com](mailto:Clark@manningfulton.com)>  
**Sent:** Wednesday, June 30, 2021 9:22 AM  
**To:** Meymandi, Kimberly <[kim.meymandi@dhhs.nc.gov](mailto:kim.meymandi@dhhs.nc.gov)>  
**Subject:** [External] RE: Warren Hills Dialysis

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Kim – thank you. Is this transfer document sufficient for your files. Sandy.

Sandra M. Clark  
T (919) 787-8880  
F (919) 325-4606



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**Durham**  
Diamond View II  
280 South Mangum Street, Suite 130  
Durham, NC 27701

**Mailing Address**  
Post Office Box 20389  
Raleigh, NC 27619



**From:** Meymandi, Kimberly <[kim.meymandi@dhhs.nc.gov](mailto:kim.meymandi@dhhs.nc.gov)>  
**Sent:** Wednesday, June 30, 2021 9:02 AM  
**To:** Sandra Martin Clark <[Clark@manningfulton.com](mailto:Clark@manningfulton.com)>  
**Subject:** Warren Hills Dialysis

Good morning Sandra,

I am the Analyst assigned to Warren County. I understand Warren Hills Dialysis has undergone a transfer of ownership. Can you send me the document verifying the specifics of the transaction?

Thank you,

**Kim Meymandi**

Project Analyst, Certificate of Need  
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section  
NC Department of Health and Human Services



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**Find a vaccine location, get questions answered and more at [YourSpotYourShot.nc.gov](http://YourSpotYourShot.nc.gov).**

Office: 919-855-4665 *I am primarily working from home. Email is the best way to contact me.*

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## GENERAL ASSIGNMENT

THIS GENERAL ASSIGNMENT (this "Assignment") shall be effective as of the 14th day of January, 2020, by MOSS FAMILY LLC (NC) originally identified as Warren Hills Nursing Facility, a North Carolina limited liability company ("Assignor"), to and for the benefit of K & W INVESTMENT HOLDINGS LLC, a North Carolina limited liability company ("Assignee").

WHEREAS, Assignor obtained the rights of Warren Nursing Facility identified as lessor on the Certificate of Need issued by the State of North Carolina on October 1, 2000, FID ID 991065 to FMB of Warren Hills as lessee and Warren Nursing Facility as Lessor for a dialysis center in Warren County, North Carolina;

WHEREAS, contemporaneously herewith, Assignee is acquiring from Assignor (a) fee simple to certain real property described in Exhibit A attached hereto (the "Land"), and (b) all rights, ways, privileges and easements appurtenant to the Land, including Assignor's right, title and interest in and to all strips, gores, streets, alleys and ways, public or private, adjoining or crossing the Land, all of which are appurtenant to, and shall benefit, the Land (collectively, the "Real Property");

WHEREAS, in connection with the foregoing acquisition, Assignor desires to transfer and assign to Assignee all of Assignor's right, title, and interest, if any, in and to certain items and rights applicable or relating thereto, including the Certificates of Need for the Real Property identified on Exhibit A all as hereinafter provided.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor hereby grants, sells, transfers, and assigns unto Assignee, without representation or warranty and without recourse, all of Assignor's right, title, and interest, if any, in and to that certain intangible property owned by Assignor or used by Assignor related to the Real Property, including, without limitation, all of Assignor's right, title, and interest, if any, and to the extent assignable and transferable, in and to: (a) all warranties, indemnities, guaranties and rights under contracts with contractors and leases associated with the Real Property (b) all rights, benefits and entitlements to the Certificate of Needs with the State of North Carolina, Department of Health and Human Services for the Dialysis Center located at 884 US Highway 158 Bus. W, Warrenton, North Carolina 27589, FID Number 991065 including amendments and additional projects for such location as described on Exhibit A.

This Assignment is binding upon the successors and assigns of Assignor and will inure to the benefit of the successors and assigns of Assignee.

Assignor hereby covenants that it will, at any time and from time to time upon written request therefor, execute and deliver to Assignee, and its successors and assigns, any new or confirmatory instruments and take such further acts as Assignee may reasonably request to evidence the assignment contained herein.

Capitalized terms used herein but not defined herein shall have the meanings ascribed to such terms in that certain Agreement for the Purchase and Sale of Real Property effective January 1, 2020 by and between Assignor and Assignee.

This Assignment shall be governed by and interpreted under the laws of the State of North Carolina, without regard to its principles of conflict of laws.

IN WITNESS WHEREOF, Assignor and Assignee have caused this Assignment to be duly executed and effective as of the day and year first above written.

ASSIGNOR:

MOSS FAMILY LLC (NC),  
a North Carolina limited liability company  
Successor in Interest to Warren Hills Dialysis

By: Shirley Moss  
Name: Shirley Moss  
Title: Manager

Wake County, North Carolina

I certify that Shirley Moss as Manager of Moss Family LLC (NC) personally appeared before me this day and acknowledged to me that she voluntarily signed the foregoing document for the purpose stated therein.

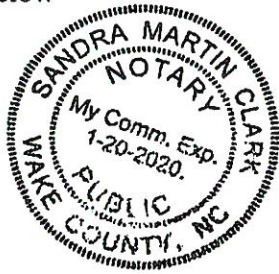
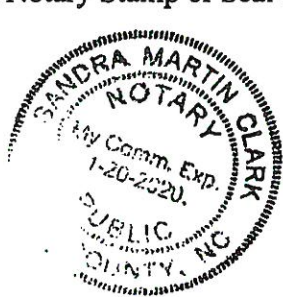
Date: 1/2/2020

My Commission Expires:

1-20-2020

Sandra Martin Clark  
Notary Public  
Print Name: Sandra Martin Clark

[Affix Notary Stamp or Seal below



ASSIGNEE:

K & W Investment Holdings, LLC,  
a North Carolina limited liability company

By: Kenneth Clark  
Name: Kenneth Clark  
Title: Manager

Wake County, North Carolina

I certify that the following person personally appeared before me this day and acknowledged to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: Ken Clark, as Manager of K E W Investment Holdings, LLC.

Date: 1/14/20

My Commission Expires:

1-20-2020

Sandra Clark  
Notary Public  
Print Name: Sandra Clark

[Affix Notary Stamp or Seal below]



**EXHIBIT A**

**LAND**

That certain tract or parcel of land containing 8.04 acres according to the survey and plat entitled "Dorothy H. Perry – Surveyed for Warren Hills Nursing Center, L.L.C. as prepared by Luther E. Stegall, Registered Land Surveyor, dated September 11, 1999, as appears in Plat Cabinet 1, Slide 134A, Page 6, in the office of the Register of Deeds of Warren County.

**CERTIFICATED OF NEED:**

Certificates of Need Issued to Bio-Medical Applications of North Carolina, Inc. d b a BMA of Warren Hills, d b a Warren Hills Dialysis (lessee) and Warren Nursing Facility (lessor); FID 0991065

Including but not limited to the following:  
Projects K-6175-99 issued May 31, 2000  
Projects K-7379-05 issued July 1, 2006  
Projects K-7679-06 issued March 29, 2007  
Project K-8206-08 issued March 20, 2009  
Project K-7226-05 issued June 20, 2005

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Facility Services

## CERTIFICATE OF NEED

for

Project Identification Number K-6175-99

FID #991065

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc. d/b/a  
BMA of Warren Hills d/b/a Warren Hills Dialysis (lessee) and  
Warren Nursing Facility (lessor)  
1740 Southeast Boulevard  
Clinton, NC 28328

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., 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 identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. 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 law.

**SCOPE:** BMA of Warren Hills d/b/a Warren Hills Dialysis (lessee) and Warren Nursing Facility (lessor) will develop and operate no more than ten dialysis stations/Warren County

**CONDITIONS:** See Reverse Side

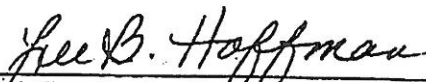
**PHYSICAL LOCATION:** Warren Hills Dialysis  
Highway 158 West  
Warrenton, NC 27589

**MAXIMUM CAPITAL EXPENDITURE:** \$961,100

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2000

This certificate is effective as of the 31<sup>st</sup> day of May, 2000

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Facility Services

## CONDITIONS

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Bio-Medical Applications of Warren Hills d/b/a Warren Hills Dialysis (lessee) and Warren Hills Nursing Facility (lessor) shall materially comply with all representations made in the certificate of need application.
2. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. d/b/a Bio-Medical Applications of Warren Hills d/b/a Warren Hills Dialysis (lessee) and Warren Hills Nursing Facility (lessor) shall develop and operate no more than ten dialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Bio-Medical Applications of Warren Hills d/b/a Warren Hills Dialysis (lessee) and Warren Hills Nursing Facility (lessor) shall construct plumbing and electrical wiring through the walls for no more than ten stations in the entire facility.
4. Prior to the issuance of the certificate of need, Bio-Medical Applications of North Carolina, Inc. d/b/a Bio-Medical Applications of Warren Hills d/b/a Warren Hills Dialysis (lessee) and Warren Hills Nursing Facility (lessor) shall acknowledge in writing to the CON Section acceptance and compliance with all conditions stated herein.

A letter acknowledging acceptance and compliance with all conditions stated in the conditional approval letter were received by the CON Section on May 22, 2000.

## TIMETABLE

### Financing

Accumulated reserves available for obligation to project \_\_\_\_\_ June 5, 2000

### Design

Completion of preliminary drawings \_\_\_\_\_ August 8, 2000

Completion of final drawings and specifications \_\_\_\_\_ September 5, 2000

### Construction

Contract Award \_\_\_\_\_ October 5, 2000

25% completion of construction \_\_\_\_\_ December 5, 2000

50% completion of construction \_\_\_\_\_ February 15, 2001

75% completion of construction \_\_\_\_\_ March 15, 2001

Completion of construction \_\_\_\_\_ April 15, 2001

Occupancy/offering of service \_\_\_\_\_ May 15, 2001

### Acquisition of equipment

Ordering of equipment \_\_\_\_\_ March 1, 2001

Arrival of equipment \_\_\_\_\_ April 15, 2001

Operation of equipment \_\_\_\_\_ May 15, 2001

### Other milestones

Certification of facility \_\_\_\_\_ May 15, 2001

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Facility Services

## CERTIFICATE OF NEED

for

Project Identification Number K-7379-05

FID# 991065

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC Dialysis Services of Warren Hills  
844 US Highway 158 Business West  
Warrenton, NC 27589

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., 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 identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. 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 law.

**SCOPE:** Add two dialysis stations for a total of 15 stations/ Warren County

**CONDITIONS:** See Reverse Side

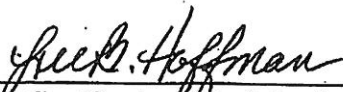
**PHYSICAL LOCATION:** 844 US Highway 158 Business West  
Warrenton, NC 27589

**MAXIMUM CAPITAL EXPENDITURE:** \$6,600

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** July 1, 2006

This certificate is effective as of the 24<sup>th</sup> day of March, 2006.

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Facility Services

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services of Warren Hills shall materially comply with all representations made in its certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services of Warren Hills shall develop no more than two new stations for a total of 15 stations in the facility.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services of Warren Hills shall acknowledge in writing to the Certificate of Need Section acceptance of and compliance with all conditions stated herein.

**A letter acknowledging acceptance and compliance with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on March 3, 2006.**

**TIMETABLE:**

Occupancy/Offering of Service(s) ----- June 30, 2006



# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Facility Services

## CERTIFICATE OF NEED

for

Project Identification Number #K-7679-06

FID# 991065

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
844 US Highway 158 Business West  
Warrenton, NC 27589

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., 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 identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. 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 law.

SCOPE: Add three dialysis stations to an existing dialysis facility for a total of 18 dialysis stations/ Warren County

CONDITIONS: See Reverse Side

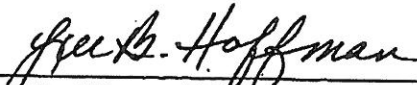
PHYSICAL LOCATION: FMC Dialysis Services of Warren Hills  
844 US Highway 158 Business West  
Warrenton, NC 27589

MAXIMUM CAPITAL EXPENDITURE: \$230,565

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2007

This certificate is effective as of the 29<sup>th</sup> day of March, 2007.

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Facility Services

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services of Warren Hills shall materially comply with all representations made in its certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services of Warren Hills shall develop no more than 3 additional dialysis stations for a total of no more than 18 stations upon completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services of Warren Hills 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 March 5, 2007.**

**TIMETABLE:**

Completion of final drawings & specifications -----	July 18, 2007
50% Completion of construction/renovation -----	October 22, 2007
Certification of stations -----	December 31, 2007

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project Identification Number #K-8206-08

FID# 991065

**ISSUED TO: Bio-Medical Applications of North Carolina, Incorporated  
d/b/a Fresenius Medical Care Dialysis Services of Warren Hills**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., 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 identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. 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 law.

**SCOPE: Bio-Medical Applications of North Carolina, Inc. shall add no more than seven dialysis stations to Fresenius Medical Care Warren Hills for a total of 25 dialysis stations/ Warren County**

**CONDITIONS: See Reverse Side**

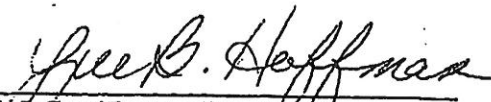
**PHYSICAL LOCATION: FMC Dialysis Services of Warren Hills  
844 US Highway 158 Business West  
Warrenton, NC 27589**

**MAXIMUM CAPITAL EXPENDITURE: \$217,500**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 30, 2009**

**This certificate is effective as of the 20<sup>th</sup> day of March 2009.**

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Health Service Regulation

Project I. D. #K-8206-08  
FMC Dialysis Services of Warren Hills

CONDITIONS:

- 1) Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Warren Hills shall materially comply with all representations made in its certificate of need application.
- 2) Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Warren Hills shall develop no more than seven additional dialysis stations for a total of no more than 25 certified dialysis stations, which shall include any home hemodialysis and isolation stations, upon project completion.
- 3) Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Warren Hills shall install plumbing and electrical wiring through the walls for no more than 25 dialysis stations, which shall include any home hemodialysis and isolation stations.
- 4) Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Warren Hills shall not develop or offer home training services as part of this project.
- 5) Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Warren Hills 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 Certificate of Need Section on February 20, 2009.

TIMETABLE:

Contract Award -----	October 31, 2009
50% Completion of Construction -----	February 28, 2010
Completion of Construction -----	May 29, 2010
Occupancy/offering of service -----	June 30, 2010

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Facility Services

## CERTIFICATE OF NEED

for

Project Identification Number K-7226-05

FID#991065

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC Dialysis Services of Warren Hills  
110 East Main Street, Suite 200  
Clinton, NC 28328

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., 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 identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. 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 law.

SCOPE: Add three dialysis stations to the existing facility for a total of 13 stations/ Warren County

CONDITIONS: See Reverse Side

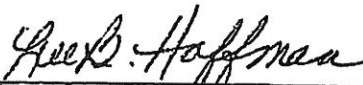
PHYSICAL LOCATION: FMC Warren Hills  
844 US Highway 158 Business West  
Warrenton, NC 27589

MAXIMUM CAPITAL EXPENDITURE: \$6225.00

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2005

This certificate is effective as of the 20<sup>th</sup> day of June, 2005.

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Facility Services

## CONDITIONS

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services of Warren Hills shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services of Warren Hills shall develop no more than three new stations for a total of 13 stations in the facility.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services of Warren Hills shall acknowledge in writing to the Certificate of Need Section acceptance and compliance with all conditions stated herein.

A letter acknowledging acceptance and compliance with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on May 31, 2005.

## TIMETABLE

Ordering equipment	_____	August 15, 2005
Arrival of equipment	_____	October 15, 2005
Operation of equipment	_____	October 25, 2005
Certification of stations	_____	November 1, 2005