

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 03/01/2013 to 03/31/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Buncombe	B-010053-12	Biltmore Center 120484 Asheville	Develop a freestanding peritoneal dialysis home training program	10/01/2012	03/02/2013	\$953,919.00	07/30/2013
Chatham	J-008772-12	Arbor Ridge at Chatham 110283 Chapel Hill	Add 40 adult care home beds to existing facility for a total of 80 upon completion of this project and Project ID# J-8662-11 conditionally approved to develop only 20 ACH beds) (pursuant to Settlement Agreement, authorized to develop 26 ACH beds)	03/01/2012	03/01/2013	\$2,202,198.00	07/01/2013
Chatham	J-008773-12	Coventry House Of Siler City 030840 Siler City	Add 40 adult care home beds to existing 52-bed facility for a total of 92 beds (conditionally approved to develop only 20 ACH beds) (pursuant to Settlement Agreement, authorized to develop 14 ACH beds)	03/01/2012	03/01/2013	\$830,524.00	07/01/2013
Granville	K-010064-12	Granville Health System 943195 Oxford	Acquire existing MRI scanner located in the hospital and leased from Kings Medical Group	12/01/2012	03/23/2013	\$200,000.00	10/15/2013
Greene	P-010037-12	Greene County Dialysis Center 020974 Snow Hill	Add 5 dialysis stations for a total of 21 stations	10/01/2012	03/01/2013	\$469,481.00	07/01/2013

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 03/01/2013 to 03/31/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Guilford	G-008735-11	High Point Regional Health System 943251 High Point	Renovate inpatient unit in the Women's Center and develop a dedicated entrance	10/01/2011	03/28/2013	\$4,222,388.00	08/01/2013
Guilford	G-010055-12	Wesley Long Community Hospital, Inc. 933540 Greensboro	Replace existing linear accelerator on the Wesley Long Campus	11/01/2012	03/23/2013	\$5,835,841.00	07/15/2013
Harnett	M-006394-01	Good Hope Hospital, Inc. 943190 Erwin	Construct a replacement hospital at new location	05/01/2001	03/18/2013	\$16,159,950.00	12/31/2013
Johnston	J-010048-12	JOHNSTON DIALYSIS CENTER 944566 Smithfield	Add 5 dialysis stations for a total of 25 stations	10/01/2012	03/01/2013	\$9,000.00	07/01/2013
Lee	J-010050-12	Carolina Dialysis - Sanford 955801 Sanford	Add 7 dialysis stations for a total of 20 stations upon completion of this project and Project ID #J-8767-11 (relocate 13 stations)	10/01/2012	03/01/2013	\$115,000.00	05/29/2013

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 03/01/2013 to 03/31/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Mecklenburg	F-010040-12	North Charlotte Dialysis Center 060083 Charlotte	Add 10 dialysis stations for a total of 35 stations	10/01/2012	03/01/2013	\$833,320.00	06/28/2013
Mecklenburg	F-010052-12	FMC Southwest Charlotte 120485 Charlotte	Relocate 6 dialysis stations from BMA Nations Ford and 4 dialysis stations from BMA Charlotte to FMC Southwest Charlotte	10/01/2012	03/01/2013	\$1,655,156.00	06/28/2013
Mecklenburg	F-010054-12	Presbyterian Hospital Huntersville 990440 Huntersville	Relocate one existing OR from Presbyterian Hospital to Presbyterian Hospital Huntersville for a total of five shared ORs at Presbyterian Hospital Huntersville	11/01/2012	03/29/2013	\$3,490,453.00	07/01/2013
Mecklenburg	F-010057-12	Carolinas Medical Center/Center for Mental Health 943070 Charlotte	Replace existing CT scanner	11/01/2012	03/01/2013	\$2,639,000.00	06/01/2013
Mecklenburg	F-010058-12	Carolinas Medical Center/Center for Mental Health 943070 Charlotte	Replace existing MRI scanner	11/01/2012	03/01/2013	\$3,605,250.00	07/01/2013

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 03/01/2013 to 03/31/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Person	K-010041-12	Roxboro Dialysis Center 120225 Roxboro	Add 5 dialysis stations for a total of 35 stations upon completion of this project and Project ID #K-8573-10 (add 6 stations)	10/01/2012	03/05/2013	\$77,000.00	09/01/2013
Sampson	M-010049-12	BMA OF CLINTON, INC. 955787 CLINTON	Add 3 dialysis stations for a total of 36 stations	10/01/2012	03/01/2013	\$0.00	06/01/2013
Wake	J-008532-10	Rex Hospital 953429 Raleigh	Expand and renovate Surgical and Cardiovascular Services, and create a new main entrance and public concourse (Phase III of Master Facility Plan)	07/01/2010	03/28/2013	\$146,365,278.00	08/01/2013
Wake	J-008667-11	Rex Hospital 953429 Raleigh	Add 11 acute care beds, replace 115 acute care beds and change in scope for Project I.D. #J-8532-10 (cardiovascular renovation expansion project).	05/01/2011	03/19/2013	\$285,072,367.00	08/01/2013
Wake	J-010038-12	Wake Forest Dialysis Center 041181 Raleigh	Add 5 dialysis stations for a total of 15 stations	10/01/2012	03/19/2013	\$77,000.00	08/01/2013

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 03/01/2013 to 03/31/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Wake	J-010069-12	UNC Hospitals at WakeBrook 120578 Raleigh	Relocate 16 adult inpatient psychiatric beds from Broughton Hospital to UNC Hospital at WakeBrook pursuant to Policy PSY-1 in the 2012 SMFP	12/01/2012	03/26/2013	\$753,888.00	06/28/2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # B-10053-12

FID # 120484

**ISSUED TO: Total Renal Care of North Carolina, LLC .
d/b/a Biltmore Center
2321 West Morehead Street
Charlotte, NC 28208**

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: Total Renal Care of North Carolina, LLC d/b/a Biltmore Center shall develop a kidney disease treatment center to serve as a peritoneal dialysis home training facility/ Buncombe County

CONDITIONS: See Reverse Side

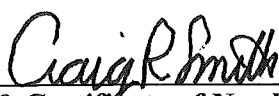
**PHYSICAL LOCATION: Biltmore Center
10 McDowell Street
Asheville, NC 28801**

MAXIMUM CAPITAL EXPENDITURE: \$953,919

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 30, 2013

This certificate is effective as of the 2nd day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Biltmore Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Biltmore Center shall establish a freestanding home dialysis training and support program exclusively for peritoneal dialysis patients, with no hemodialysis stations.
3. Prior to the insurance of the Certificate of Need, Total Renal Care of North Carolina, LLC d/b/a Biltmore Center shall provide documentation of the acute care facility in which the Biltmore Center intends to enter into a transfer agreement with.
4. Total Renal Care of North Carolina, LLC d/b/a Biltmore Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on February 27, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications	_____	June 1, 2013
Completion of Construction	_____	November 1, 2013
Operation of Equipment	_____	December 1, 2013
Occupancy/Offering Services	_____	January 1, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #J-8772-12

FID #110283

ISSUED TO: Arbor Ridge at Chatham, LLC
2501 Blue Ridge Road, Suite 500
Raleigh, NC 27607

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: Arbor Ridge at Chatham, LLC shall add 26 adult care home beds to the existing facility which may include a special care unit for a total of 66 beds upon completion of this project and Project ID #J-8662-11. The total approved capital expenditure for both projects is \$6,278,031/ Chatham County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Arbor Ridge at Chatham
72 Marvin Edwards Lane
Chapel Hill, NC 27516

MAXIMUM CAPITAL EXPENDITURE: \$6,278,031

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2013

This certificate is effective as of the 1st day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Arbor Ridge at Chatham, LLC shall materially comply with all representations made in their certificate of need application.
2. Arbor Ridge at Chatham, LLC shall add no more than 26 adult care home beds and operate no more than 66 adult care beds and may include a special care unit, upon completion of this project and Project I.D. #J-8662-11.
3. For the first two years of operation following completion of the project, Arbor Ridge at Chatham, LLC shall not increase actual 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 Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
4. For the first two federal fiscal years, Arbor Ridge at Chatham, LLC shall accept Medicaid reimbursement shall accept special assistance with basic Medicaid for the special care unit beds commensurate with the conditions outlined above.
5. Arbor Ridge at Chatham, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

TIMETABLE:

Final Drawings Submitted to the Construction Section, DHSR	April 25, 2013
Appropriate Zoning Obtained	May 19, 2013
Site Purchased	June 19, 2013
Permanent Loan Executed	July 14, 2013
Construction Contract Awarded	July 14, 2013
Building Permit Obtained	September 15, 2013
Site Preparation	September 15, 2014
Footings/Foundation Poured	January 15, 2014
25% Completion of Construction	January 15, 2014
50% Completion of Construction	May 15, 2014
Completion of Construction	October 15, 2014
Licensure of Facility	November 15, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #J-8773-12

FID #030840

**ISSUED TO: Siler City Health Investors, LLC
and Coventry House of Siler City, LLC
260 Village Lake Road, PO Box 707
Siler City, NC 27344**

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: Siler City Health Investors, LLC and Coventry House of Siler City, LLC shall add 14 adult care home beds to the existing facility which may include a special care unit for a total of 66 beds upon project completion/ Chatham County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Coventry House of Siler City
260 Village Lake Road
Siler City, NC 27344**

MAXIMUM CAPITAL EXPENDITURE: \$830, 524

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2013

This certificate is effective as of the 1st day of March, 2013

Craig R. Smith

Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Siler City Health Investors, LLC (lessor) and Coventry House of Siler City, LLC (lessee) shall materially comply with all representations made in their certificate of need application.
2. Siler City Health Investors, LLC (lessor) and Coventry House of Siler City, LLC (lessee) shall add no more than 14 adult care home beds and operate no more than 66 adult care beds, and may include a special care unit, upon completion of the project.
3. Siler City Health Investors, LLC (lessor) and Coventry House of Siler City, LLC (lessee) shall not increase actual 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 Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
4. For the first two federal fiscal years, the applicants Siler City Health Investors, LLC (lessor) and Coventry House of Siler City, LLC (lessee) shall accept special assistance with basic Medicaid for the special care unit beds commensurate with the conditions outlined above.
5. Siler City Health Investors, LLC (lessor) and Coventry House of Siler City, LLC (lessee) shall provide letters to area health professional training programs offering the Coventry House facility as a clinical training site.
6. Siler City Health Investors, LLC (lessor) and Coventry House of Siler City, LLC (lessee) shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

TIMETABLE:

Final Drawings Submitted to the Construction Section, DHSR	_____	March 1, 2013
Building Permit Obtained	_____	May 1, 2013
Footings/Foundation Poured	_____	July 15, 2013
50% Completion of Construction	_____	October 15, 2013
Completion of Construction	_____	February 15, 2014
Licensure of Facility	_____	March 1, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #K-10064-12

FID #943195

**ISSUED TO: County of Granville
d/b/a Granville Health System
1010 College Street
Oxford, NC 27565**

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: Granville Health System shall acquire the existing MRI scanner located in the hospital which is currently leased from Kings Medical Group/ Granville County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Granville Health System
1010 College Street
Oxford, NC 27565**

MAXIMUM CAPITAL EXPENDITURE: \$200,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2013

This certificate is effective as of the 23rd day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. County of Granville d/b/a Granville Health System shall materially comply with all representations made in the certificate of need application.
2. County of Granville d/b/a Granville Health System shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
3. County of Granville d/b/a Granville Health System shall acquire and operate no more than one fixed MRI scanner.
4. County of Granville d/b/a Granville Health System 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 25, 2013.

TIMETABLE:

Obtain Funds	_____	May 30, 2013
Occupancy/Offering of Service	_____	October 1, 2013

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number # P-10037-12

FID # 020974

**ISSUED TO: Total Renal Care of North Carolina d/b/a Greene County Dialysis Center
2321 West Morehead Street
Charlotte, NC 28208**

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: Total Renal Care of North Carolina d/b/a Greene County Dialysis Center shall add no more than five dialysis stations for a total of no more than 21 stations/ Greene County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Greene County Dialysis
1025 Kingold Boulevard
Snow Hill, NC 28580**

MAXIMUM CAPITAL EXPENDITURE: \$469,481

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2013

This certificate is effective as of the 1st day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Greene County Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Greene County Dialysis Center shall develop and operate no more than five additional dialysis stations for a total of no more than 21 certified stations, which shall include any isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Greene County Dialysis Center shall install plumbing and electrical wiring through the walls for no more than five additional dialysis stations for a total of no more than 21 dialysis stations, which shall include any isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Greene County Dialysis Center shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.
5. Total Renal Care of North Carolina, LLC d/b/a Greene County Dialysis Center 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 27, 2013.

TIMETABLE:

Final Drawings Completion _____	June 1, 2013
50% Construction Completion/Renovation _____	October 1, 2013
Construction Completion _____	December 1, 2013
Occupancy/Offering Services _____	January 1, 2014
Certification Stations _____	January 1, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #G-8735-11

FID #943251

**ISSUED TO: High Point Regional Health System
601 North Elm Street
High Point, NC 27262**

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: High Point Regional Health System shall renovate the inpatient unit in the Women's Center and develop a dedicated entrance/ Guilford County

CONDITIONS: See Reverse Side

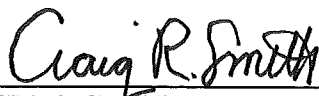
**PHYSICAL LOCATION: High Point Regional Hospital
601 North Elm Street
High Point, NC 27262**

MAXIMUM CAPITAL EXPENDITURE: \$4,222,388

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2013

This certificate is effective as of the 28th day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. High Point Regional Hospital System shall materially comply with all representations made in the certificate of need application.
2. High Point Regional Hospital System shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
3. Upon completion of this project, Project ID #G-8735-11, High Point Regional Hospital System shall be licensed for no more than 307 acute care beds.

TIMETABLE:

25% Completion of Construction	_____	January 15, 2014
50% Completion of Construction	_____	July 15, 2014
75% Completion of Construction	_____	January 15, 2015
Completion of Construction	_____	August 15, 2015
Operation of Equipment	_____	October 15, 2015
Occupancy/Offering of Services	_____	October 1, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #G-10055-12

FID #933540

**ISSUED TO: The Moses H. Cone Memorial Hospital
and The Moses H. Cone Memorial Hospital Operating Corporation
1200 North Elm Street
Greensboro, NC 27401**

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: The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall replace one existing linear accelerators located on the Wesley Long Campus/ Guilford County

CONDITIONS: See Reverse Side

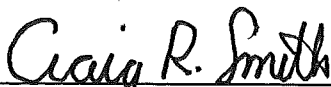
**PHYSICAL LOCATION: Wesley Long Hospital
501 N. Elam Avenue
Greensboro, NC 27403**

MAXIMUM CAPITAL EXPENDITURE: \$5,835,841

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2013

This certificate is effective as of the 23rd day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application.
2. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall acquire no more than one linear accelerator to replace the existing Elekta Precise S/N 5770 linear accelerator in Vault #2 for a total of no more than four linear accelerators upon project completion.
3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall dispose of the Elekta Precise S/N 5770 linear accelerator by removing it from North Carolina.
4. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application that would otherwise require a certificate of need.
5. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
6. Prior to issuance of the Certificate of Need, The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall provide to the Certificate of Need Section a written statement describing the project's plan to assure improved water conservation.
7. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 March 20, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications _____	May 15, 2013
Order Equipment _____	May 16, 2013
Contract Award _____	June 3, 2013
25% Completion of Construction _____	June 14, 2013
50% Completion of Construction _____	June 21, 2013
75% Completion of Construction _____	June 28, 2013
Completion of Construction _____	July 15, 2013
Operation of Equipment _____	October 1, 2013
Occupancy/Offering Service(s) _____	October 1, 2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #M-6394-01

FID #943190

**ISSUED TO: Good Hope Hospital, Inc.
410 Denim Drive
Erwin, NC 28339**

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: Good Hope Hospital, Inc. shall develop a replacement hospital in Erwin with no more than ten (10) acute care beds and three (3) operating rooms/ Harnett County

CONDITIONS: See Reverse Side

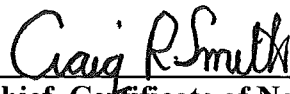
**PHYSICAL LOCATION: Good Hope Hospital, Inc.
U.S. Highway 421 West
Erwin, NC 28339**

MAXIMUM CAPITAL EXPENDITURE: \$16,159,950

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2013

This certificate is effective as of the 18th day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. No later than March 31, 2016, Good Hope Hospital, Inc. shall obtain licensure of the replacement hospital with no more than 10 acute care beds and 3 operating rooms.
2. The approved capital expenditure shall be \$16,159,950.
3. No later than December 31, 2013, Good Hope Hospital, Inc. shall provide evidence of financing in the form of a loan agreement that demonstrates that funds are fully available to Good Hope to construct and develop project. Failure to demonstrate to DHSR's satisfaction that financing for the project is in place by this date will result in Good Hope's requirement to relinquish the Certificate of Need issued pursuant to the modified settlement agreement.
4. Except as specified in condition #3, Good Hope Hospital, Inc. shall submit to the Certificate of Need Section a completed progress report, including documentation to show that each milestone has been completed, no later than 4 weeks after completion of each milestone in the Timetable.
5. Upon completion of the project, Good Hope Hospital, Inc. shall be licensed for no more than 10 acute care beds and 3 operating rooms that will be located on property adjacent to US Hwy 421, Tax ID Number 0598-22-8143.000, and 16 inpatient psychiatric beds (122C) at its 410 Denim Drive Campus in Erwin. This is the full extent to which Good Hope Hospital, Inc. will be allowed to develop beds and operating rooms under their 2001 certificate of need. There shall be no development of any other beds of any type, operating rooms of any type, or endoscopy rooms, absent a new certificate of need review and approval of those services.
6. Good Hope Hospital shall not acquire as part of this project and medical equipment that was not included in its 2001 application that would otherwise require certificate of need review.
7. Subject to the foregoing Conditions, Good Hope Hospital shall materially comply with its 2001 certificate of need application, as modified by this settlement agreement and with the supplemental information provided to the agency on February 20, 2013. In the cases where the documents conflict, Good Hope Hospital, Inc. shall comply with the latest made representation.

TIMETABLE:

Provide Evidence of Financing _____	December 31, 2013
Complete Design and obtain all State and Local Approvals _____	December 31, 2013
25% Completion of Construction _____	March 1, 2014
50% Completion of Construction _____	September 1, 2014
75% Completion of Construction _____	March 3, 2015
Completion of Construction _____	December 31, 2015
Obtain License _____	March 31, 2016
Apply for Medicare and Medicaid _____	March 31, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # J-10048-12

FID # 944566

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Johnston
3717 National Drive, Suite 206
Raleigh, NC 27612**

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. d/b/a BMA Johnston shall add five dialysis stations for a total of 25 certified stations upon completion of this project/ Johnston County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: BMA Johnston
545 East Market Street
Smithfield, NC 27577**

MAXIMUM CAPITAL EXPENDITURE: \$9,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2013

This certificate is effective as of the 1st day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Johnston shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Johnston shall develop and operate no more than five additional dialysis stations for a total of no more than 25 certified stations which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Johnston shall install plumbing and electrical wiring through the walls for no more than five additional dialysis stations for a total of no more than 25 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Johnston shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.
5. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Johnston 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 1, 2013.

TIMETABLE:

Occupancy/Offering Services _____	June 30, 2013
Certification of Stations _____	June 30, 2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # J-10050-12

FID # 955801

**ISSUED TO: Carolina Dialysis, LLC d/b/a Carolina Dialysis-Sanford, LLC
3717 National Drive, Suite 206
Raleigh, NC 27612**

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 seven dialysis stations to its Carolina Dialysis-Sanford facility upon completion of CON Project ID # J-8767-11 relocation of 13 dialysis stations from Carolina dialysis-Sanford to develop a new 13 station dialysis in Sanford, Lee County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolina Dialysis-Sanford
1922 KM Wicker Drive
Sanford, NC 27330

MAXIMUM CAPITAL EXPENDITURE: \$115,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 29, 2013

This certificate is effective as of the 1st day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Carolina Dialysis LLC d/b/a Carolina Dialysis-Sanford shall materially comply with all representations made in its certificate of need application.
2. Carolina Dialysis LLC d/b/a Carolina Dialysis-Sanford shall develop and be certified for no more than 33 dialysis stations, which shall include any home hemodialysis or isolation stations.
3. Carolina Dialysis LLC d/b/a Carolina Dialysis-Sanford prior to issuance of the certificate of need, shall acknowledge in writing to the Certificate of Need Section acceptance of and agreement to comply with all conditions stated herein.

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 1, 2013.

TIMETABLE:

Ordering Equipment _____	April 22, 2013
Equipment Operational _____	June 17, 2013
Occupancy/Offering Services _____	July 1, 2013
Certification of Stations _____	July 1, 2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10040-12

FID #060083

**ISSUED TO: DVA Healthcare Renal Care, Inc
d/b/a North Charlotte Dialysis Center
2321 West Morehead Street, Suite 102
Charlotte, NC 28208**

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: North Charlotte Dialysis Center shall add 10 dialysis stations to the existing facility for a total of 35 stations upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

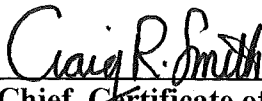
**PHYSICAL LOCATION: North Charlotte Dialysis Center
6620 Old Statesville Road
Charlotte, NC 28269**

MAXIMUM CAPITAL EXPENDITURE: \$833,320

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 28, 2013

This certificate is effective as of the 1st day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall materially comply with all representations made in its certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall develop and operate no more than 10 additional dialysis stations for a total of 35 certified stations which shall include any isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall install plumbing and electrical wiring through the walls for no more than 10 additional dialysis stations for a total of no more than 35 dialysis stations which shall include any isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.
5. DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center 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 27, 2013.

TIMETABLE:

Obtaining Funds necessary to Undertake Project	August 2, 2013
Completion of Preliminary Drawings	November 30, 2013
Contract Award	March 30, 2014
25% Completion of Construction/Renovation	July 13, 2014
50% Completion of Construction/Renovation	November 10, 2014
75% Completion of Construction/Renovation	February 23, 2015
Ordering Equipment	April 17, 2015
Completion of Construction	June 8, 2015
Arrival of Equipment	June 16, 2015
Operation of Equipment	June 26, 2015
Certification of Stations	July 1, 2015
Occupancy/Offering of service(s)	July 1, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10052-12

FID #120485

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a FMC Southwest Charlotte
3717 National Drive, Suite 206
Raleigh, NC 27612**

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: FMC Southwest Charlotte shall relocate four dialysis stations from BMA Charlotte and six dialysis stations from BMA Nations Ford to develop a new 10 station facility/ Mecklenburg County

CONDITIONS: See Reverse Side

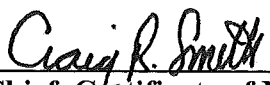
**PHYSICAL LOCATION: FMC Southwest Charlotte
10000 South Tryon Street
Charlotte, NC 28273**

MAXIMUM CAPITAL EXPENDITURE: \$1,655,156

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 28, 2013

This certificate is effective as of the 1st day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Southwest Charlotte shall materially comply with all representations made in the certificate of need application and supplemental responses. In those instances where representations conflict, FMC Southwest Charlotte shall materially comply with the last-made representation.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Southwest Charlotte shall develop and operate no more than 10 dialysis stations at FMC Southwest Charlotte, which shall include any isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Southwest Charlotte shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Southwest Charlotte shall take the necessary steps to decertify four dialysis stations at BMA Charlotte for a total of no more than 36 dialysis stations at BMA Charlotte and six dialysis stations at BMA Nations Ford for a total of no more than 18 dialysis stations at BMA Nations Ford.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Southwest Charlotte 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 15, 2013.

TIMETABLE:

Obtaining Funds necessary to Undertake Project _____	August 2, 2013
Completion of Preliminary Drawings _____	November 30, 2013
Contract Award _____	March 30, 2014
25% Completion of Construction/Renovation _____	July 13, 2014
50% Completion of Construction/Renovation _____	November 10, 2014
75% Completion of Construction/Renovation _____	February 23, 2015
Ordering Equipment _____	April 17, 2015
Completion of Construction _____	June 8, 2015
Arrival of Equipment _____	June 16, 2015
Operation of Equipment _____	June 26, 2015
Certification of Stations _____	July 1, 2015
Occupancy/Offering of service(s) _____	July 1, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10054-12

FID #990440

**ISSUED TO: Presbyterian Hospital
d/b/a Presbyterian Hospital Huntersville
10030 Gilead Road
Huntersville, NC 28078**

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: Presbyterian Hospital Huntersville shall relocate one existing OR from Presbyterian Hospital to Presbyterian Hospital Huntersville for a total of five ORs at Presbyterian Hospital Huntersville/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Presbyterian Hospital Huntersville
10030 Gilead Road
Huntersville, NC 28078**

MAXIMUM CAPITAL EXPENDITURE: \$3,490,453

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2013

This certificate is effective as of the 29th day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Presbyterian Hospital d/b/a Presbyterian Hospital Huntersville shall materially comply with all representations made in the certificate of need application and supplemental responses. In those instances where representations conflict, Presbyterian Hospital d/b/a Presbyterian Hospital Huntersville shall materially comply with the last-made representation.
2. Presbyterian Hospital d/b/a Presbyterian Hospital Huntersville shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
3. Presbyterian Hospital d/b/a Presbyterian Hospital Huntersville shall relocate no more than one existing shared operating room from The Presbyterian Hospital to Presbyterian Hospital Huntersville. Upon completion of this project Presbyterian Hospital Huntersville shall be licensed for no more than 5 shared operating rooms and 1 dedicated C-section operating room.
4. The Presbyterian Hospital shall be licensed for no more than 18 shared operating rooms, 3 dedicated C-section operating rooms, 3 open heart operating rooms, and 6 dedicated ambulatory operating rooms upon completion of this project.
5. Presbyterian Hospital d/b/a Presbyterian Hospital Huntersville shall provide documentation that one existing shared operating room at The Presbyterian Hospital is de-licensed following completion of the project.
6. Presbyterian Hospital d/b/a Presbyterian Hospital Huntersville shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
7. Presbyterian Hospital d/b/a Presbyterian Hospital Huntersville 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 March 18, 2013.

TIMETABLE:

Contract Award _____	February 1, 2014
50% Completion of Construction _____	July 1, 2014
Completion of Construction _____	December 1, 2014
Occupancy/Offering of Service _____	January 1, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10057-12

FID #943070

**ISSUED TO: The Charlotte-Mecklenburg Hospital Authority
d/b/a Carolinas Medical Center
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217**

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: Carolinas Medical Center shall replace its existing CT scanner with a Siemens Somatom Definition Flash CT scanner/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203**

MAXIMUM CAPITAL EXPENDITURE: \$2,639,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2013

This certificate is effective as of the 1st day of March, 2013



**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center 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 11, 2013.

TIMETABLE:

Obtaining Funds _____	April 29, 2013
Completion of Final Drawings and Specifications _____	May 1, 2013
Approval of Final Drawings by the Construction Section, DHR _____	June 1, 2013
Contract Award _____	June 1, 2013
25% Completion of Construction _____	June 24, 2013
50% Completion of Construction _____	July 17, 2013
75% Completion of Construction _____	August 9, 2013
Completion of Construction _____	September 1, 2013
Occupancy/Offering of Service(s) _____	October 1, 2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10058-12

FID #943070

**ISSUED TO: The Charlotte-Mecklenburg Hospital Authority
d/b/a Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203**

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: Carolinas Medical Center shall replace MRI scanner/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203**

MAXIMUM CAPITAL EXPENDITURE: \$3,605,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2013

This certificate is effective as of the 1st of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center 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 11, 2013.

TIMETABLE:

Approval of Final Drawings and Specifications _____	June 1, 2013
Contract Award _____	June 1, 2013
25% Completion of Construction _____	June 24, 2013
50% Completion of Construction _____	July 17, 2013
75% Completion of Construction _____	August 9, 2013
Completion of Construction _____	September 1, 2013
Occupancy/Offering of Service(s) _____	October 1, 2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # K-10041-12

FID # 120225

**ISSUED TO: DVA Healthcare Renal Care
d/b/a Roxboro Dialysis Center
2321 West Morehead Street, Suite 102
Charlotte, NC 28208**

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: Roxboro Dialysis Center shall add no more than 5 dialysis stations for a total of no more than 35 stations upon completion of this project, Project ID #K-8573-10 (add 6 stations) and Project ID #K-8818-12 (relocate facility)/ Person County.

CONDITIONS: See Reverse Side

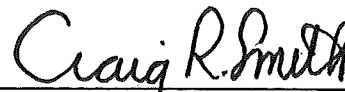
**PHYSICAL LOCATION: Roxboro Dialysis Center
Main Street @ Madison Boulevard
Roxboro, NC 27573**

MAXIMUM CAPITAL EXPENDITURE: \$77,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2013

This certificate is effective as of the 5th day of March, 2013



**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. DaVita Healthcare Renal Care, Inc. d/b/a Roxboro Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DaVita Healthcare Renal Care, Inc. d/b/a Roxboro Dialysis Center shall develop and operate no more than 5 additional dialysis stations for a total of no more than 35 certified stations upon completion of this project, Project ID #H-8573-12 (add 6 stations) and Project ID #K-8818-12 (relocate facility) including any isolation or home hemodialysis stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Roxboro Dialysis Center shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.
4. DVA Healthcare Renal Care, Inc. d/b/a Roxboro Dialysis Center 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 27, 2013.

TIMETABLE:

Ordering Equipment _____	September 1, 2013
Equipment Operational _____	December 1, 2013
Occupancy/Offering Services _____	January 1, 2014
Certification of Stations _____	July 1, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #M-10049-12

FID #955787

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA of Clinton, Inc.
3717 National Drive, Suite 206
Raleigh, NC 27612**

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 Clinton, Inc. shall add no more than three in-center dialysis stations to the existing facility for a facility total of 36 stations following completion of this project/ Sampson County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: BMA of Clinton, Inc.
1740 Southeast Boulevard
Clinton, NC 28328**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2013

This certificate is effective as of the 1st day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. **Bio-Medical Applications of Clinton, Inc. d/b/a BMA Clinton shall materially comply with all representations made in its certificate of need application.**
2. **Bio-Medical Applications of Clinton, Inc. d/b/a BMA Clinton shall develop and operate no more than three additional dialysis stations for a total of 36 certified stations which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of Clinton, Inc. d/b/a BMA Clinton shall install plumbing and electrical wiring through the walls for three additional dialysis stations for a total of 36 dialysis stations which shall include any isolation stations.**
4. **Bio-Medical Applications of Clinton, Inc. d/b/a BMA Clinton shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.**
5. **Bio-Medical Applications of Clinton, Inc. d/b/a BMA Clinton 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 1, 2013.

TIMETABLE:

Ordering Equipment _____	November 5, 2013
Arrival of Equipment _____	December 17, 2013
Occupancy/Offering of Service _____	December 31, 2013
Certification of Stations _____	December 31, 2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # J-8532-10

FID # 945429

ISSUED TO: Rex Hospital, Inc.
4420 Lake Boone Trail
Raleigh, NC 27607

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: Rex Hospital Inc. shall construct an addition to the hospital to expand and consolidate surgical and cardiovascular services and create a new main entrance and public concourse/ Wake County

CONDITIONS: See Reverse Side

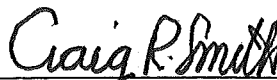
PHYSICAL LOCATION: Rex Hospital
4420 Lake Boone Trail
Raleigh, NC 27607

MAXIMUM CAPITAL EXPENDITURE: \$146,365,278

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2013

This certificate is effective as of the 28th day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Rex Hospital, Inc. d/b/a Rex Healthcare shall materially comply with all representations made in its application.
2. Rex Hospital, Inc. d/b/a Rex Healthcare shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or which would otherwise require a certificate of need.
3. Rex Hospital, Inc. d/b/a Rex Healthcare shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on November 29, 2010.

TIMETABLE:

Completion of Preliminary Drawings	July 16, 2013
Completion of Final Drawings and Specifications	February 16, 2014
Completion of Final Drawings, Specifications and Site by Construction Section	March 16, 2014
Contract Award	April 16, 2014
25% Completion of Construction /25% of the Dollar Value of the Contract in Place	October 16, 2014
50% Completion of Construction	May 16, 2015
75% Completion of Construction	August 16, 2015
Completion of Construction	April 16, 2016
Occupancy/Offering Services	June 16, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # J-8667-11

FID # 953429

ISSUED TO: Rex Hospital, Inc.
4420 Lake Boone Trail
Raleigh, NC 27607

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: Rex Hospital, Inc. shall construct a new bed tower to replace no more than 115 acute care beds in a change of scope for Project I.D. # J-8532-10 (heart and vascular renovation and expansion project)/ Wake County

CONDITIONS: See Reverse Side

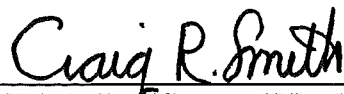
PHYSICAL LOCATION: Rex Hospital
4420 Lake Boone Trail
Raleigh, NC 27607

MAXIMUM CAPITAL EXPENDITURE: \$285,072,367

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2013

This certificate is effective as of the 19th day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Rex Hospital, Inc. shall materially comply with all representations made in Project I.D. #J-8667-11, as amended by the conditions of approval.
2. Rex Hospital, Inc. shall not develop any additional acute care beds as part of this project.
3. The approved project capital cost for the project shall be \$285,072,367.
4. Rex Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a Certificate of Need.
5. Rex Hospital, 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. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.

TIMETABLE:

Completion of Preliminary Drawings	July 16, 2013
Completion of Final Drawings and Specifications	February 16, 2014
Approval of Final Drawings and Specifications by the Construction Section, DHSR	March 16, 2014
Contract Award	April 16, 2014
25% Completion of Construction	September 16, 2014
50% Completion of Construction	April 16, 2015
75% Completion of Construction	September 16, 2015
Completion of Construction	April 16, 2016
Licensure of Facility	April 16, 2016
Occupancy/Offering of Services	June 16, 2016

STATE OF NORTH CAROLINA

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

CORRECTED

CERTIFICATE OF NEED

for

Project Identification Number # J-10038-12

FID # 041181

**ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Wake Forest Dialysis Center
2321 West Morehead Street
Charlotte, NC 28208**

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: Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall add no more than 5 dialysis stations for a total of no more than 15 certified stations upon completion of this project/Wake County

CONDITIONS: See Reverse Side

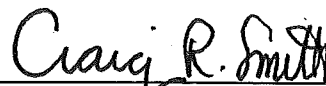
**PHYSICAL LOCATION: Wake Forest Dialysis Center
11001 Ingleside Place
Raleigh, NC 27614**

MAXIMUM CAPITAL EXPENDITURE: \$77,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2013

This certificate is effective as of the 19th day of March, 2013



**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall develop and operate no more than five additional dialysis stations for a total of no more than 15 certified stations which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall install plumbing and electrical wiring through the walls for no more than five additional dialysis stations for a total of no more than 15 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center 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 27, 2013.

TIMETABLE:

Occupancy/Offering Services _____	July 1, 2013
Certification of Stations _____	July 1, 2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #J-10069-12

FID #120578

**ISSUED TO: UNC Hospitals at Chapel Hill
Hedrick Office Building, Suite G050
211 Friday Center Drive
Chapel Hill, NC 27517**

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: UNC Hospitals at WakeBrook shall relocate 16 adult inpatient psychiatric beds from Broughton Hospital to UNC Hospitals at WakeBrook pursuant to Policy PSY-1 in the 2012 SMFP/ Wake County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: UNC Hospitals at WakeBrook
111 Sunnybrook Road
Raleigh, NC 27610**

MAXIMUM CAPITAL EXPENDITURE: \$753,888

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 28, 2013

This certificate is effective as of the 26th day of March, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, University of North Carolina Hospitals at Chapel Hill shall materially comply with the last made representation.
2. University of North Carolina Hospitals at Chapel Hill shall relocate no more than 16 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 to University of North Carolina Hospitals at WakeBrook for a total licensed bed complement of no more than 16 adult inpatient psychiatric beds.
3. University of North Carolina Hospitals at Chapel Hill shall accept patients requiring involuntary admission for adult inpatient psychiatric services at University of North Carolina Hospitals at WakeBrook.
4. University of North Carolina Hospitals at Chapel Hill 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 March 18, 2013.

TIMETABLE:

Contract Award _____	May 3, 2013
50% Completion of Construction _____	May 17, 2013
Completion of Construction _____	June 7, 2013
Occupancy/Offering of Service _____	July 1, 2013