

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 06/01/2013 to 06/30/2013

<b>County</b>	<b>Project ID#</b>	<b>Facility</b>	<b>Project Description</b>	<b>Application Review</b>	<b>Certificate of Need Issue Date</b>	<b>Total Approved Capital Expenditure</b>	<b>1st Project Progress Report Date</b>
<b>Alamance</b>	<b>G-010104-13</b>	<b>North Burlington Dialysis 100785 Burlington</b>	Add 2 dialysis stations for a total of 12 stations upon project completion	04/01/2013	06/04/2013	\$28,961.00	11/01/2013
<b>Cabarrus</b>	<b>F-010109-13</b>	<b>Copperfield Dialysis 010799 Concord</b>	Relocate 6 dialysis stations from Dialysis Care of Kannapolis to Copperfield Dialysis Center for a total of 27 stations upon project completion	04/01/2013	06/06/2013	\$46,870.00	09/30/2013
<b>Carteret</b>	<b>P-010097-13</b>	<b>Crystal Coast Dialysis Unit 960074 Morehead City</b>	Add 3 dialysis stations for a total of 13 stations upon completion of this project and Project ID #P-10051-12 (relocate 10 stations to FMC Sea Spray)	04/01/2013	06/25/2013	\$0.00	10/15/2013
<b>Cleveland</b>	<b>C-010100-13</b>	<b>DIALYSIS CLINIC, INC 080370 SHELBY</b>	Add 2 dialysis stations for a total of 15 stations upon project completion	04/01/2013	06/11/2013	\$37,000.00	10/11/2013
<b>Craven</b>	<b>P-010082-13</b>	<b>CarolinaEast Medical Center 923126 New Bern</b>	Acquire a third unit of cardiac catheterization equipment	03/01/2013	06/19/2013	\$3,466,021.00	10/15/2013
<b>Martin</b>	<b>Q-010103-13</b>	<b>Dialysis Care of Martin County 960043 Williamston</b>	Add 2 dialysis stations for a total of 25 dialysis stations upon project completion	04/01/2013	06/18/2013	\$38,640.00	10/15/2013

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<b>McDowell</b>	<b>C-010108-13</b>	<b>Dialysis of McDowell County 040266 Marion</b>	Add 1 dialysis station for a total of 14 stations upon project completion	04/01/2013	06/04/2013	\$68,095.00	09/30/2013
<b>Mecklenburg</b>	<b>F-010102-13</b>	<b>Charlotte East Dialysis Center 120164 Charlotte</b>	Add 4 dialysis stations for a total of 24 stations upon completion of this project and Project ID #F-8809-12 (relocate facility and add 4 stations)	04/01/2013	06/24/2013	\$63,652.00	10/24/2013
<b>Robeson</b>	<b>N-010080-13</b>	<b>SouthEast Regional Medical Center 001329 Lumberton</b>	Replace existing linear accelerator	03/01/2013	06/28/2013	\$7,482,681.00	12/01/2013
<b>Rockingham</b>	<b>G-010106-13</b>	<b>Reidsville Dialysis 030453 Rockingham</b>	Relocate 8 stations from Madison Dialysis Center to Reidsville Dialysis Center for a total of 27 stations upon project completion	04/01/2013	06/28/2013	\$612,260.00	10/30/2013
<b>Wake</b>	<b>J-008471-10</b>	<b>Holly Springs Surgery Center, LLC 100141 Holly Springs</b>	Construct a freestanding ambulatory surgery center with one procedure room and three outpatient operating rooms in Holly Springs.	03/01/2010	06/13/2013	\$9,052,069.00	11/01/2013

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #G-10104-13**

**FID #100785**

**ISSUED TO: Renal Treatment Centers Mid-Atlantic, Inc.  
d/b/a North Burlington Dialysis  
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: Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis shall add no more than two dialysis stations to the existing facility for a total of no more than 12 stations upon project completion/ Alamance County**

**CONDITIONS: See Reverse Side**

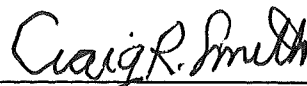
**PHYSICAL LOCATION: North Burlington Dialysis  
2019 North Church Street  
Burlington, NC 27215**

**MAXIMUM CAPITAL EXPENDITURE: \$28,961**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 1, 2013**

This certificate is effective as of the 4<sup>th</sup> day of June, 2013



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

**CONDITIONS:**

1. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis shall materially comply with all representations made in the certificate of need application.
2. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis shall develop no more than two additional dialysis stations at North Burlington Dialysis for a total of no more than 12 stations upon completion of this project.
3. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, for a total of no more than 12 stations, which shall include any home hemodialysis or isolation stations.
4. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis 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 23, 2013.

**TIMETABLE:**

Obtain funds necessary to undertake project _____	03/15/2013
Contract Award _____	10/15/2013
Completion of construction _____	12/15/2013
Operation of equipment _____	12/15/2013
Occupancy/Offering Service _____	01/01/2014

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10109-13**

**FID #010799**

**ISSUED TO: Copperfield 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: Copperfield Dialysis Center shall relocate six dialysis stations from Dialysis Care of Kannapolis to Copperfield Dialysis Center for a total of 27 stations upon project completion/ Cabarrus County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Copperfield Dialysis Center  
1030 Vinehaven Drive  
Concord, NC 28025**

**MAXIMUM CAPITAL EXPENDITURE: \$46,870**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: September 30, 2013**

This certificate is effective as of the 6<sup>th</sup> day of June, 2013

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

**CONDITIONS:**

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

**TIMETABLE:**

Occupancy/Offering of Service(s) \_\_\_\_\_ January 1, 2014  
Certification of 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 #P-10097-13**

**FID #960074**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a BMA Crystal Coast  
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 Crystal Coast shall add no more than 3 stations for a total of no more than 13 stations upon completion of this project and Project I.D. #P-10051-12, FMC Sea Spray/ Carteret County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA Crystal Coast  
3332 Bridges Street  
Morehead City, NC 28557**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 15, 2013**

This certificate is effective as of the 25<sup>th</sup> day of June, 2013



Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Crystal Coast, shall materially comply with all representations made in the certificate of need application and in the supplemental information requested by the Certificate of Need Section. In those instances where representations conflict, Bio-Medical Applications of North Carolina, Inc. (BMA) d/b/a BMA Crystal Coast, shall materially comply with the last-made representation.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Crystal Coast, shall develop and operate no more than three additional stations for a total of 13 certified following completion of this project and Project ID# P-10051-12, FMC Sea Spray, which shall include any isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Crystal Coast, shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Crystal Coast, 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 June 5, 2013.**

**TIMETABLE:**

<b>Occupancy/Offering of Service</b>	<b>June 30, 2013</b>
<b>Certification of Stations</b>	<b>June 30, 2014</b>



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #C-10100-13**

**FID #080370**

**ISSUED TO: Dialysis Clinic, Inc.  
d/b/a DCI Boiling Springs  
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: DCI Boiling Springs shall add two dialysis stations to the existing facility for a total of 15 stations upon completion of this project and Project ID #C-8784-12/ Cleveland County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: DCI Boiling Springs  
108 Creekside Drive  
Shelby, NC 28152**

**MAXIMUM CAPITAL EXPENDITURE: \$37,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 11, 2013**

This certificate is effective as of the 11<sup>th</sup> day of June, 2013

*Craig R. Smith*

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

**CONDITIONS:**

1. Dialysis Clinic, Inc. d/b/a DCI Boiling Springs shall materially comply with all representations made in its certificate of need application and supplemental responses. In those instances where representations conflict, DCI Boiling Springs shall materially comply with the last-made representation.
2. Dialysis Clinic, Inc. d/b/a DCI Boiling Springs shall develop and operate no more than two additional dialysis stations for a total of 15 certified stations which shall include any isolation stations.
3. Dialysis Clinic, Inc. d/b/a DCI Boiling Springs shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of no more than 15 dialysis stations which shall include any isolation stations.
4. Dialysis Clinic, Inc. d/b/a DCI Boiling Springs shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.
5. Dialysis Clinic, Inc. d/b/a DCI Boiling Springs 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:**

Ordering Equipment _____	October 1, 2013
Arrival of Equipment _____	November 15, 2013
Operation of Equipment _____	December 15, 2013
Occupancy/Offering of Service(s) _____	January 1, 2014
Certification of Stations _____	January 7, 2014

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number # P-10082-13**

**FID # 923126**

**ISSUED TO: CarolinaEast Medical Center  
2000 Neuse Boulevard  
New Bern, NC 28561**

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: CarolinaEast Medical Center shall acquire a third fixed unit of cardiac catheterization equipment/ Craven County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: CarolinaEast Medical Center  
2000 Neuse Boulevard  
New Bern NC 28561**

**MAXIMUM CAPITAL EXPENDITURE: \$3,466,021**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 15, 2013**

This certificate is effective as of the 19<sup>th</sup> day of June, 2013

*Craig R. Smith*

Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. CarolinaEast Medical Center shall materially comply with all representations made in its certificate of need application and in any supplemental information requested by the Certificate of Need Section.
2. CarolinaEast 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. CarolinaEast Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section 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 June 6, 2013.

**TIMETABLE:**

Approval of Final Drawings and Specifications _____	December 15, 2013
25% Completion of Construction _____	March 1, 2014
Completion of Construction _____	September 1, 2014
Operation of Equipment _____	September 15, 2014
Occupancy/Offering of Service _____	October 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 #Q-10103-13**

**FID #960043**

**ISSUED TO: Total Renal Care of North Carolina, LLC  
d/b/a Dialysis Care of Martin County  
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 Dialysis Care of Martin County shall add no more than 2 stations to establish a home hemodialysis training program for a total of no more than 25 stations upon project completion. No more than 2 of the 25 stations will be dedicated to home hemodialysis training and support/ Martin County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Dialysis Care of Martin County  
100 Medical Drive  
Williamston, NC 27892**

**MAXIMUM CAPITAL EXPENDITURE: \$38,640**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 15, 2013**

This certificate is effective as of the 18<sup>th</sup> day of June, 2013

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

**CONDITIONS:**

1. Total Renal Care (TRC) of North Carolina, LLC d/b/a Dialysis Care of Martin County (DC of Martin County) shall materially comply with all representations made in the Certificate of Need application.
2. Total Renal Care (TRC) of North Carolina, LLC d/b/a Dialysis Care of Martin County (DC of Martin County) shall develop no more than two additional stations for a total of no more than 25 stations, which shall include any home hemodialysis training and isolation stations.
3. Total Renal Care (TRC) of North Carolina, LLC d/b/a Dialysis Care of Martin County (DC of Martin County) 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 24, 2013.

**TIMETABLE:**

Operation of Equipment	December 15, 2013
Occupancy/Offering of Services	January 1, 2014
Certification of 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 #C-10108-13**

**FID #040266**

**ISSUED TO: McDowell 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: McDowell County Dialysis Center shall add one dialysis station for a total of 14 dialysis stations upon project completion/ McDowell County**

**CONDITIONS: See Reverse Side**

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

**MAXIMUM CAPITAL EXPENDITURE: \$68,095**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: September 30, 2013**

This certificate is effective as of the 4<sup>th</sup> day of June, 2013



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

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a McDowell County Dialysis Center shall materially comply with all representations made in its certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a McDowell County Dialysis Center shall develop and operate no more than one additional dialysis station for a total of 14 certified stations which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a McDowell County Dialysis Center shall install plumbing and electrical wiring through the walls for one additional dialysis station for a total of 14 dialysis stations which shall include any isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a McDowell 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 McDowell 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 June 3, 2013.

**TIMETABLE:**

Contract Award	_____	October 5, 2013
Completion of Construction	_____	December 15, 2013
Occupancy/Offering of Service(s)	_____	January 1, 2014
Certification of 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 #F-10102-13**

**FID #120164**

**ISSUED TO: DVA Healthcare Renal Care, Inc.  
d/b/a Charlotte East 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: DVA Healthcare Renal Care, Inc. d/b/a/ Charlotte East Dialysis Center shall add four dialysis stations to the existing facility for a total of no more than 24 stations upon completion of this project and Project ID #F-8809-12/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Charlotte East Dialysis  
3061 North Sharon Amity Road  
Charlotte, NC 28205**

**MAXIMUM CAPITAL EXPENDITURE: \$63,652**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 24, 2013**

This certificate is effective as of the 24<sup>th</sup> day of June, 2013

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

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall materially comply with all representations made in its certificate of need application and supplemental responses. In those instances where representations conflict, Charlotte East Dialysis Center shall materially comply with the last-made representation.
2. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall develop and operate no more than four additional dialysis stations for a total of 24 certified stations which shall include any isolation stations upon completion of this project and Project I.D. #F-8809-12.
3. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 24 dialysis stations which shall include any isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East 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 Charlotte East 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 July 1, 2013.

**TIMETABLE:**

Ordering of Equipment	_____	October 15, 2013
Operation of Equipment	_____	December 15, 2013
Occupancy/Offering of Services	_____	January 1, 2014
Certification of 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 #N-10080-13**

**FID #001329**

**ISSUED TO: Southeastern Regional Medical Center  
300 West 27<sup>th</sup> Street  
Lumberton, NC 28359**

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: Southeastern Regional Medical Center shall replace no more than one linear accelerator in the Gibson Cancer Center/ Robeson County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Southeastern Regional Medical Center  
300 West 27<sup>th</sup> Street  
Lumberton, NC 28359**

**MAXIMUM CAPITAL EXPENDITURE: \$7,482,681**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: December 1, 2013**

This certificate is effective as of the 28<sup>th</sup> day of June, 2013

*Craig R. Smith*

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

**CONDITIONS:**

1. Southeastern Regional Medical Center, Inc. shall materially comply with all representations made in the certificate of need application.
2. Southeastern Regional Medical Center, Inc. shall acquire no more than one replacement linear accelerator.
3. Southeastern Regional Medical Center, Inc. shall dispose of the existing linear accelerator no more than 30 days after the operation of the replacement linear accelerator.
4. Southeastern Regional Medical Center, 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 in the latest edition of the North Carolina Building Codes. The plan must be consistent with the applicant's representation written in the statement as described in paragraph one of Policy GEN-4.
5. Southeastern Regional Medical Center, 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.
6. Southeastern Regional Medical Center, 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 June 24, 2013.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	June 1, 2013
Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	June 15, 2013
Approval of Site by Construction Section, DHSR _____	June 15, 2013
Contract Award _____	July 1, 2013
Obtain funds necessary to undertake project _____	August 28, 2013
25% completion of construction _____	September 1, 2013
50% completion of construction _____	November 1, 2013
75% completion of construction _____	January 1, 2014
Completion of construction _____	March 1, 2014
Occupancy/Offering of Service _____	April 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-10106-13**

**FID #030453**

**ISSUED TO: Total Renal Care of North Carolina, LLC  
d/b/a Reidsville 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 Reidsville Dialysis Center shall relocate no more than eight (8) dialysis stations from Madison Dialysis Center to Reidsville Dialysis center for a total of no more than 27 certified stations at project completion, which shall include any home hemodialysis training or isolation stations/ Rockingham County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Reidsville Dialysis Center  
1307 Freeway Drive  
Reidsville, NC 27320**

**MAXIMUM CAPITAL EXPENDITURE: \$612,260**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 30, 2013**

This certificate is effective as of the 28<sup>th</sup> day of June, 2013

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

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Reidsville Dialysis Center shall materially comply with all representations made in its certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Reidsville Dialysis Center shall relocate and operate no more than eight (8) additional dialysis stations for a total of no more than 27 certified stations which shall include any isolation stations.
3. After the certification of the additional eight dialysis stations at Reidsville Dialysis Center, Total Renal Care of North Carolina, LLC shall decertify all remaining dialysis stations at the Madison Dialysis Center and close the facility.
4. Total Renal Care of North Carolina, LLC d/b/a Reidsville Dialysis Center shall install plumbing and electrical wiring through the walls for eight additional dialysis stations for a total of 27 dialysis stations which shall include any isolation stations.
5. Total Renal Care of North Carolina, LLC d/b/a Reidsville Dialysis Center shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.
6. Total Renal Care of North Carolina, LLC d/b/a Reidsville 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 June 28, 2013.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	August 20, 2013
Contract Award _____	September 1, 2013
Ordering Equipment _____	September 1, 2013
Completion of Construction _____	December 1, 2013
Operation of Equipment _____	December 15, 2013
Occupancy/Offering of Service/Certification of 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 # J-8471-10  
FID # 100141**

**ISSUED TO: Holly Springs Surgery Center, LLC  
1980 South Hawthorne Road, Suite 200  
Winston-Salem, NC 27103**

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: Holly Springs Surgery Center, LLC shall construct an ambulatory surgery center with no more than three ambulatory surgical operating rooms and no more than one minor procedure room in Holly Springs/ Wake County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Holly Springs Surgery Center  
Rosewood Centre Drive (Tract 3)  
Holly Springs, NC 27540**

**MAXIMUM CAPITAL EXPENDITURE: \$9,052,069**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 1, 2013**

This certificate is effective as of the 13<sup>th</sup> day of June, 2013

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

**CONDITIONS:**

1. Holly Springs Surgery Center, LLC shall materially comply with all representations made in its certificate of need application.
2. Holly Springs Surgery Center, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
3. Holly Springs Surgery Center, LLC shall construct an ambulatory surgical facility that shall be licensed for no more than three ambulatory surgical operating rooms.
4. Holly Springs Surgery Center, LLC shall construct no more than three rooms in the facility that meet licensure requirements for an operating room under either the hospital or ambulatory surgical facility rules.
5. Holly Springs Surgery Center, LLC shall construct no more than one minor procedure room in the facility.
6. Holly Springs Surgery Center, LLC shall not perform gastrointestinal endoscopy procedures in the procedure room.
7. The minor procedure room shall be used only for minor procedures that are not required to be performed in an operating room, based on current standards of practice as enforced by the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation.
8. Procedures performed in the minor procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the hospital's license renewal application as procedures performed in an operating room.
9. Holly Springs Surgery Center, LLC shall meet all criteria to receive accreditation of the ambulatory surgical facility from the Joint Commission, AAAHC or a comparable accreditation authority within two years following completion of the facility.
10. Holly Springs Surgery Center, LLC shall acknowledge acceptance of and agree to comply with all conditions states 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 August 10, 2010.

**TIMETABLE:**

Completion of Preliminary Drawings _____	November 1, 2013
Completion of Final Drawings and Specifications _____	March 1, 2014
Contract Award _____	June 1, 2014
25% Completion of Contract _____	October 1, 2014
50% Completion of Construction _____	January 1, 2015
75% Completion of Construction _____	April 1, 2015
Completion of Construction _____	July 1, 2015
Licensure of Facility _____	August 1, 2015