

**Certificate of Need
Certificates Issued
May 2020**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Alamance	G-011854-20	Liberty Commons Nursing & Rehab Ctr of Alamance Cty	960494	NH	Relocate no more than 32 NF beds pursuant to Policy NH-6 from Edgewood Place at the Village of Brookwood for a total of no more than 122 NF beds and 48 ACH beds and construct a new wing for the ACH beds	3/1/2020	4/14/2020	5/15/2020	Conditional Approval	Celia Inman	Fatimah Wilson	\$4,669,240	8/30/2020
Alamance	G-011858-20	Peak Resources - Alamance	150231	NH	Relocate no more than 22 NF beds pursuant to Policy NH-6 from Edgewood Place at the Village at Brookwood for a total of no more than 142 NF beds upon project completion	3/1/2020	4/24/2020	5/27/2020	Conditional Approval	Celia Inman	Fatimah Wilson	\$565,000	8/30/2020
Bladen	N-011832-19	Bladenboro Dialysis	160065	ESRD	Relocate 2 dialysis stations from Southeastern Dialysis Center-Whiteville (Columbus County) and 2 stations from Southeastern Dialysis Center-Burgaw (Pender County) to Bladenboro Dialysis, which is a change of scope and cost overrun for Project ID #N-11130-16 (develop a new 10-station facility by relocating 10 stations from Southeastern Dialysis Center-Elizabethtown)	12/1/2019	4/22/2020	5/23/2020	Conditional Approval	Tanya Saporito	Lisa Pittman	\$394,858	11/1/2020
Carteret	P-011840-20	FMC Sea Spray	120486	ESRD	Relocate no more than 1 dialysis station from Crystal Coast Dialysis Unit for a total of no more than 11 in-center and home hemodialysis stations upon project completion (Applied to move 2, only 1 was approved)	2/1/2020	4/14/2020	5/15/2020	Conditional Approval	Celia Inman	Fatimah Wilson	\$7,500	9/30/2020
Edgecombe	L-011839-20	FMC Tarboro	150155	ESRD	Relocate no more than 4 dialysis stations from BMA East Rocky Mount to FMC Tarboro for a total of no more than 14 stations at FMC Tarboro upon project completion	2/1/2020	4/3/2020	5/5/2020	Conditional Approval	Ena Lightbourne	Gloria Hale	\$15,000	9/6/2020

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11854-20

FID #: 960494

ISSUED TO: Liberty Commons Nursing and Rehabilitation Center of Alamance County, LLC

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Relocate no more than 32 NF beds pursuant to Policy NH-6 from Edgewood Place at the Village of Brookwood for a total of no more than 122 NF beds and 48 ACH beds and construct a new wing for the ACH beds / Alamance County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Liberty Commons Nursing & Rehabilitation Center of Alamance County
791 Boone Station Drive
Burlington, NC 27215

MAXIMUM CAPITAL EXPENDITURE: \$4,669,240

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2020

This certificate is effective as of May 15, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. Liberty Commons Nursing and Rehabilitation Center of Alamance County, LLC and Liberty Healthcare Properties of Alamance County, LLC shall materially comply with all representations made in this application.
2. Liberty Commons Nursing and Rehabilitation Center of Alamance County, LLC and Liberty Healthcare Properties of Alamance County, LLC shall acquire and relocate no more than 32 nursing facility beds from Edgewood Place at the Village at Brookwood for a total of no more than 122 nursing facility beds and 48 adult care home beds at Liberty Commons Nursing and Rehabilitation Center of Alamance County upon project completion.
3. Upon issuance of the CON, Alamance Extended Care, Inc. shall take appropriate steps to de-license 32 nursing facility beds from Edgewood Place at the Village at Brookwood for a total of 51 NF beds and 24 ACH beds upon the completion of this project and Project ID #G-11858-20 (Relocate 22 NF beds from Edgewood Place).
4. For the first two years of operation following completion of the project, Liberty Commons Nursing and Rehabilitation Center of Alamance County, LLC and Liberty Healthcare Properties of Alamance County, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, Liberty Commons Nursing and Rehabilitation Center of Alamance County, LLC and Liberty Healthcare Properties of Alamance County, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. Liberty Commons Nursing and Rehabilitation Center of Alamance County, LLC and Liberty Healthcare Properties of Alamance County, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on April 14, 2020.

TIMETABLE:

- | | |
|---|-------------------|
| 1. Drawings Complete _____ | October 1, 2021 |
| 2. Construction Contract Executed _____ | April 1, 2022 |
| 3. 25% of Construction/Renovation Completed _____ | August 1, 2022 |
| 4. 50% of Construction/Renovation Completed _____ | December 1, 2022 |
| 5. 75% of Construction/Renovation Completed _____ | April 1, 2023 |
| 6. Construction/Renovation Completed _____ | August 1, 2023 |
| 7. Licensure Obtained _____ | October 1, 2023 |
| 8. Services Offered (required) _____ | October 1, 2023 |
| 9. First Annual Report Due* _____ | December 31, 2024 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11858-20

FID #: 150231

**ISSUED TO: Peak of Graham, LLC
Peak Resources-Alamance, Inc.**

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Relocate no more than 22 NF beds pursuant to Policy NH-6 from Edgewood Place at the Village at Brookwood for a total of no more than 142 NF beds upon project completion/ Alamance County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Peak Resources - Alamance
215 College St.
Graham, NC 27523**

MAXIMUM CAPITAL EXPENDITURE: \$565,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2020

This certificate is effective as of May 27, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. Peak Resources-Alamance, Inc. and Peak of Graham, LLC shall materially comply with all representations made in the application and any supplemental responses. In the event that representations conflict, Peak Resources-Alamance, Inc. and Peak of Graham, LLC shall materially comply with the last made representation.
2. Peak Resources-Alamance, Inc. and Peak of Graham, LLC shall acquire and relocate no more than 22 nursing facility beds from Edgewood Place at the Village at Brookwood for a total of no more than 142 nursing facility beds at Peak Resources-Alamance upon project completion.
3. Upon issuance of the CON, Alamance Extended Care, Inc. shall take appropriate steps to de-license 22 nursing facility beds from Edgewood Place at the Village at Brookwood.
4. For the first two years of operation following completion of the project, Peak Resources-Alamance, Inc. and Peak of Graham, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
5. Prior to the issuance of the certificate of need, Peak Resources-Alamance, Inc. and Peak of Graham, LLC shall obtain documentation from Cone Health showing that the purchase transaction between the buyer and seller has been completed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.
6. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, Peak Resources-Alamance, Inc. and Peak of Graham, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. Peak Resources-Alamance, Inc. and Peak of Graham, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on April 24, 2020.

TIMETABLE:

- | | | |
|----|--|--------------------|
| 1. | Construction Contract Executed _____ | July 30, 2020 |
| 2. | 25% of Construction/Renovation Completed _____ | August 10, 2020 |
| 3. | 50% of Construction/Renovation Completed _____ | August 20, 2020 |
| 4. | 75% of Construction/Renovation Completed _____ | August 30, 2020 |
| 5. | Construction/Renovation Completed _____ | August 31, 2020 |
| 6. | Licensure Obtained _____ | September 15, 2020 |
| 7. | Services Offered (required) _____ | October 1, 2020 |
| 8. | First Annual Report Due* _____ | December 31, 2021 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: N-11832-19

FID #: 160065

ISSUED TO: Total Renal Care of North Carolina, LLC

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Relocate 2 dialysis stations from Southeastern Dialysis Center-Whiteville (Columbus County) and 2 stations from Southeastern Dialysis Center-Burgaw (Pender County) to Bladenboro Dialysis, which is a change of scope and cost overrun for Project ID #N-11130-16 (develop a new 10-station facility by relocating 10 stations from Southeastern Dialysis Center-Elizabethtown)/ Bladen County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Bladenboro Dialysis
219 Martin Luther King Drive
Bladenboro, NC 28320**

MAXIMUM CAPITAL EXPENDITURE: \$394,858

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2020

This certificate is effective as of May 23, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, the applicant shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC shall relocate two existing dialysis stations from SEDC-Whiteville and two dialysis stations from SEDC-Burgaw to Bladenboro Dialysis, for a total of no more than 14 dialysis stations at Bladenboro Dialysis upon completion of this project and Project ID #O-11130-16.
3. Total Renal Care of North Carolina, LLC shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations which shall include any isolation stations.
4. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify two dialysis stations at SEDC-Whiteville and two dialysis stations from SEDC-Burgaw for a total of no more than 24 dialysis stations at SEDC-Whiteville and 17 stations at SEDC-Burgaw.
5. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and 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 Agency on April 24, 2020.

TIMETABLE:

1. 50% of Construction / Renovation Completed _____ August 14, 2020
2. Construction / Renovation Completed _____ November 16, 2020
3. Services Offered (required) _____ January 1, 2021

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: P-11840-20

FID #: 120486

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Relocate no more than 1 dialysis station from Crystal Coast Dialysis Unit for a total of no more than 11 in-center and home hemodialysis stations upon project completion / Carteret County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC Sea Spray
1165 Cedar Point Blvd
Cedar Point, NC 28584**

MAXIMUM CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2020

This certificate is effective as of May 15, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application, as modified by Conditions (2) and (3) below.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate no more than one dialysis station from Crystal Coast Dialysis Unit to FMC Sea Spray for a total of no more than 11 in-center and home hemodialysis stations at FMC Sea Spray upon project completion.
3. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify one in-center dialysis station at Crystal Coast Dialysis Unit for a total of no more than 20 in-center dialysis stations at Crystal Coast Dialysis Unit upon completion of this project and Project ID #P-11665-19 (add no more than five stations for no more than 21 stations).
4. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on May 15, 2020.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Drawings Completed _____ | August 15, 2020 |
| 2. Construction / Renovation Completed _____ | December 1, 2020 |
| 3. Building / Space Occupied _____ | December 14, 2020 |
| 4. Services Offered (required) _____ | December 31, 2020 |
| 5. Medicare and / or Medicaid Certification Obtained _____ | December 31, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: L-11838-20

FID #: 150397

ISSUED TO: FMS ENA Home, LLC

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Relocate no more than one dialysis station from BMA East Rocky Mount for home hemodialysis training and support services/ Edgecombe County

CONDITIONS: See Reverse Side

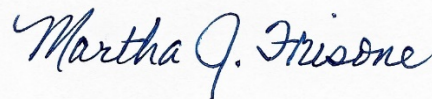
**PHYSICAL LOCATION: Edgecombe Home Dialysis
122 Hospital Drive
Tarboro, NC 27886**

MAXIMUM CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2021

This certificate is effective as of May 26, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. FMS ENA Home Care, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, FMS ENA Home Care, LLC shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, FMS ENA Home Care, LLC shall relocate one dialysis station from BMA East Rocky Mount to Edgecombe Home Dialysis for use as home hemodialysis training and support.
3. FMS ENA Home Care, LLC shall install plumbing and electrical wiring through the walls for no more than one dialysis station which shall include any isolation stations.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify one dialysis station at BMA East Rocky Mount for a total of no more than 25 dialysis stations at BMA East Rocky Mount following completion of this project, Project I.D. #L-11374-17 (relocate ten stations to develop Fresenius Kidney Care Boice-Willis), Project I.D. #L-11483-18 (add four stations), and Project I.D. #L-11580-18 (add two stations).
5. FMS ENA Home Care, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on April 24, 2020.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Drawings Complete _____ | August 15, 2020 |
| 2. Construction / Renovation Completed _____ | December 1, 2020 |
| 3. Equipment Ordered _____ | December 1, 2020 |
| 4. Equipment Installed _____ | December 7, 2020 |
| 5. Equipment Operational _____ | December 14, 2020 |
| 6. Services Offered (required) _____ | December 31, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: L-11839-20

FID #: 150155

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Relocate no more than 4 dialysis stations from BMA East Rocky Mount to FMC Tarboro for a total of no more than 14 stations at FMC Tarboro upon project completion / Edgecombe County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC Tarboro
120 Hospital Drive
Tarboro, NC 27856**

MAXIMUM CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 6, 2020

This certificate is effective as of May 5, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate no more than 4 in-center stations from BMA East Rocky Mount to Fresenius Medical Clinic Tarboro for a total of no more than 14 stations upon completion of the project.
3. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 4 in-center stations at BMA East Rocky Mount for a total of no more than 22 in-center stations at BMA East Rocky Mount upon completion of this project, Project ID# L-11374-17 (relocate 10 stations), Project ID# L-11483-18 (add 4 stations) and Project ID# L-11580-18 (add 2 stations).
4. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on April 3, 2020.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Financing Obtained _____ | January 15, 2020 |
| 2. Drawings Completed _____ | August 15, 2020 |
| 3. Construction / Renovation Completed _____ | December 1, 2020 |
| 4. Equipment Ordered _____ | October 1, 2020 |
| 5. Equipment Installed _____ | December 7, 2020 |
| 6. Equipment Operational _____ | December 14, 2020 |
| 7. Building / Space Occupied _____ | December 14, 2020 |
| 8. Services Offered (required) _____ | December 31, 2020 |
| 9. Medicare and / or Medicaid Certification Obtained _____ | December 31, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11823-19

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Acquire one unit of proton therapy equipment/ Mecklenburg County

CONDITIONS: See Reverse Side

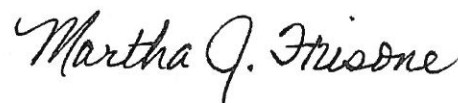
**PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203**

MAXIMUM CAPITAL EXPENDITURE: \$55,990,930

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2021

This certificate is effective as of May 27, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall acquire no more than one unit of proton therapy equipment to be located at the Levine Cancer Institute on the Carolinas Medical Center hospital campus.
3. The Charlotte-Mecklenburg Hospital Authority shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. The Charlotte-Mecklenburg Hospital Authority 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.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, The Charlotte-Mecklenburg Hospital Authority shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on April 29, 2020.

TIMETABLE:

1. Construction / Renovation Contract(s) Executed _____ January 4, 2021
2. 25% of Construction / Renovation Completed (25% of the cost is in place) _____ March 8, 2021
3. 50% of Construction / Renovation Completed _____ May 17, 2021
4. 75% of Construction / Renovation Completed _____ August 2, 2021
5. Construction / Renovation Completed _____ October 4, 2021
6. Equipment Installed _____ January 3, 2022
7. Equipment Operational _____ April 2, 2022
8. Services Offered (required) _____ July 1, 2022
9. First Annual Report Due* _____ March 1, 2024

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11841-20

FID #: 160339

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Relocate no more than 2 dialysis stations from Metrolina Kidney Center for a total of no more than 12 stations upon project completion/ Union County

CONDITIONS: See Reverse Side

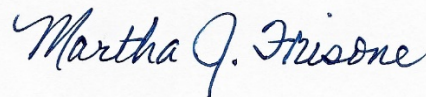
**PHYSICAL LOCATION: Fresenius Kidney Care Indian Trail
7862 Idlewild Road
Indian Trail, NC 28079**

MAXIMUM CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2021

This certificate is effective as of May 23, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate no more than two dialysis stations from Metrolina Kidney Center, for a total of no more than 12 dialysis stations at Fresenius Kidney Care Indian Trail.**
- 3. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify two dialysis stations at Metrolina Kidney Center for a total of no more than 27 dialysis stations at Metrolina Kidney Center upon project completion, which shall include any home hemodialysis stations.**
- 4. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and 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 Agency on April 22, 2020.

TIMETABLE:

- 1. Drawings Completed _____ August 15, 2020**
- 2. 75% of Construction / Renovation Completed _____ December 1, 2020**
- 3. Services Offered (required) _____ December 31, 2020**

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11862-20

FID #: 180514

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Change of scope for Project I.D. #F-11348-17 (add a third OR to Union West Surgery Center pursuant to the need determination in the 2017 SMFP) which involves adding the approved OR to the approved Atrium Health Union West hospital campus for a total of 3 ORs and 1 dedicated C-Section OR upon completion of this project and Project I.D. #F-11618-18 (develop a new satellite campus of Atrium Health Union)/ Union County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Union West
Stallings, NC 28104

MAXIMUM CAPITAL EXPENDITURE: \$2,184,502

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2020

This certificate is effective as of May 27, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with the representations in this application and the representations made in Project I.D. #F-11348-17. Where representations conflict, The Charlotte-Mecklenburg Hospital Authority shall materially comply with the last made representation.
2. In a change of scope for Project I.D. #F-11348-17, The Charlotte-Mecklenburg Hospital Authority shall develop the one operating room approved pursuant to the need determination in the 2017 SMFP at Atrium Health Union West and not at Union West Surgery Center.
3. Upon completion of this project and Project I.D. #F-11618-18 (develop a new satellite campus of Atrium Health Union), Atrium Health Union West will be licensed for no more than three operating rooms and one dedicated C-Section operating room.
4. Upon completion of this project and Project I.D. #F-11618-18, Union West Surgery Center will be licensed for no more than two operating rooms.
5. Upon issuance of the certificate of need for this project, The Charlotte-Mecklenburg Hospital Authority shall relinquish the certificate of need for Project I.D. #F-11348-17 to the Agency.
6. The Charlotte-Mecklenburg Hospital Authority shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application and that would otherwise require a certificate of need.
7. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Charlotte-Mecklenburg Hospital Authority shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on April 29, 2020.

TIMETABLE:

1. Drawings Completed _____ September 9, 2020
2. Construction / Renovation Contract(s) Executed _____ September 14, 2020
3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ November 2, 2020
4. 50% of Construction / Renovation Completed _____ January 31, 2021
5. 75% of Construction / Renovation Completed _____ June 1, 2021
6. Construction / Renovation Completed _____ November 30, 2021
7. Equipment Ordered _____ January 31, 2021
8. Equipment Installed _____ December 1, 2021
9. Equipment Operational _____ December 15, 2021
10. Building / Space Occupied _____ January 1, 2022
11. Services Offered (required) _____ January 1, 2022
12. First Annual Report Due _____ March 31, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11848-20

FID #: 050891

**ISSUED TO: The Cypress of Raleigh Club, Inc.
The Cypress of Raleigh, LLC**

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Cost overrun for Project ID # J-11608-18 (Add 21 nursing facility beds pursuant to Policy NH-2, for a total of 57 nursing facility beds upon project completion)/ Wake County

CONDITIONS: See Reverse Side

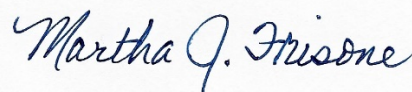
**PHYSICAL LOCATION: The Rosewood Health Center
8710 Cypress Club Drive
Raleigh NC, 27615**

MAXIMUM CAPITAL EXPENDITURE: \$1,241,068

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2020

This certificate is effective as of May 27, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. The Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, The Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, LLC shall materially comply with the last made representation.
2. The total combined capital expenditure for both projects is \$7,130,000, an increase of \$1,241,068 over the capital expenditure of \$5,888,933 previously approved in Project I.D. #J-11608-18.
3. The Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, LLC shall develop no more than 21 nursing facility beds pursuant to Policy NH-2 for a total of no more than 57 licensed nursing facility beds and 4 licensed adult care home beds upon completion of this project.
4. The 21 additional Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
5. The Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
6. The new Policy NH-2 nursing facility beds shall be developed on the same site with the independent living units and licensed adult care home beds.
7. The Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, LLC 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.
8. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
9. The Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on April 30, 2020.

TIMETABLE:

1. 75% of Construction / Renovation Completed _____ June 15, 2020
2. Construction / Renovation Completed _____ September 1, 2020
3. Licensure Obtained _____ December 15, 2020
4. Services Offered (required) _____ January 1, 2021
5. First Annual Report Due* _____ April 1, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11850-20

FID #: 160156

ISSUED TO: Duke University Health System, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Change of scope for Project I.D. # J-11167-16 (Acquire one fixed MRI scanner and develop a new diagnostic center) to add one unit of mammography equipment / Wake County

CONDITIONS: See Reverse Side

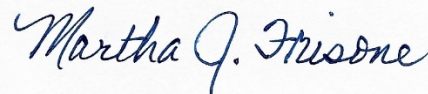
**PHYSICAL LOCATION: Duke Radiology Holly Springs
401 Irving Parkway
Holly Springs, NC 27540**

MAXIMUM CAPITAL EXPENDITURE: \$490,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2020

This certificate is effective as of May 16, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Duke University Health System, Inc. shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System, Inc. shall acquire no more than one unit of mammography equipment.
3. Duke University Health System, Inc. as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Duke University Health System, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Duke University Health System, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on April 16, 2020.

TIMETABLE:

- | | | |
|--------------------------------|-------|-------------------|
| 1. Equipment Ordered | _____ | September 2, 2020 |
| 2. Services Offered (required) | _____ | November 1, 2020 |
| 3. First Annual Report Due* | _____ | October 1, 2022 |

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: J-11865-20

FID #: 200142

ISSUED TO: University of North Carolina Health Care System

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. 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 section.

SCOPE: Develop a new diagnostic center in an existing medical office building in Cary/
Wake county

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Health Care Panther Creek Diagnostic
Center
6715 McCrimmon Parkway
Cary, NC 27519

MAXIMUM CAPITAL EXPENDITURE: \$1,076,093

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2020

This certificate is effective as of May 27, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. University of North Carolina Health Care System shall materially comply with all representations made in the certificate of need application.
2. University of North Carolina Health Care System shall develop a diagnostic center in the existing UNC Health Care Panther Creek Medical Office Building by adding a nuclear camera to existing diagnostic imaging equipment located in UNC Health Care Panther Creek Medical Office Building.
3. University of North Carolina Health Care System, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application or that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, University of North Carolina Health Care System shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. University of North Carolina Health Care System shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on April 27, 2020.

TIMETABLE:

1. Drawings Completed _____	September 18, 2020
2. Construction / Renovation Contract(s) Executed _____	September 25, 2020
3. 25% of Construction / Renovation Completed (25% of the cost is in place) _____	October 2, 2020
4. 50% of Construction / Renovation Completed _____	October 9, 2020
5. 75% of Construction / Renovation Completed _____	October 16, 2020
6. Construction / Renovation Completed _____	October 23, 2020
7. Equipment Ordered _____	September 2, 2020
8. Equipment Installed _____	October 23, 2020
9. Equipment Operational _____	October 30, 2020
10. Building / Space Occupied _____	October 30, 2020
11. Services Offered (required) _____	October 30, 2020
12. First Annual Report Due _____	October 1, 2022