

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 05/01/2013 to 05/31/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Cleveland	C-010033-12	DCI South 070223 Shelby	Add 4 dialysis stations for a total of 14 stations	10/01/2012	05/16/2013	\$195,800.00	07/01/2013
Durham	J-010077-13	Duke University Hospital 943138 Durham	Acquire two additional heart-lung bypass machines for a total of nine, including one dedicated pediatric machine	03/01/2013	05/11/2013	\$444,979.00	09/01/2013
Halifax	L-010079-13	BMA OF ROANOKE RAPIDS 956044 Roanoke Rapids	Change of scope for Project ID #L-8295-09 (add eight stations) and Project ID #L-8644-11 (add three stations)	03/01/2013	05/13/2013	\$2,264,912.00	10/31/2013
Lee	J-010078-13	Central Carolina Hospital 953084 Sanford	Expand and renovate Emergency Department	03/01/2013	05/31/2013	\$13,982,580.00	08/30/2013
Lenoir	P-010071-12	Atlantic Medical Group PC Endoscopy Center 120584 Kinston	Develop a new ambulatory surgical facility with two gastrointestinal endoscopy procedure rooms	12/01/2012	05/07/2013	\$136,517.00	08/01/2013

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County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Mecklenburg	F-008524-10	The Terrace at Brightmore of South Charlotte 100541 Charlotte	Develop 340 adult care home beds including a 50-bed special care unit in the former Liberty Nursing & Rehabilitation Center in northeast Charlotte (pursuant to settlement agreement authorized to develop 30 ACH beds at a different site)	06/01/2010	05/14/2013	\$4,443,175.00	09/30/2013
Mecklenburg	F-010075-13	Carolinas Medical Center/Center for Mental Health 943070 Charlotte	Consolidate acute care laboratory operations on the 4th floor of CMC (Phase II)	02/01/2013	05/14/2013	\$3,754,728.00	08/15/2013
Mecklenburg	F-010076-13	CMC Core Reference Lab 130025 Charlotte	Consolidate core reference laboratory operations at a new location in Mecklenburg County which will be licensed as part of Carolinas Medical Center (Phase I)	02/01/2013	05/12/2013	\$13,322,100.00	10/15/2013
Stanly	H-010072-13	Stanly Regional Medical Center 953472 Albemarle	Renovate and expand Emergency Department	02/01/2013	05/11/2013	\$8,757,247.00	09/30/2013

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Printed for Period: From 05/01/2013 to 05/31/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Vance	K-010061-12	Maria Parham Medical Center 943326 Henderson	Acquire a CT simulator by purchasing upgrades for existing CT scanner and software for existing linear accelerator	12/01/2012	05/24/2013	\$373,165.00	08/31/2013
Wake	J-010063-12	Rex Hospital Wakefield 110286 Raleigh	Replace one existing linear accelerator located at Rex Healthcare of Wakefield	12/01/2012	05/11/2013	\$3,995,225.00	07/31/2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # C-10033-12

FID # 070223

**ISSUED TO: Dialysis Clinic, Inc.
d/b/a DCI South
1016 North Lafayette Street
Shelby, NC 28150**

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: Dialysis Clinic, Inc. d/b/a DCI South shall add no more than 4 dialysis stations to the existing facility for a total of no more than 14 stations upon completion of the project/ Cleveland County

CONDITIONS: See Reverse Side

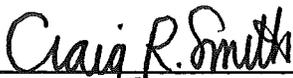
**PHYSICAL LOCATION: DCI South
1530 South Lafayette Street
Shelby, NC 28152**

MAXIMUM CAPITAL EXPENDITURE: \$195,800

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2013

This certificate is effective as of the 16th day of May, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Dialysis Clinic, Inc. d/b/a DCI South shall materially comply with all representations made in its certificate of need application and supplemental responses. In those instances where representations conflict, DCI South shall materially comply with the last-made representation.
2. Dialysis Clinic, Inc. d/b/a DCI South shall develop and operate no more than 4 additional dialysis stations for a total of 14 certified stations which shall include any home hemodialysis training or isolation stations.
3. Dialysis Clinic, Inc. d/b/a DCI South shall install plumbing and electrical wiring through the walls for no more than 4 additional dialysis stations for a total of no more than 14 dialysis stations which shall include any isolation stations.
4. Dialysis Clinic, Inc. d/b/a DCI South 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 May 16, 2013.

TIMETABLE:

Occupancy/offering of services _____ July 1, 2013
Certification of Stations _____ July 15, 2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # J-10077-13

FID # 943138

**ISSUED TO: Duke University Health System
d/b/a Duke University Hospital
3100 Tower Boulevard, Suite 1300
Durham, NC 27707**

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: Duke University Hospital shall acquire two heart-lung bypass machines for a total of 9 upon project completion/ Durham County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Duke University Hospital
2301 Erwin Road
Durham, NC 27710**

MAXIMUM CAPITAL EXPENDITURE: \$444,979

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2013

This certificate is effective as of the 11th day of May, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Duke University Health System d/b/a Duke University Hospital shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System d/b/a Duke University Hospital 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. Duke University Health System d/b/a Duke University Hospital 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 May 3, 2013.

TIMETABLE:

Acquisition of Medical Equipment (first bypass machine)

Ordering Equipment _____ September 1, 2013
Operation of Equipment _____ October 15, 2013

Acquisition of Medical Equipment (second bypass machine)

Ordering Equipment _____ June 1, 2014
Operation of Equipment _____ July 1, 2014

STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CORRECTED

CERTIFICATE OF NEED

for

Project Identification Number # L-10079-13

FID # 956044

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

AND

Bernardo's LLC
513 Holly Road
Roanoke Rapids, NC 27870

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 Roanoke Rapids and Bernardo's LLC shall construct additional space at BMA Roanoke Rapids to add 11 previously approved stations without transferring 10 stations to FMC Weldon as a change of scope for Project I.D. # L-8295-09 (Addition of 8 additional dialysis stations) and Project I.D. # L-8664-11 (Addition of 3 additional dialysis stations) for a total of 46 certified dialysis stations/Halifax County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA Roanoke Rapids
260 Smith Church Road
Roanoke Rapids, NC 27870

MAXIMUM CAPITAL EXPENDITURE: \$2,264,912

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2013

This certificate is effective as of the 13th day of May, 2013


Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Roanoke Rapids (lessee) and Bernardo's LLC (lessor) shall materially comply with all representations made in this certificate of need application, and the certificate of need applications for Project I.D. # L-8295-09 and Project I.D. # L-8644-11 as amended by this project. In those instances in which any of these representations conflict, Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Roanoke Rapids (lessee) and Bernardo's LLC (lessor) shall materially comply with the last-made representations.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Roanoke Rapids (lessee) and Bernardo's LLC (lessor) shall develop and operate no more than 11 additional dialysis stations for a total of 46 certified stations which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Roanoke Rapids (lessee) and Bernardo's LLC (lessor) shall install plumbing and electrical wiring through the walls for 11 additional dialysis stations for a total of 46 dialysis stations which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Roanoke Rapids (lessee) shall surrender the certificates of need for Project I.D. # L-8289-09 (transfer of 10 stations from BMA Roanoke Rapids to FMC Weldon) and Project I.D. # L-8665-11 (Cost Overrun of Project I.D. # L-8289-09) with the applicants' letter of acceptance of these conditions prior to the issuance of the certificate of need. This condition was satisfied on April 23, 2013.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Roanoke Rapids (lessee) and Bernardo's LLC (lessor) will 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.

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 April 25, 2013.

TIMETABLE:

Complete Preliminary Drawings	September 30, 2013
25% Completion	January 15, 2014
75% Completion	April 15, 2014
Completion of Construction	May 31, 2014
Occupancy/Offering of Service	June 30, 2014
Certification of Stations	June 30, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # J-10078-13

FID # 953084

**ISSUED TO: AMISUB of North Carolina, Inc.
d/b/a Central Carolina Hospital
1135 Carthage Street
Sanford, NC 27330**

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: AMISUB of North Carolina, Inc d/b/a Central Carolina Hospital shall expand and renovate the emergency department/Lee County

CONDITIONS: See Reverse Side

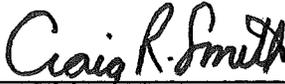
**PHYSICAL LOCATION: Central Carolina Hospital
1135 Carthage Street
Sanford, NC 27330**

MAXIMUM CAPITAL EXPENDITURE: \$13,982,580

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2013

This certificate is effective as of the 31st day of May, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. **AMISUB of North Carolina, Inc. d/b/a Central Carolina Hospital, shall materially comply with all representations made in its certificate of need application.**
2. **AMISUB of North Carolina, Inc. d/b/a Central Carolina Hospital, 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 the project, AMISUB of North Carolina, Inc. d/b/a Central Carolina Hospital shall be licensed for no more than 24 emergency department treatment rooms.**
4. **The AMISUB of North Carolina, Inc. d/b/a Central Carolina Hospital 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 written statement as described in paragraph one of Policy GEN-4.**
5. **Prior to issuance of the certificate of need, AMISUB of North Carolina, Inc. d/b/a Central Carolina Hospital shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.**

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 May 13, 2013.

TIMETABLE:

Approval of Final Drawings and Contract Awarded	November 26, 2013
Contract Awarded	November 26, 2014
50% Construction Completed	September 26, 2015
Completion of Construction	May 26, 2016
Occupancy and Offering of Services	July 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # P-10071-12

FID # 120584

**ISSUED TO: Atlantic Medical Group, PC
d/b/a AMG Endoscopy Center
2541 North Queen Street
Kinston, NC 28501**

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: Atlantic Medical Group, PC d/b/a AMG Endoscopy Center shall develop a new ambulatory surgical facility with no more than two gastrointestinal endoscopy procedure rooms/Lenoir County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: AMG Endoscopy Center
2541 North Queen Street
Kinston, NC 28501**

MAXIMUM CAPITAL EXPENDITURE: \$136,517.00

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2013

This certificate is effective as of the 7th day of May, 2013



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

CONDITIONS:

1. Atlantic Medical Group, P.C. d/b/a AMG Endoscopy Center shall materially comply with all representations made in the certificate of need application.
2. Atlantic Medical Group, P.C. d/b/a AMG Endoscopy 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. Atlantic Medical Group, P.C. d/b/a AMG Endoscopy Center shall develop an ambulatory surgical facility with no more than two gastrointestinal endoscopy rooms and shall be licensed for no more than two gastrointestinal endoscopy rooms upon project completion.
4. Atlantic Medical Group, P.C. d/b/a AMG Endoscopy Center shall prohibit the exclusion of services to any patient on the basis of age, race, religion, disability or the patient's ability to pay.
5. The facility fee charged by Atlantic Medical Group, P.C. d/b/a AMG Endoscopy Center shall be no more than \$1,056 during the first three operating years of the licensed ambulatory surgical facility.
6. Atlantic Medical Group, P.C. d/b/a AMG Endoscopy 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 May 1, 2013.

TIMETABLE:

Obtaining Funds necessary to Undertake Project _____	May 31, 2013
Ordering of Equipment _____	May 31, 2013
Drawings Approved _____	September 1, 2013
Operation of Equipment _____	November 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 #F-8524-10

FID #100541

**ISSUED TO: Liberty Healthcare Properties of Brightmore of South Charlotte
2334 S. 41st Street
Wilmington, NC 28403**

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 Terrace at Brightmore of South Charlotte shall develop no more than 30 adult care home beds pursuant to the settlement agreement dated October 18, 2011/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: The Terrace at Brightmore of South Charlotte
10111 Providence Road West
Charlotte, NC 28277**

MAXIMUM CAPITAL EXPENDITURE: \$4,443,175

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2013

This certificate is effective as of the 14th day of May, 2013

Craig R. Smith

Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Liberty Healthcare Properties of Brightmore of South Charlotte shall materially comply with all representations made in the certificate of need application and the supplemental materials received on December 10, 2012. In those instances where representations conflict, Liberty Healthcare Properties of Brightmore of South Charlotte shall materially comply with the last-made representation.
2. Liberty Healthcare Properties of Brightmore of South Charlotte shall develop no more than 30 new adult care home beds upon completion of the project.
3. Liberty Healthcare Properties of Brightmore of South Charlotte shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the certificate of need application and the supplemental materials received on December 10, 2012.
4. Liberty Healthcare Properties of Brightmore of South Charlotte shall submit all patient charges and patient admissions for each source of patient payment to the CON Section at year end for each of the first three operating years following licensure of the beds in the facility.
5. For the first two years of operation following completion of the project, Liberty Healthcare Properties of Brightmore of South Charlotte shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the supplemental materials without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations in the supplemental materials.

TIMETABLE:

Permanent Loan Execution _____	September 1, 2014
Site Preparation _____	June 1, 2013
Footings/Foundation Poured _____	July 1, 2013
25% Completion of Construction _____	October 1, 2013
50% Completion of Construction _____	January 1, 2014
75% Completion of Construction _____	April 1, 2014
Completion of Construction _____	July 1, 2014
Licensure of Facility _____	October 1, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # F-10075-13

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: The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall consolidate acute care laboratory operations on the 4th floor of CMC (Phase II)/Mecklenburg County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: \$3,754,728

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 15, 2013

This certificate is effective as of the 14th day of May, 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 which would otherwise require a certificate of need.
3. Prior to issuance of the certificate of need, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

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 May 2, 2013.

TIMETABLE:

Obtaining Funds necessary to Undertake Project	August 2, 2013
Completion of Final Drawings and Specifications by the Construction Section, DHSR	October 1, 2013
Approval of Final Drawings and Specifications	January 5, 2014
Contract Award	January 15, 2014
25% Completion of Construction	May 1, 2014
50% Completion of Construction	October 1, 2014
75% Completion of Construction	February 1, 2015
Completion of Construction	August 1, 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 #F-10076-13

FID #130025

**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: The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall consolidate core reference laboratory operations at a new location in Mecklenburg County which will be licensed as part of the Carolinas Medical Center (Phase I)/ Mecklenburg County

CONDITIONS: See Reverse Side

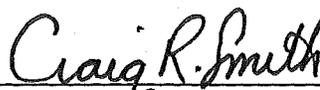
**PHYSICAL LOCATION: Carolinas Medical Center
5040 Airport Center Parkway
Charlotte, NC 28203**

MAXIMUM CAPITAL EXPENDITURE: \$13,322,100

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2013

This certificate is effective as of the 12th day of May, 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 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.
4. 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 May 2, 2013.

TIMETABLE:

Obtain funds necessary to undertake project _____	08/02/2013
Contract Award _____	01/15/2014
25% completion of construction _____	05/01/2014
50% completion of construction _____	10/01/2014
75% completion of construction _____	02/01/2015
Completion of construction _____	08/01/2015
Occupancy/Offering Service _____	10/01/2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10072-13

FID #953472

**ISSUED TO: Stanly Regional Medical Center
301 Yadkin Street
Albemarle, NC 28001**

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: Stanly Regional Medical Center shall renovate and expand Emergency Department/ Stanly County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Stanly Regional Medical Center
301 Yadkin Street
Albemarle, NC 28001**

MAXIMUM CAPITAL EXPENDITURE: \$8,757,247

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2013

This certificate is effective as of the 11th day of May, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Stanly Regional Medical Center shall materially comply with all representations made in the certificate of need application.
2. Stanly Regional 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. Stanly Regional Medical Center 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.
4. Stanly Regional 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 April 15, 2013.

TIMETABLE:

Contract Award _____	September 15, 2013
50% Completion of Construction _____	April 1, 2014
Completion of Construction _____	September 15, 2014
Occupancy/Offering of Services _____	October 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-10061-12

FID # 944326

**ISSUED TO: DLP Maria Parham Medical Center, LLC
566 Ruin Creek Road
Henderson, NC 27536**

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: DLP Maria Parham Medical Center, LLC shall acquire a CT simulator by purchasing upgrades for existing CT scanner and software for existing linear accelerator/Vance County

CONDITIONS: See Reverse Side

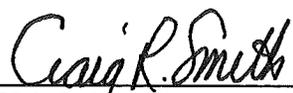
**PHYSICAL LOCATION: DLP Maria Parham Medical Center
566 Ruin Creek Road
Henderson, NC 27536**

MAXIMUM CAPITAL EXPENDITURE: \$373,165

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 31, 2013

This certificate is effective as of the 24th day of May, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Duke LifePoint Maria Parham Medical Center, LLC d/b/a DLP Maria Parham Medical Center shall materially comply with all representations made in its certificate of need application and the requested supplemental materials. In instances where the two may conflict, the last made representation governs.
2. Duke LifePoint Maria Parham Medical Center, LLC d/b/a DLP Maria Parham 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 or that would otherwise require a certificate of need.
3. Duke LifePoint Maria Parham Medical Center, LLC d/b/a DLP Maria Parham Medical Center shall install and operate upgrades for one CT scanner and software for its linear accelerator to establish one CT simulator for Radiation Therapy done in the Oncology Center in Henderson, North Carolina.
4. Prior to issuance of the certificate of need, Duke LifePoint Maria Parham Medical Center, LLC d/b/a DLP Maria Parham 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 May 3, 2013.

TIMETABLE:

50% Construction Completed	_____	July, 1, 2013
Completion of Construction	_____	August 31, 2013
Operation of Equipment	_____	September 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-10063-12

FID #110286

**ISSUED TO: Rex Hospital, Inc.
2500 Blue Ridge Road, Suite 220
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 replace no more than one existing linear accelerator at Rex Healthcare of Wakefield for a total of no more than four linear accelerators upon project completion/ Wake County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Rex Healthcare of Wakefield
11200 Governor Manly Way
Raleigh, NC 27614**

MAXIMUM CAPITAL EXPENDITURE: \$3,995,225

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 31, 2013

This certificate is effective as of the 11th day of May, 2013

Craig R. Smith

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

CONDITIONS:

1. Rex Hospital, Inc. shall materially comply with all representations made in the certificate of need application.
2. Rex Hospital, Inc. shall acquire no more than one linear accelerator to replace the existing Varian Clinac 21EX linear accelerator located at Rex Healthcare of Wakefield for a total of no more than four linear accelerators upon project completion.
3. Rex Hospital, Inc. shall dispose of the Varian Clinac 21EX linear accelerator by removing it from North Carolina.
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 that would otherwise require a certificate of need.
5. Rex Hospital, Inc. 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 May 9, 2013.

TIMETABLE:

Ordering of Equipment _____	June 3, 2013
Contract Award _____	July 15, 2013
Completion of Construction _____	September 28, 2013
Occupancy/Offering of Service(s) _____	October 1, 2013