

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 08/01/2013 to 08/31/2013

<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>Cabarrus</b>	<b>F-010128-13</b>	<b>Carolinas Medical Center-NorthEast 943049 Concord</b>	Replace MRI scanner	06/01/2013	08/29/2013	\$3,062,688.00	04/28/2014
<b>Gaston</b>	<b>F-008793-12</b>	<b>Presbyterian Imaging Center-Gastonia 120159 Gastonia</b>	Acquire a fixed MRI scanner to be located in Gastonia	04/01/2012	08/22/2013	\$2,662,155.00	03/01/2014
<b>Lincoln</b>	<b>F-010136-13</b>	<b>Lincoln County Hospice House 130219 Denver</b>	Develop new hospice facility with 6 hospice inpatient beds	06/01/2013	08/29/2013	\$3,462,600.00	02/01/2014
<b>Mecklenburg</b>	<b>F-010004-12</b>	<b>Healthy @ Home - Carolinas Medical Center 120389 Charlotte</b>	Establish a new home health agency	08/01/2012	08/19/2013	\$450,000.00	12/01/2013
<b>Mecklenburg</b>	<b>F-010132-13</b>	<b>Levine &amp; Dickson Hospice House 080130 Huntersville</b>	Add 6 hospice inpatient beds for a total of 22 upon project completion	06/01/2013	08/29/2013	\$2,025,000.00	01/01/2014

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<b>Mecklenburg</b>	<b>F-010134-13</b>	<b>Carolinas Medical Center/Center for Mental Health 943070 Charlotte</b>	Renovate Unit 10A on the 10th floor of the medical center	06/01/2013	08/30/2013	\$3,429,000.00	02/01/2014
<b>Moore</b>	<b>H-008839-12</b>	<b>FirstHealth Moore Reg. Hosp. and Pinehurst Treatment 943358 Pinehurst</b>	Renovate nursing units on the second and third floors, including general med/surg and ICU beds	07/01/2012	08/09/2013	\$18,492,762.00	12/15/2013
<b>Onslow</b>	<b>P-010123-13</b>	<b>New River Dialysis 130178 Jacksonville</b>	Relocate 18 dialysis stations from Southeastern Dialysis Center to New River Dialysis, a new facility	05/01/2013	08/12/2013	\$1,725,286.00	03/01/2014
<b>Tyrrell</b>	<b>R-010085-13</b>	<b>Tyrrell House 130065 Columbia</b>	Construct a new 50-bed adult care home with 26 regular beds and 24 special care beds	03/01/2013	08/16/2013	\$3,255,475.00	02/28/2014
<b>Union</b>	<b>F-010105-13</b>	<b>DVA Healthcare Renal Care, Inc. 060374 Marshville</b>	Add 2 dialysis stations for a total of 12 stations upon project completion	04/01/2013	08/13/2013	\$6,810.00	01/15/2014

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Yadkin	G-010137-13	Yadkinville Care Center 130218 Yadkinville	Develop new hospice facility with 4 hospice inpatient and 2 hospice residential beds	06/01/2013	08/31/2013	\$3,541,722.00	04/01/2014

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10128-13**

**FID #943049**

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

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Replace MRI scanner/ Cabarrus County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carolinas Medical Center-NorthEast  
920 Church Street  
Concord, NC 28025

**MAXIMUM CAPITAL EXPENDITURE:** \$3,062,688

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** April 28, 2014

This certificate is effective as of the 29<sup>th</sup> day of August, 2013

*Craig R. Smith by M. Hixson*  
Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast 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 August 5, 2013.

**TIMETABLE:**

50% Completion of Construction _____	April 20, 2014
Arrival of Equipment _____	May 27, 2014
Completion of Construction _____	June 17, 2014
Operation of Equipment _____	July 1, 2014

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #F-8793-12

FID #120159

**ISSUED TO:** Mecklenburg Diagnostic Imaging, LLC  
d/b/a Presbyterian Imaging Center - Gastonia  
3480 Preston Ridge Road, Suite 600  
Alpharetta, GA 30005

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:** Acquire no more than one fixed MRI scanner and establish a diagnostic center/  
Gaston County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Presbyterian Imaging Center - Gastonia  
920 Cox Road  
Gastonia, NC 28054

**MAXIMUM CAPITAL EXPENDITURE:** \$2,662,155

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 1, 2014

This certificate is effective as of the 22<sup>nd</sup> day of August, 2013

*Craig R. Smith by M. Trisone*  
Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall materially comply with all representations made in its certificate of need application, except as specifically amended by these conditions of approval.
2. Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall begin operation of the MRI scanner approved for Project I.D. No. F-8793-12 no sooner than June 15, 2015.
3. Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall not acquire, as part of this project, any equipment that is not included in the proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
4. Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall obtain accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the American College of Radiology or a comparable accreditation authority, as determined by the Certificate of Need Section, for magnetic resonance imaging within two years following operation of the proposed MRI scanner.
5. Upon completion of the proposed project, Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall redeploy the mobile MRI currently located at its existing site to a site outside of the Gaston County MRI service area.
6. Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall not exceed the representation made in the application for MRI charges for the facility related component in any of the first three operating years of the project.

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 September 14, 2012.

**TIMETABLE:**

Obtain Funds Necessary to Undertake Project	October 15, 2013
Completion of Final Drawings & Specifications	February 15, 2014
Contract Award	July 15, 2014
25% Completion of Construction	October 15, 2014
50% Completion of Construction	January 15, 2015
75% Completion of Construction	March 15, 2015
Completion of Construction	May 15, 2015
Offering of Services/Certification	June 15, 2015

**STATE OF NORTH CAROLINA**

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

**CERTIFICATE OF NEED**

for

**Project Identification Number #F-10136-13**

**FID #130219**

**ISSUED TO: Hospice & Palliative Care Charlotte Region  
d/b/a Lincoln County Hospice House  
1420 East Seventh Street  
Charlotte, NC 28204**

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: Develop a new hospice inpatient facility with no more than six hospice inpatient beds/ Lincoln County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Lincoln County Hospice House  
7B Waterside Loop Road  
Denver, NC 28037**

**MAXIMUM CAPITAL EXPENDITURE: \$3,462,600**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 1, 2014**

This certificate is effective as of the 29<sup>th</sup> day of August, 2013

*Craig R. Smith by M. Frisone*  
**Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. Hospice & Palliative Care Charlotte Region d/b/a Lincoln County Hospice House shall materially comply with all representations made in its certificate of need application and supplemental information provided. In those instances where representations conflict, Hospice & Palliative Care Charlotte Region d/b/a Lincoln County Hospice House shall materially comply with the last made representations.
2. Hospice & Palliative Care Charlotte Region d/b/a Lincoln County Hospice House shall develop a 6-bed hospice inpatient facility and shall be licensed for a total of 6 hospice inpatient beds upon completion of this project.
3. Hospice & Palliative Care Charlotte Region d/b/a Lincoln County Hospice House shall acknowledge acceptance 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 August 29, 2013.

**TIMETABLE:**

Completion of Preliminary Drawings _____	February 1, 2014
Approval of Site by Construction Section, DHSR _____	June 1, 2014
Approval of Final Drawings and Specification by the Construction Section, DHSR _____	July 1, 2014
Contract Award _____	September 1, 2014
50% Completion of Construction _____	May 1, 2015
75% Completion of Construction _____	July 1, 2015
Completion of Construction _____	September 1, 2015
Occupancy/Offering Service (s) _____	October 1, 2015
Licensure of Facility _____	October 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10004-12**

**FID #120389**

**ISSUED TO: Carolinas Medical Center at Home, LLC  
and The Charlotte-Mecklenburg Hospital Authority  
P.O. Box 32861  
Charlotte, NC 28232-2861**

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: Develop a new Medicare-certified home health agency/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Healthy @ Home – Carolinas Medical Center  
101 East W.T. Harris Boulevard, Suite 5105  
Charlotte, NC 28262**

**MAXIMUM CAPITAL EXPENDITURE: \$450,000**

**TIMETABLE: See Reverse Side**

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

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

*Craig R. Smith by M. Trisone*  
**Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. Carolinas Medical Center at Home, LLC and The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. Prior to issuance of the certificate of need, Carolinas Medical Center at Home, LLC and The Charlotte-Mecklenburg Hospital Authority shall acknowledge in writing to the Certificate of Need Section acceptance of and agree to comply with all conditions stated herein.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 29, 2013.

**TIMETABLE:**

Submittal of Final Drawings and Specifications to Construction Section, DHSR .....	December 1, 2013
50% Completion of Construction.....	February 1, 2014
Licensure of Home Health Office .....	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 #F-10132-13**

**FID #080130**

**ISSUED TO: Hospice & Palliative Care Charlotte Region  
1420 East Seventh Street  
Charlotte NC 28204**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Add no more than 6 hospice inpatient beds to the existing facility for a total of no more than 22 hospice inpatient beds/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Levine & Dickson Hospice House  
11900 Vanstory Drive  
Huntersville NC 28078**

**MAXIMUM CAPITAL EXPENDITURE: \$2,025,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 1, 2014**

This certificate is effective as of the 29<sup>th</sup> day of August, 2013

*Craig R. Smith by M. Frison*  
**Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. Hospice & Palliative Care Charlotte Region d/b/a Levine & Dickson Hospice House shall materially comply with all representations made in the certificate of need application.
2. Hospice & Palliative Care Charlotte Region d/b/a Levine & Dickson Hospice House shall develop no more than six additional hospice inpatient beds for a total of not more than 22 hospice inpatient beds upon completion of the project.
3. Hospice & Palliative Care Charlotte Region d/b/a Levine & Dickson Hospice House 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. Hospice & Palliative Care Charlotte Region d/b/a Levine & Dickson Hospice House 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 August 29, 2013.

**TIMETABLE:**

Preliminary Designs for Facility Completed	_____	January 1, 2014
Final Drawings Approved by the DHSR Construction Section	_____	July 1, 2014
Construction Contract Award	_____	September 1, 2014
50% Completion of Construction	_____	May 1, 2015
Completion of Construction	_____	September 1, 2015
Occupancy/Offering of Service(s)	_____	October 1, 2015

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10134-13**

**FID #943070**

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

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Renovate Unit 10A as a 20-bed unit/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

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

**MAXIMUM CAPITAL EXPENDITURE: \$3,429,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 1, 2014**

This certificate is effective as of the 30<sup>th</sup> day of August, 2013

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

**CONDITIONS:**

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

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on August 5, 2013.

**TIMETABLE:**

Approval of Final Drawings by DHSR _____	December 31, 2013
Contract Award _____	January 1, 2014
25% Completion of Construction _____	February 5, 2014
50% Completion of Construction _____	March 12, 2014
75% Completion of Construction _____	April 11, 2014
Completion of Construction _____	May 16, 2014
Occupancy/Offering of Service(s) _____	July 1, 2014

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #H-8839-12**

**FID #943358**

**ISSUED TO: FirstHealth of the Carolinas, Inc.  
d/b/a FirstHealth Moore Regional Hospital  
155 Memorial Drive  
Pinehurst, NC 28374**

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: FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall renovate nursing units on the second and third floors, including general medical/surgical beds and ICU beds with no increase in licensed bed capacity/ Moore County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FirstHealth Moore Regional Hospital  
155 Memorial Drive  
Pinehurst, NC 28374**

**MAXIMUM CAPITAL EXPENDITURE: \$18,492,762**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 9<sup>th</sup> day of August, 2013

*Craig R. Smith by Marisone*  
**Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall materially comply with all representations made in the certificate of need application.
2. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall be licensed for no more than 312 acute care beds following completion of this project and Project ID #N-8497-10 [Relocate 8 acute care beds to FirstHealth Hoke Community Hospital].
3. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional 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 or that would otherwise require a certificate of need.
4. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional 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.

**TIMETABLE:**

Completion of Preliminary Drawings _____	October 1, 2013
Completion of Final Drawings and Specifications _____	November 1, 2013
Approval of Final Drawings and Specifications by Construction Section, DHSR _____	December 1, 2013
Ordering of Equipment _____	February 1, 2014
25% Completion of Construction _____	August 1, 2014
50% Completion of Construction _____	September 1, 2014
Arrival of Equipment _____	September 1, 2014
75% Completion of Construction _____	December 1, 2015
Completion of Construction _____	June 1, 2016
Occupancy/Offering of Service/Operation of Equipment _____	June 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-10123-13

FID #130178

**ISSUED TO:** Total Renal Care of North Carolina, LLC  
d/b/a New River 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:** Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall relocate no more than 18 dialysis stations from Southeastern Dialysis Center to New River Dialysis, a new facility, for a total of no more than 18 certified dialysis stations at project completion, which shall include any home hemodialysis training or isolation stations/ Onslow County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** New River Dialysis  
111 Yopp Road, Lot 18  
Jacksonville, NC 28540

**MAXIMUM CAPITAL EXPENDITURE:** \$1,725,286

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 1, 2014

This certificate is effective as of the 12<sup>th</sup> day of August, 2013

*Craig R. Smith by mcf*  
Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall relocate and operate no more than a total of eighteen (18) certified dialysis stations which shall include any home hemodialysis training stations or isolation stations.
3. After the certification of the eighteen (18) relocated dialysis stations at New River Dialysis, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall take steps to decertify eighteen (18) dialysis stations for a total of no more than twenty-four (24) certified stations at Southeastern Dialysis Center-Jacksonville. Southeastern Dialysis Center-Jacksonville shall no longer provide training and support of peritoneal and home hemodialysis patients.
4. Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall install plumbing and electrical wiring through the walls for no more than eighteen (18) dialysis stations which shall include any home training or isolation stations.
5. Total Renal Care of North Carolina, LLC d/b/a New River 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 August 2, 2013.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	March 1, 2014
Contract Award _____	May 1, 2014
50% Completion of Construction _____	July 15, 2014
Completion of Construction/Arrival of Equipment _____	October 1, 2014
Occupancy/Offering of Service(s) _____	December 15, 2014
Certification of Stations _____	January 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #R-10085-13**

**FID #130065**

**ISSUED TO: East Coast Health Investors, LLC and East Coast AL Holdings  
d/b/a Tyrrell House  
P.O. Box 2568  
Hickory, NC 28603**

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: Construct a 50 bed adult care home facility with a 24-bed special care unit/  
Tyrrell County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Tyrrell House  
Elementary School Road  
Columbia, NC 27925**

**MAXIMUM CAPITAL EXPENDITURE: \$3,255,475**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 28, 2014**

This certificate is effective as of the 16<sup>th</sup> day of August, 2013

*Craig R. Smith by M. Frisone*  
**Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. East Coast Health Investors, LLC (lessor) and East Coast AL Holdings, LLC (lessee) d/b/a Tyrrell House shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, East Coast Health Investors, LLC and East Coast AL Holdings, LLC shall materially comply with the last made representation.
2. East Coast Health Investors, LLC (lessor) and East Coast AL Holdings, LLC (lessee) d/b/a Tyrrell House shall construct a facility with no more than 50 adult care beds, including a 24-bed special care unit, upon the completion of the proposed project.
3. East Coast Health Investors, LLC (lessor) and East Coast AL Holdings, LLC, (lessee) shall provide care to State/County Special Assistance patients with Basic Medicaid for the facility and the Special Care Unit commensurate with their representations in the application.
4. For the first two years of operation following completion of the project, East Coast Health Investors, LLC (lessor) and East Coast AL Holdings, LLC (lessee) d/b/a Tyrrell House shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.
5. East Coast Health Investors, LLC (lessor) and East Coast Holdings, LLC, (lessee) shall submit all patient charges and patient admissions for each source of patient payment to the CON Section at year end for each of the first three operating years following licensure of the beds in the facility.
6. East Coast Health Investors, LLC (lessor) and East Coast Holdings, LLC, (lessee) 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.
7. East Coast Health Investors, LLC (lessor) and East Coast AL Holdings, LLC (lessee) d/b/a Tyrrell House 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 August 19, 2013.

**TIMETABLE:**

Site Purchase _____	December 2, 2013
Construction Contract Award _____	February 6, 2014
Final Drawings Approved by the Department of Insurance _____	May 14, 2014
25% Completion of Construction _____	September 30, 2014
75% Completion of Construction _____	May 29, 2015
Completion of Construction _____	August 14, 2015
Licensure of Facility _____	October 1, 2015

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #F-10105-13

FID #060374

**ISSUED TO:** DVA Healthcare Renal Care, Inc.  
d/b/a Marshville 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:** Relocate no more than two dialysis stations from Union County Dialysis Center to Marshville Dialysis Center, for a total of no more than 12 certified dialysis stations at Marshville Dialysis Center/ Union County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Marshville Dialysis Center  
7260 E. Marshville Boulevard  
Marshville, NC 28103

**MAXIMUM CAPITAL EXPENDITURE:** \$6,810

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 15, 2014

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

*Craig R. Smith by M. Frisone*  
Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. **DVA Healthcare Renal Care, Inc. d/b/a Marshville Dialysis Center shall materially comply with all representations made in its certificate of need application.**
2. **DVA Healthcare Renal Care, Inc. d/b/a Marshville Dialysis Center shall relocate no more than two certified dialysis stations for a total of 12 certified dialysis stations which shall include any home hemodialysis training or isolation stations.**
3. **DVA Healthcare Renal Care, Inc. d/b/a Marshville Dialysis Center shall install plumbing and electrical wiring through the walls for two additional dialysis stations for a total of 12 dialysis stations which shall include any isolation stations.**
4. **DVA Healthcare Renal Care, Inc. d/b/a Marshville 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 Marshville 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 August 2, 2013.**

**TIMETABLE:**

<b>Ordering Equipment</b>	<b>_____</b>	<b>October 15, 2013</b>
<b>Operation of Equipment</b>	<b>_____</b>	<b>December 15, 2013</b>
<b>Occupancy/Offering of Service/Certification of Stations</b>	<b>_____</b>	<b>January 1, 2014</b>

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #G-10137-13

FID #130218

**ISSUED TO:** Hospice of Surry, Inc.  
d/b/a Mountain Valley Hospice and Palliative Care  
d/b/a Yadkinville Care Center  
401 Technology Lane, Suite 200  
Mount Airy, NC 27030

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:** Develop a new hospice facility with four hospice inpatient and two hospice residential beds/ Yadkin County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Yadkinville Care Center  
Intersection of Northwood Church Road and N. Lee Avenue  
Yadkinville, NC 27055

**MAXIMUM CAPITAL EXPENDITURE:** \$3,541,722

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** April 1, 2014

This certificate is effective as of the 31<sup>st</sup> day of August, 2013



Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Hospice of Surry, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Yadkinville Care Center shall materially comply with all representations made in its certificate of need application and supplemental information provided. In those instances where representations conflict, Hospice of Surry, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Yadkinville Care Center shall materially comply with the last made representations.
2. Hospice of Surry, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Yadkinville Care Center shall be licensed for a total of six hospice beds comprised of four hospice inpatient and two hospice residential beds upon completion of this project.
3. Hospice of Surry, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Yadkinville Care 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 August 5, 2013.

**TIMETABLE:**

Obtain Funds Necessary to Undertake Project _____	January 1, 2014
Site Purchased _____	March 1, 2014
Completion of Final Drawings and Specifications _____	July 15, 2014
Contract Award _____	September 1, 2014
25% Completion of Construction _____	December 1, 2014
50% Completion of Construction _____	March 1, 2015
75% Completion of Construction _____	June 1, 2015
Completion of Construction _____	September 15, 2015
Occupancy/Offering Service _____	October 1, 2015
Licensure of Facility _____	October 1, 2015
Certification of Facility _____	December 1, 2015