

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 07/01/2013 to 07/31/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Buncombe	B-010090-13	CarePartners Hospice & Palliative Care Services 923998 Asheville	Convert five residential hospice beds to five inpatient hospice beds for a total of twenty-five inpatient hospice beds and two residential hospice beds	04/01/2013	07/29/2013	\$14,050.00	12/15/2013
Caldwell	E-010096-13	Caldwell Memorial Hospital, Inc. 933051 Lenoir	Develop 27 adult inpatient psychiatric beds pursuant to the need determination in the 2013 SMFP for Smoky Mountain Center 2	04/01/2013	07/26/2013	\$4,525,440.00	11/30/2013
Carteret	P-010084-13	Carteret General Hospital 923076 Morehead City	Construct 2-story North Tower above the ED for outpatient surgical services, GI endo rooms, C-Section OR and Critical Care Unit; and construct a 3-story Pavilion for Women's Services, Progressive Care Unit and the Cancer Center (which is a change of scope for Project ID #P-8834-12)	03/01/2013	07/30/2013	\$52,689,285.00	02/28/2014
Cleveland	C-010095-13	Crawley Memorial Long Term Care Hospital 120232 Kings Mountain	Cost overrun on Project ID #C-8736-11 (relocate LTCH beds to leased space within Kings Mountain Hospital)	04/01/2013	07/02/2013	\$1,490,000.00	08/31/2013

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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
Dare	R-010114-13	The Outer Banks Hospital, Inc. 980550 Nags Head	Develop 1 new shared OR for a total of 3 shared ORs upon project completion	05/01/2013	07/27/2013	\$4,246,095.00	11/01/2013
Forsyth	G-010098-13	North Carolina Baptist Hospital 943495 Winston Salem	Replace one fixed MRI scanner and one fixed CT scanner and renovate existing space	04/01/2013	07/26/2013	\$5,907,527.00	11/15/2013
Harnett	M-010070-12	Universal Health Care / Lillington 120582 Lillington	Relocate 129 nursing facility beds from Universal Health Care Lillington (FID #943230) to a replacement facility (FID #120582)	12/01/2012	07/04/2013	\$9,625,380.00	12/01/2013
Johnston	J-010094-13	FRESENIUS MEDICAL CARE STALLINGS STATION 030941 Clayton	Add 4 dialysis stations for a total of 24 dialysis stations upon project completion	04/01/2013	07/12/2013	\$52,008.00	12/15/2013
Mecklenburg	F-010091-13	BMA OF NORTH CHARLOTTE 955788 CHARLOTTE	Add 3 dialysis stations for a total of 30 stations upon project completion	04/01/2013	07/15/2013	\$269,229.00	11/30/2013

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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-010111-13	CHARLOTTE DIALYSIS 955930 Charlotte	Add 1 dialysis station for a total of 35 stations upon project completion	04/01/2013	07/25/2013	\$199,411.00	11/09/2013
Robeson	N-010081-13	Southeastern Regional Medical Center 923461 Lumberton	Acquire a second unit of cardiac catheterization equipment by utilizing an existing upgraded unit of vascular equipment	03/01/2013	07/29/2013	\$0.00	12/15/2013
Union	F-010101-13	Carolinas Medical Center-Union 923515 Monroe	Replace existing Varian 2100CD linear accelerator located at the Edwards Cancer Center	04/01/2013	07/26/2013	\$3,017,025.00	10/31/2013
Wake	J-008729-11	BellaRose Nursing and Rehab Center 110719 Raleigh	Develop a 100-bed nursing facility in SE Raleigh	09/01/2011	07/30/2013	\$8,635,561.00	12/01/2013
Wake	J-008819-12	Maxim Healthcare Services 943980 Raleigh	Develop a Medicare-certified home health agency in Wake County	05/01/2012	07/31/2013	\$50,149.00	09/30/2013

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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
Watauga	D-010089-13	Watauga Medical Center, Inc. 933533 Boone	Acquire a peripheral vascular lab	04/01/2013	07/02/2013	\$1,862,951.00	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 #B-10090-13

FID #923998

**ISSUED TO: CarePartners Foundation
and Community CarePartners, Inc.
d/b/a CarePartners Health Services
and d/b/a CarePartners Hospice
68 Sweeten Creek Road
Asheville, NC 28803**

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: CarePartners Health Services and CarePartners Hospice shall convert five hospice residential beds to five hospice inpatient beds for a facility total of 25 hospice inpatient beds and two hospice residential beds/ Buncombe County

CONDITIONS: See Reverse Side

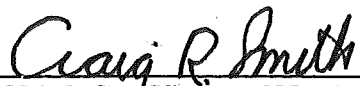
**PHYSICAL LOCATION: CarePartners Hospice: John F. Kever, Jr. Solace Center
68 Sweeten Road
Pinehurst, NC 28374**

MAXIMUM CAPITAL EXPENDITURE: \$14,050

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2013

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



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. CarePartners Foundation and Community CarePartners, Inc. d/b/a CarePartners Health Services and d/b/a CarePartners Hospice shall materially comply with all representations made in its certificate of need application.
2. CarePartners Foundation and Community CarePartners, Inc. d/b/a CarePartners Health Services and d/b/a CarePartners Hospice shall convert five hospice residential beds to five hospice inpatient beds and shall be licensed for a total of 25 hospice inpatient beds and two hospice residential beds upon completion of this project.
3. CarePartners Foundation and Community CarePartners, Inc. d/b/a CarePartners Health Services and d/b/a CarePartners Hospice shall acknowledge acceptance of and compliance 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 10, 2013.

TIMETABLE:

Operation of Facility _____ 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 #E-10096-13

FID #933051

ISSUED TO: Caldwell Memorial Hospital, Inc.
321 Mulberry Street, SW
Lenior, NC 28645

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: Caldwell Memorial Hospital, Inc. shall develop 27 adult inpatient psychiatric beds pursuant to the need determination in the 2013 SMFP for Smoky Mountain Center 2/ Caldwell County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Caldwell Memorial Hospital
321 Mulberry Street, SW
Lenior, NC 28645

MAXIMUM CAPITAL EXPENDITURE: \$4,525,440

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2013

This certificate is effective as of the 26^h day of July, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Caldwell Memorial Hospital, Inc. shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, Caldwell Memorial Hospital, Inc. shall materially comply with the last made representation.
2. Caldwell Memorial Hospital, Inc. shall develop and operate no more than 27 adult inpatient psychiatric beds for a total licensed bed complement of no more than 110 acute care beds and 27 adult inpatient psychiatric beds upon completion of this project.
3. Caldwell Memorial Hospital, Inc. shall accept patients requiring involuntary admission for adult inpatient behavioral health services.
4. Caldwell Memorial 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 July 24, 2013.

TIMETABLE:

Construction Contract Award	July 8, 2015
50% Completion of Construction	March 23, 2016
Completion of Construction	July 20, 2016
Occupancy/Offering of Services	September 1, 2016
Certification of Beds	October 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-10084-13

FID #923076

**ISSUED TO: Carteret County General Hospital Corporation
d/b/a Carteret General Hospital
3500 Arendell Street
Morehead City, NC 28557**

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: Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall renovate and expand existing services including inpatient, outpatient, women and intensive care services, replace 70 acute care beds, add 2 units of inpatient dialysis equipment and consolidate oncology services (change of scope from Project ID # P-8834-12)/ Carteret County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Carteret General Hospital
3500 Arendell Street
Morehead City, NC 28557**

MAXIMUM CAPITAL EXPENDITURE: \$52,689,285

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 28, 2014

This certificate is effective as of the 30th day of July, 2013

Craig R. Smith

Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall materially comply with all representations made in its certificate of need application.
2. Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall replace no more than 70 acute care beds, which includes 10 postpartum medical/surgical beds in women's services, 16 medical/surgical beds in women's services (including 4 rooms that can be converted into pediatric beds), 30 progressive care beds, 10 critical care beds, and 4 surgery beds, for a total of no more than 135 acute care beds, at project completion.
3. Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall, through written agreement, arrange for Bio-Medical Applications of North Carolina, Inc. to provide acute dialysis services.
4. Carteret County General Hospital Corporation d/b/a Carteret General 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.
5. Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall submit a plan of energy efficiency and water conservation to the Construction Section, DHSR, that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation.
6. Prior to issuance of the certificate of need, Carteret County General Hospital Corporation d/b/a Carteret General 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 June 14, 2013.

TIMETABLE:

Approval of Final Drawings & Specifications by the Construction Section, DHSR _____	February 1, 2014
25% Completion of Construction _____	June 16, 2014
75% Completion of Construction _____	March 13, 2015
Completion of Construction _____	July 26, 2015
Occupancy/Offering of Service(s) _____	October 1, 2015
Operation of Equipment _____	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 #C-10095-13

FID #120232

**ISSUED TO: Crawley Memorial Long Term Care Hospital
201 East Grover 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: Cost overrun for Project I.D. #C-8736-11 (Relocate 28 long-term care hospital beds from Crawley Memorial Hospital to leased space in Kings Mountain Hospital)/ Cleveland County

CONDITIONS: See Reverse Side

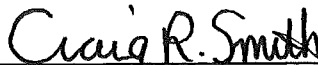
**PHYSICAL LOCATION: Crawley Memorial Long Term Care Hospital
706 W King Street
Kings Mountain, NC 28086**

MAXIMUM CAPITAL EXPENDITURE: \$1,490,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 31, 2013

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



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Cleveland County HealthCare System d/b/a Kings Mountain Hospital and Crawley Memorial Hospital, Inc. shall materially comply with all representations made in Project I.D. #C-8736-11 and Project I.D. #C-10095-13. In those instances in which representations conflict, Cleveland County HealthCare System d/b/a Kings Mountain Hospital and Crawley Memorial Hospital, Inc. shall materially comply with the last made representation.
2. Cleveland County HealthCare System d/b/a Kings Mountain Hospital and Crawley Memorial Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the proposed capital expenditure in Section VI of the application and that would otherwise require a certificate of need.
3. Cleveland County HealthCare System d/b/a Kings Mountain Hospital and Crawley Memorial 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 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 June 17, 2013.

TIMETABLE:

Obtaining Financing	July 31, 2013
Completion of Final Drawings and Specifications by the Construction Section, DHSR	August 15, 2013
Approval of Final Drawings and Specifications	August 31, 2013
25% Completion of Construction	October 1, 2013
50% Completion of Construction	November 1, 2013
75% Completion of Construction	December 1, 2013
Completion of Construction	December 15, 2013
Occupancy/Offering of 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 #R-10114-13

FID #980550

ISSUED TO: The Outer Banks Hospital, Inc.
4800 South Croatan Highway
Nags Head NC 27959

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 Outer Banks Hospital, Inc. shall develop no more than one additional shared operating room for a total of no more than three shared operating rooms and one dedicated C-section operating room upon project completion/ Dare County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Outer Banks Hospital
4800 South Croatan Highway
Nags Head NC 27959

MAXIMUM CAPITAL EXPENDITURE: \$4,246,095

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2013

This certificate is effective as of the 27th day of July, 2013

Craig R. Smith

Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. The Outer Banks Hospital, Inc. shall materially comply with all representations made in the certificate of need application.
2. The Outer Banks Hospital, Inc. shall develop no more than one additional operating room for a total of not more than three shared operating rooms and one dedicated C-Section operating room upon completion of the project.
3. The Outer Banks 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.
4. The Outer Banks 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 July 17, 2013.

TIMETABLE:

Obtain Funds Necessary to Undertake Project	November 1, 2013
Completion of Preliminary Drawings	April 1, 2014
Contract Award	September 3, 2014
25% Completion of Construction	November 26, 2014
50% Completion of Construction	February 25, 2015
75% Completion of Construction	May 27, 2015
Occupancy/Offering of Service	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-10098-13

FID #943495

**ISSUED TO: North Carolina Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157**

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: Wake Forest Baptist Medical Center shall replace one fixed MRI scanner and one fixed CT scanner and renovate existing space/ Forsyth County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Wake Forest Baptist Medical Center
Medical Center Boulevard
Winston-Salem, NC 27157**

MAXIMUM CAPITAL EXPENDITURE: \$5,907,527

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2013

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



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

CONDITIONS:

1. North Carolina Baptist Hospital shall materially comply with all representations made in the certificate of need application.
2. North Carolina Baptist Hospital shall acquire no more than one fixed MRI scanner and one fixed CT scanner to replace an existing fixed MRI and CT scanner for a total of no more than 6 fixed MRI scanners and 11 CT scanners upon project completion.
3. North Carolina Baptist 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.
4. North Carolina Baptist 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 the written statement as described in paragraph one of Policy GEN-4.
5. Prior to issuance of the certificate of need, North Carolina Baptist Hospital shall provide to the Certificate of Need Section a written statement describing the project's plan to assure improved water conservation.
6. North Carolina Baptist 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 July 24, 2013.

TIMETABLE:

Contract Award _____	January 15, 2014
Ordering Equipment _____	January 15, 2014
25% Completion of Construction _____	February 28, 2014
50% Completion of Construction _____	March 15, 2014
75% Completion of Construction _____	April 15, 2014
Completion of Construction _____	May 1, 2014
Operation of Equipment _____	July 1, 2014
Occupancy/Offering Service _____	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 #M-10070-12

FID #120582

**ISSUED TO: Universal Properties/Lillington, LLC
and Universal Health Care/Lillington, Inc.
3914 Ridge NE
Conover, NC 28613**

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: Universal Properties/Lillington, LLC and Universal Health Care/Lillington, Inc. shall construct a replacement nursing facility with a total complement of no more than 129 licensed nursing facility beds upon completion of the project/ Harnett County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Universal Health Care Lillington
Lot 19 and part of Lot 20
Brightwater Drive
Lillington, NC 27546**

MAXIMUM CAPITAL EXPENDITURE: \$9,625,380

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2013

This certificate is effective as of the 4th day of July, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall materially comply with all representations made in its certificate of need application, as amended by the conditions of approval.
2. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall construct a replacement nursing facility with a total licensed bed complement of no more than 129 beds upon completion of the project.
3. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall take the necessary steps to delicense the 129 nursing facility beds at the existing Universal Health Care of Lillington following completion of the proposed replacement nursing facility, by licensing the existing facility as a 106-bed adult care home.
4. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall provide access to private rooms for Medicaid patients, including hospice patients, based on medical necessity.
5. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall submit all patient charges and actual per diem reimbursement for each source of patient payment to the Certificate of Need at year end for each of the first two operating years following licensure of the beds in the new facility.
6. For the first two full federal fiscal years of operation following completion of the project, actual private pay charges shall not be increased 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 made in the certificate of need application.
7. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall receive Medicaid per diem rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
8. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall submit a plan to the Construction Section of the Division of Health Service Regulation for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section, pursuant to Policy GEN-4 of the 2012 SMFP.
9. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, 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.

TIMETABLE:

Permanent Loan Executed _____	November 1, 2013
Final Drawings Submitted to the Construction Section, DHSR _____	November 1, 2013
Construction Contract Awarded _____	December 1, 2013
75% Completion of Construction _____	July 30, 2014
Completion of Construction _____	September 15, 2014
Completion of Construction _____	September 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-10094-13

FID #030941

ISSUED TO: Bio Medical Applications of North Carolina, Inc.
d/b/a FMC Stallings Station
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 FMC Stallings Station shall add no more than 4 dialysis stations for a total of no more than 24 certified dialysis stations upon completion of this project/ Johnston County

CONDITIONS: See Reverse Side

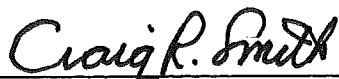
PHYSICAL LOCATION: Stallings Station
5420 Barber Road
Clayton, NC 27528

MAXIMUM CAPITAL EXPENDITURE: \$52,008

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2013

This certificate is effective as of the 12th day of July, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station shall materially comply with all representations made in its certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc., d/b/a FMC Stallings Station shall develop and operate no more than four additional dialysis stations for a total of no more than 24 stations, which shall include any home hemodialysis training or isolation stations upon completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of 24 stations, which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station 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 12, 2013.

TIMETABLE:

Ordering of Equipment _____	May 1, 2014
Certification of Stations _____	June 30, 2014
Occupancy/Offering of Services _____	June 30, 2014

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CORRECTED

CERTIFICATE OF NEED

for

Project Identification Number #F-10091-13

FID #955788

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA North Charlotte
920 Winter Street
Waltham, MA 02451

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 North Charlotte shall add no more than 3 dialysis stations and establish a home training program at BMA North Charlotte for a total of no more than 30 stations upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA North Charlotte
5220 North Tryon
Charlotte, NC 28213

MAXIMUM CAPITAL EXPENDITURE: \$269,229

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2013

This certificate is effective as of the 15th day of July, 2013


Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA North Charlotte 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 North Charlotte shall develop and operate no more than 3 additional stations for a total of 30 certified, of which 2 stations will be used for home hemo-dialysis training following completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA North 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 June 17, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications _____	November 14, 2013
25% Completion of Construction _____	April 13, 2014
75% Completion of Construction _____	October 10, 2014
Completion of Construction _____	November 24, 2014
Operation of Equipment _____	December 28, 2014
Occupancy/Offering of Service _____	December 31, 2014
Certification of Stations _____	December 31, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10092-13

FID #970826

ISSUED TO: **Bio-Medical Applications of North Carolina, Inc.**
d/b/a BMA Nations Ford
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 Nations Ford shall add no more than 6 dialysis stations upon completion of Project I.D. #F-10052-12 (relocate 6 stations to FMC Southwest Charlotte) and this project for a total of no more than 24 stations/ Mecklenburg County**

CONDITIONS: **See Reverse Side**

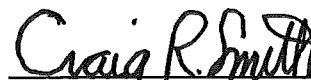
PHYSICAL LOCATION: **BMA Nations Ford**
7901 England Street
Charlotte, NC 28273

MAXIMUM CAPITAL EXPENDITURE: **\$0**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **June 28, 2015**

This certificate is effective as of the 27th day of July, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford shall materially comply with all representations made in its certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc., d/b/a BMA Nations Ford shall add no more than 6 additional dialysis stations for a total of no more than 24 certified dialysis stations at BMA Nations Ford following completion of the project and Project I.D. #F-10052-12, which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford shall install plumbing and electrical wiring through the walls for 6 additional dialysis stations for a total of 24 stations, which shall include any home hemodialysis training or isolation stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford shall not offer or develop peritoneal or home dialysis training.**
5. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford 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:

Ordering of Equipment	_____	May 7, 2015
Operation of Equipment	_____	June 28, 2015
Certification of Stations	_____	June 30, 2015
Occupancy/Offering of Stations	_____	June 30, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10111-13

FID #955930

**ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Charlotte 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 Dialysis Center shall add one dialysis station to the existing facility for a total of no more than 35 stations upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

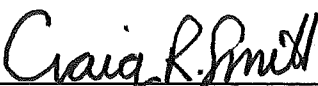
**PHYSICAL LOCATION: Charlotte Dialysis Center
2321 West Morehead Street
Charlotte, NC 28208**

MAXIMUM CAPITAL EXPENDITURE: \$199,411

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 9, 2013

This certificate is effective as of the ^{9th}_{CAS} day of July, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Charlotte 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 Dialysis Center shall materially comply with the last-made representation.
2. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis Center shall develop and operate no more than one additional dialysis station for a total of 35 certified stations which shall include any home hemodialysis training or isolation stations upon completion of this project.
3. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis Center shall install plumbing and electrical wiring through the walls for no more than one 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 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 July 25, 2013.

TIMETABLE:

Order Equipment _____	October 15, 2013
Operation of Equipment _____	December 15, 2013
Occupancy/Offering of Service _____	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-10081-13

FID #923431

**ISSUED TO: Southeastern Regional Medical Center, Inc.
d/b/a Southeastern Health
300 West 27th Street
Lumberton, NC 28358**

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 develop one additional cardiac catheterization laboratory for a total of two cardiac catheterization laboratories/ Robeson County

CONDITIONS: See Reverse Side

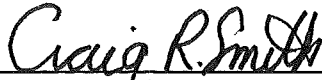
**PHYSICAL LOCATION: Southeastern Regional Medical Center
300 West 27th Street
Lumberton, NC 28358**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2013

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



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 upgrade its existing vascular catheterization equipment to develop one unit of cardiac catheterization equipment for a total of two units of cardiac catheterization equipment.
3. 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.
4. 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 July 16, 2013.

TIMETABLE:

Obtain Funds Necessary to Undertake Project _____ August 28, 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 #F-10101-13

FID #923515

ISSUED TO: Union Memorial Regional Medical Center, Inc.
d/b/a Carolinas Medical Center-Union
and The Charlotte-Mecklenburg Hospital Authority
d/b/a Carolinas Medical Center-Union
P.O. Box 5003
Monroe, NC 28111

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: Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union shall replace existing Varian 2100CD linear accelerator located at the Edwards Cancer Center/ Union County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Medical Center-Union
600 Hospital Drive
Monroe, NC 28112

MAXIMUM CAPITAL EXPENDITURE: \$3,017,025

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2013

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



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union shall materially comply with all representations made in the certificate of need application.
2. Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union shall acquire no more than one linear accelerator to replace the existing Varian 2100CD linear accelerator for a total of no more than two linear accelerators upon completion of this project and Project I.D. #F-7525-06 involving the relocation of one linear accelerator from Carolinas Medical Center to Carolinas Medical Center-Union.
3. Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union shall dispose of the Varian 2100CD linear accelerator by removing it from North Carolina.
4. Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union 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. Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union 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 9, 2013.

TIMETABLE:

Contract Award	_____	December 17, 2013
50% Completion of Construction	_____	February 4, 2014
Completion of Construction	_____	March 18, 2014
Occupancy/Offering of Service(s)	_____	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 #J-8729-11

FID #110719

ISSUED TO: E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee)
968 Wait Avenue
Wake Forest NC 27588

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: E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee)
shall develop no more than a 100-bed nursing facility on Rock Quarry Road in
Raleigh/ Wake County

CONDITIONS: See Reverse Side

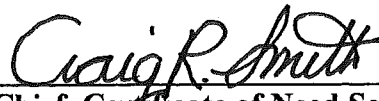
PHYSICAL LOCATION: Bellarose Nursing and Rehab Center
5120 Rock Quarry Road
Raleigh NC 27610

MAXIMUM CAPITAL EXPENDITURE: \$8,635,561

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2013

This certificate is effective as of the 30th day of July, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall materially comply with all representations made in the certificate of need application.
2. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall develop a new nursing home facility with no more than 100 licensed nursing care beds upon completion of the project.
3. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall submit all patient charges and actual per diem reimbursement rates for each source of patient payment to the CON Section at year end for each of the first two operating years following licensure of the beds in the facility.
4. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall receive the Medicaid per diem reimbursement rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
5. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall file the proposed budget for the facility with the Division of Medical Assistance no later than thirty days prior to the prospective certification date of the new beds.
6. The additional nursing care beds shall not be certified for participation in the Medicaid program prior to October 1, 2014 unless the Division of Medical Assistance determines that state funds are available in the current Medicaid budget to pay for the care and authorizes an earlier certification date.
7. For the first two full federal fiscal years of operation following completion of the project, E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee)'s actual private pay charges shall not be increased 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.
8. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) 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.
9. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (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:

Site Approval _____	December 1, 2013
Site Preparation _____	July 20, 2014
25% completion of Construction _____	November 1, 2014
50% completion of Construction _____	January 15, 2015
75% completion of Construction _____	April 1, 2015
Completion of Construction _____	June 15, 2015
Licensure _____	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 #J-8819-12

FID #943980

**ISSUED TO: Maxim Healthcare Services, Inc.
2106 South 17th Street
Wilmington, NC 28401**

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: Maxim Healthcare Services, Inc. shall develop a Medicare-certified home health agency in Wake County/ Wake County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Maxim Healthcare Services
5510 Six Forks Road, Suite 125
Raleigh, NC 27609**

MAXIMUM CAPITAL EXPENDITURE: \$50,149

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2013

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



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Maxim Healthcare Services, Inc. shall materially comply with all representations made in the certificate of need application and additional information.
2. Maxim Healthcare Services, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 24, 2012.

TIMETABLE:

Acquisition of Equipment _____	September 1, 2013
Certification of Facility _____	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 #D-10089-13

FID #933533

ISSUED TO: Watauga Medical Center
336 Deerfield Road
Boone, NC 28607

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: Watauga Medical Center shall acquire no more than one peripheral vascular lab/ Watauga County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Watauga Medical Center
336 Deerfield Road
Boone, NC 28607

MAXIMUM CAPITAL EXPENDITURE: \$1,862,951

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2013

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

Craig Smith

Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Watauga Medical Center shall materially comply with all representations made in the certificate of need application.
2. Watauga 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. Watauga Medical Center shall not use the peripheral vascular procedure room or equipment purchased in this project to provide cardiac catheterization services as defined in N.C.G.S. 131E-176 (2g).
4. Watauga 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 June 12, 2013.

TIMETABLE:

Approval of Final Drawings and Specifications by the Construction Section, DHSR	September 1, 2013
50% Completion of Construction	November 15, 2013
Occupancy/Offering of Services	January 1, 2014