

Certificate of Need
Certificates Issued
November 2020

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Review Status / Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Burke	E-011938-20	BMA Burke County	150154	ESRD	Add no more than 5 dialysis stations pursuant to Condition 2 of the facility need for a total of no more than 41 stations upon project completion	9/1/2020	10/12/2020	11/13/2020	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$218,750	8/2/2021
Durham	J-011913-20	Duke Health Arrington Radiology	190274	DXCTR	Acquire a fixed MRI scanner pursuant to the need determination in the 2020 SMFP which is a change of scope for Project ID#J-11718-19 (develop a new diagnostic center with one MRI scanner relocated from Page Road)	8/1/2020	10/8/2020	11/10/2020	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$2,847,000	1/8/2021
Durham	J-011937-20	FMC Dialysis Center West Pettigrew	956837	ESRD	Add no more than four dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 24 stations upon completion of this project and Project ID# J-11373-17 (relocate four stations)	9/1/2020	10/8/2020	11/10/2020	Conditional Approval	Kim Meymandi	Fatimah Wilson	\$0	5/1/2021
Forsyth	G-011919-20	Northside Dialysis Center	000193	ESRD	Add no more than 3 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 48 stations upon project completion	9/1/2020	10/7/2020	11/7/2020	Conditional Approval	Celia Inman	Fatimah Wilson	\$50,400	5/1/2021
Gaston	F-011912-20	CaroMont ASC-Belmont	200530	ASC	Develop a new ASC by relocating 2 ORs: 1 from CaroMont Regional Medical Center and 1 from CaroMont Specialty Surgery and develop 2 procedure rooms	8/1/2020	10/2/2020	11/3/2020	Conditional Approval	Tanya Saporito	Gloria Hale	\$12,908,668	10/1/2021
Hertford	Q-11835-20	Hertford Home Dialysis	200030	ESRD	Develop a new dialysis facility in Ahoskie dedicated to providing home peritoneal dialysis training and support services	2/1/2020	6/16/2020	11/13/2020	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$870,546	6/1/2021

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Hoke	N-11928-20	Dialysis Care of Hoke County	945165	ESRD	Add no more than 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 25 stations upon completion of this project, Project ID #N-11588-18 (relocate six stations to Robeson County Dialysis) and Project ID #N-11687-19 (add 5 stations)	9/1/2020	10/19/2020	11/19/2020	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$23,423	8/21/2021
Mecklenburg	F-011930-20	Sugar Creek Dialysis	150478	ESRD	Add no more than 10 stations pursuant to Condition 1 of the facility need methodology for a total of no more than 21 stations upon completion of this project and Project I.D. #F-11846-20 (relocate 1 station)	9/1/2020	10/2/2020	11/3/2020	Conditional Approval	Julie Faenza	Gloria Hale	\$189,065	4/1/2021
Mecklenburg	F-008765-11	Novant Health Presbyterian Medical Center	943501	HOSPITAL	Develop 14 additional acute care beds pursuant to the need determination in the 2011 SMFP (originally proposed to develop 50 acute care beds; the remaining 36 acute care beds were developed at Novant Health Mint Hill Medical Center instead pursuant to the certificate of need issued for Project ID #F-7648-06)	11/1/2011	3/29/2012	11/2/2020	Conditional Approval	Mike McKillip	Unidentified Analyst	\$84,107,759	5/1/2012
Mecklenburg	F-007648-06	Novant Health Mint Hill Medical Center	060857	HOSPITAL	Develop a new hospital with 36 acute care beds, 3 shared ORs, 1 dedicated C-Section OR (all 4 ORs relocated from Novant Health Presbyterian Medical Center) and 1 GI endoscopy room relocated from Novant Health Matthews Medical Center	8/1/2006	12/22/2006	11/2/2020	Conditional Approval	Martha Frisone	Lee Hoffman	\$89,998,968	2/28/2008
Moore	H-011911-20	First Imaging of the Carolinas, LLC	041040	DXCTR	Acquire an existing MRI scanner from FirstHealth of the Carolinas, Inc.	8/1/2020	10/6/2020	11/7/2020	Conditional Approval	Tanya Saporito	Lisa Pittman	\$1,167,000	4/1/2021
Moore	H-011932-20	Southern Pines Diaysis Center	020648	ESRD	Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 18 stations upon project completion	9/1/2020	10/19/2020	11/19/2020	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$21,327	8/1/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-11938-20

FID #: 150154

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

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 5 dialysis stations pursuant to Condition 2 of the facility need for a total of no more than 41 stations upon project completion / Burke County

CONDITIONS: See Reverse Side

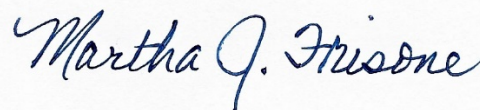
PHYSICAL LOCATION: BMA of Burke County
814 W. Union Street
Morganton, NC 28001

CAPITAL EXPENDITURE: \$218,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 2, 2021

This certificate is effective as of November 13, 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 Condition 2 of the facility need determination in the 2020 SMFP, Bio-Medical Applications of North Carolina, Inc. shall develop no more than five additional in-center dialysis stations for a total of no more than 41 in-center (and home hemodialysis) stations at BMA of Burke County upon project completion.**
3. **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 October 12, 2020.

Timetable

Milestone	Date mm/dd/yyyy	
1	Financing Obtained	8/17/2020
2	Drawings Completed	5/19/2021
4	Construction / Renovation Contract(s) Executed	7/03/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	8/17/2021
6	50% of Construction / Renovation Completed	9/17/2021
7	75% of Construction / Renovation Completed	10/31/2021
8	Construction / Renovation Completed	11/14/2021
9	Equipment Ordered	10/01/2021
10	Equipment Installed	11/20/2021
11	Equipment Operational	12/04/2021
12	Building / Space Occupied	12/04/2021
14	Services Offered	12/31/2021
15	Medicare and / or Medicaid Certification Obtained	12/31/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11913-20

FID #: 190274

ISSUED TO: Duke University Health Systems, Inc.

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Acquire a fixed MRI scanner pursuant to the need determination in the 2020 SMFP which is a change of scope for Project ID#J-11718-19 (develop a new diagnostic center with one MRI scanner relocated from Page Road)/ Durham County

CONDITIONS: See Reverse Side

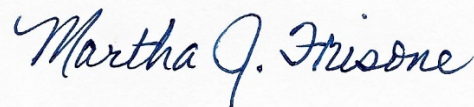
PHYSICAL LOCATION: Duke Health Arrington Radiology
5601 Arrington Park Drive
Morrisville, NC 27560

CAPITAL EXPENDITURE: \$2,847,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 8, 2021

This certificate is effective as of November 10, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Duke University Health Systems, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application, the representations in Project I.D. #J-11718-19 and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall acquire a fixed MRI scanner pursuant to the need determination in the 2020 SMFP which is a change of scope for Project ID#J-11718-19 (which authorized the development of a new diagnostic center with CT, mammography, ultrasound, X-ray and DEXA equipment and replacement and relocation of one existing MRI scanner from Page Road.).
3. Upon completion of the project, Duke Health Arrington Radiology shall be licensed for no more than two fixed MRI scanners.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on January 1, 2021. The second progress report shall be due on April 1, 2021 and so forth.
5. The certificate holder 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.
6. 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 certificate holder 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. The certificate holder 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 October 30, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
4	Construction / Renovation Contract(s) Executed	07/23/2021
9	Equipment Ordered	02/02/2021
10	Equipment Installed	08/01/2021
11	Equipment Operational	08/22/2021
14	Services Offered	09/01/2021
17	First Annual Report Due*	09/30/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11937-20

FID #: 956837

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

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than four dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 24 stations upon completion of this project and Project ID# J-11373-17 (relocate four stations)/ Durham County

CONDITIONS: See Reverse Side

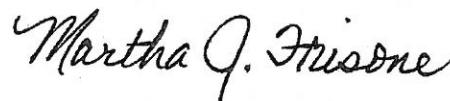
PHYSICAL LOCATION: FMC West Pettigrew
1507 W Pettigrew Street
Durham, NC 27705

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2021

This certificate is effective as of November 10, 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 the facility need determination in the 2020 SMFP, Bio-Medical Applications of North Carolina, Inc. shall add no more than four additional in-center dialysis stations for a total of no more than 24 in-center stations at FMC West Pettigrew upon completion of this project and Project ID# J-11373-17 (relocate four stations).
3. 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 October 12, 2020.

Timetable

Milestone		Date mm/dd/yyyy
1	Financing Obtained	8/15/2020
9	Equipment Ordered	10/1/2021
10	Equipment Installed	11/20/2021
11	Equipment Operational	12/4/2021
12	Building / Space Occupied	12/4/2021
14	Services Offered	12/31/2021
15	Medicare and / or Medicaid Certification Obtained	12/31/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11919-20

FID #: 000193

ISSUED TO: Wake Forest University Health Sciences
Northside Dialysis Center of Wake Forest University

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 3 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 48 stations upon project completion/ Forsyth County

CONDITIONS: See Reverse Side

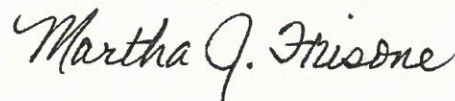
PHYSICAL LOCATION: Northside Dialysis Center
500 W Hanes Mill Rd.
Winston-Salem, NC 27105-9814

CAPITAL EXPENDITURE: \$50,400

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2021

This certificate is effective as of November 7, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Northside Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 SMFP, Wake Forest University Health Sciences and Northside Dialysis Center of Wake Forest University shall add no more than three additional in-center dialysis stations for a total of no more than 48 in-center stations at Northside Dialysis Center upon completion of this project.
3. Wake Forest University Health Sciences and Northside Dialysis Center of Wake Forest University 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 November 5, 2020.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	04/19/2021
2	Equipment Installed	05/17/2021
3	Equipment Operational	06/30/2021
4	Licensure Obtained	03/05/2021
5	Services Offered	06/30/2021
6	Medicare and / or Medicaid Certification Obtained	06/30/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11912-20

FID #: 200530

ISSUED TO: CaroMont Partners, LLC
CaroMont Health, Inc.

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Develop a new ASC by relocating 2 ORs (1 from CaroMont Regional Medical Center and 1 from CaroMont Specialty Surgery) and develop 2 procedure rooms / Gaston County

CONDITIONS: See Reverse Side

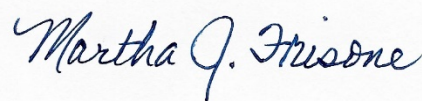
PHYSICAL LOCATION: CaroMont ASC-Belmont
Eastern Portion of Parcel ID#217518
Belmont, NC 28012

CAPITAL EXPENDITURE: \$12,908,668

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of November 3, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. CaroMont Partners, LLC and CaroMont Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a freestanding multispecialty ambulatory surgical facility on the CRMC-Belmont campus by relocating no more than one operating room from CaroMont Regional Medical Center and no more than one operating room from Carolina Specialty Surgery and developing two procedure rooms.
3. Upon project completion, CaroMont ASC-Belmont shall be licensed for no more than two operating rooms and two procedure rooms.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on January 1, 2022 and so forth.
5. The certificate holder 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.
6. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
7. For the first three years of operation following completion of the project, The certificate holder shall not increase charges more than 5% of the charges projected 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.
8. The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
9. Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
10. The certificate holder 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.
11. 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

(F-11912-20 Con't)

certificate holder 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.

12. The certificate holder 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 November 4, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	07/15/2020
2	Drawings Completed	08/15/2020
4	Construction / Renovation Contract(s) Executed	06/01/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2021
6	50% of Construction / Renovation Completed	02/01/2022
7	75% of Construction / Renovation Completed	05/15/2022
8	Construction / Renovation Completed	08/01/2022
12	Building / Space Occupied	08/15/2022
13	Licensure Obtained	10/01/2022
14	Services Offered	10/01/2022
15	Medicare and / or Medicaid Certification Obtained	10/01/2022
16	Facility or Service Accredited	10/01/2023
17	First Annual Report Due*	01/02/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-11835-20

FID #: 200030

ISSUED TO: FMS ENA Home, LLC

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Develop a new dialysis facility in Ahoskie to provide home peritoneal dialysis training and support services/ Hertford County

CONDITIONS: See Reverse Side

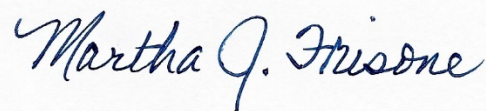
PHYSICAL LOCATION: Hertford Home Dialysis
1201 West First Street
Ahoskie, NC 27910

CAPITAL EXPENDITURE: \$870,546

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2021

This certificate is effective as of November 13, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. FMS ENA Home, LLC shall materially comply with all representations made in the certificate of need application.**
- 2. FMS ENA Home, LLC shall establish a freestanding home dialysis training and support program exclusively for peritoneal dialysis patients, with no home hemodialysis stations.**
- 3. FMS ENA Home, 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 June 16, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
2	Drawings Completed	2/18/2021
4	Construction / Renovation Contract(s) Executed	7/17/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	9/16/2021
6	50% of Construction / Renovation Completed	11/15/2021
7	75% of Construction / Renovation Completed	01/13/2022
8	Construction / Renovation Completed	3/12/2022
9	Equipment Ordered	1/28/2022
10	Equipment Installed	3/27/2022
11	Equipment Operational	4/18/2022
12	Building / Space Occupied	4/23/2022
14	Services Offered	4/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: N-11928-20

FID #: 945165

ISSUED TO: Total Renal Care of North Carolina, LLC

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 25 stations upon completion of this project, Project ID #N-11588-18 (relocate six stations to Robeson County Dialysis) and Project ID #N-11687-19 (add 5 stations) / Hoke County

CONDITIONS: See Reverse Side

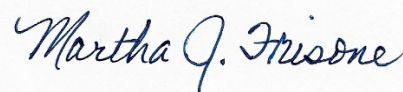
PHYSICAL LOCATION: Dialysis Care of Hoke County
403 S Main Street
Raeford, NC 28376

CAPITAL EXPENDITURE: \$23,423

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2021

This certificate is effective as of November 19, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than two additional in-center dialysis stations for a total of no more than 25 in-center stations at Dialysis Care of Hoke County upon completion of this project, Project ID #N-11588-18 (relocate six stations to Robeson County Dialysis) and Project ID #N-11687-19 (add 5 stations).
3. The certificate holder 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 November 17, 2020.

Timetable

Milestone		Date mm/dd/yyyy
9	Equipment Ordered	07/31/2021
14	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Revised Certificate of Need

for

Project ID #: F-7648-06

FID #: 060857

ISSUED TO: Presbyterian Hospital Mint Hill, LLC

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Develop a new hospital with 36 acute care beds, 3 shared ORs, 1 dedicated C-Section OR (all 4 ORs relocated from Novant Health Presbyterian Medical Center) and 1 GI endoscopy room relocated from Novant Health Matthews Medical Center / Mecklenburg County

CONDITIONS: See Reverse Side

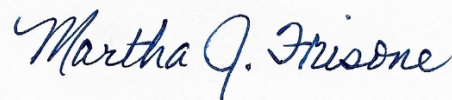
PHYSICAL LOCATION: Novant Health Mint Hill Medical Center
8201 Healthcare Loop
Charlotte, NC 28215

CAPITAL EXPENDITURE: \$89,998,968

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 28, 2008

This revised certificate is effective as of November 2, 2020
Original certificate issued July 2, 2007



Martha J. Frisone, Chief

CONDITIONS:

1. **Presbyterian Hospital Mint Hill, LLC (hereinafter certificate holder) shall materially comply with all representations made in its certificate of need application, any Agency determinations of material compliance with the original certificate of need, and with the conditions in the revised certificate of need.**
2. **The certificate holder shall develop Novant Health Mint Hill Medical Center, a new hospital with no more than 36 acute care beds, 3 shared ORs, 1 dedicated C-Section OR, and 1 gastrointestinal endoscopy procedure room.**
3. **Upon project completion, Novant Health Mint Hill Medical Center shall be licensed for no more than 36 acute care beds, 3 shared ORs, 1 dedicated C-Section OR, and 1 gastrointestinal endoscopy procedure room.**
4. **The certificate holder shall relocate one of Novant Health, Inc's existing CT scanners currently located in Mecklenburg County to the new hospital.**
5. **The certificate holder 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 or that would otherwise require a certificate of need.**

Timetable

Milestone	Date	
1	Construction / Renovation Contract(s) Awarded	02/01/2008
2	25% of Construction / Renovation Completed (25% of the cost is in place)	05/01/2008
3	50% of Construction / Renovation Completed	10/01/2008
4	75% of Construction / Renovation Completed	04/01/2009
5	Construction / Renovation Completed	07/01/2009
6	Equipment Ordered	02/01/2008
7	Licensure Obtained	10/01/2009
8	Services Offered (required)	10/01/2009
9	Medicare and / or Medicaid Certification Obtained	10/01/2009

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Revised Certificate of Need

for

Project ID #: F-8765-11

FID #: 943501

ISSUED TO: Presbyterian Orthopaedic Hospital
The Presbyterian Hospital, Inc.

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Develop 14 additional acute care beds pursuant to the need determination in the 2011 SMFP / Mecklenburg County

CONDITIONS: See Reverse Side

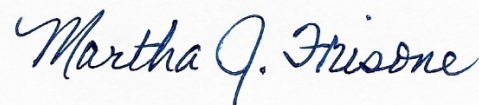
PHYSICAL LOCATION: Novant Health Presbyterian Medical Center
200 Hawthorne Lane
Charlotte, NC 28233-3549

CAPITAL EXPENDITURE: \$84,107,759

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2012

This certificate is effective as of May 1, 2012
Revised certificate is effective as of November 2, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. (hereinafter certificate holder) shall materially comply with all representations made in its certificate of need application, any Agency determinations of material compliance with the original certificate of need, and with the conditions in the revised certificate of need.
2. The certificate holder shall construct an addition onto Novant Health Charlotte Orthopaedic Hospital.
3. The certificate holder shall license Novant Health Charlotte Orthopaedic Hospital as part of Novant Health Presbyterian Medical Center.
4. The certificate holder shall develop no more than 14 additional acute care beds at Novant Health Presbyterian Medical Center.
5. Upon completion of this project and Project I.D. #F-11625-18 (relocate 36 acute care beds to Novant Health Ballantyne Medical Center), Novant Health Presbyterian Medical Center shall be licensed for no more than 497 acute care beds.
6. The certificate holder 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.
7. The certificate holder 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.

Timetable

	Milestone	Date
1	Approval of Preliminary Drawings by Construction Section, DHSR	08/01/2012
2	Approval of Site by the Construction Section, DHSR	02/01/2013
3	Contract Award	08/01/2013
4	25% of Construction / Renovation Completed (25% of the cost is in place)	02/01/2014
5	50% of Construction / Renovation Completed	08/01/2014
6	75% of Construction / Renovation Completed	02/01/2015
7	Services Offered (required)	10/01/2015

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11930-20

FID #: 150478

ISSUED TO: Captree Dialysis, LLC

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 10 stations pursuant to Condition 1 of the facility need methodology for a total of no more than 21 stations upon completion of this project and Project I.D. #F-11846-20 (relocate 1 station) / Mecklenburg County

CONDITIONS: See Reverse Side

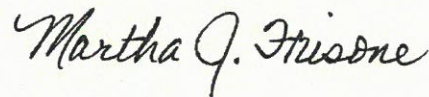
PHYSICAL LOCATION: Sugar Creek Dialysis
5100 Reagan Drive, Suite 10
Charlotte, NC 28206

CAPITAL EXPENDITURE: \$189,065

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2021

This certificate is effective as of November 3, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Captree Dialysis, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 1 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than 10 additional in-center dialysis stations for a total of no more than 21 in-center stations at Sugar Creek Dialysis upon completion of this project and Project I.D. #F-11846-20 (relocate 1 station).
3. The certificate holder shall install plumbing and electrical wiring through the walls for a combined total of no more than 21 stations.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on April 1, 2021. The second progress report shall be due on July 1, 2021 and so forth.
5. The certificate holder 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 October 16, 2020.

Timetable

Milestone		Date
1	Equipment Ordered	07/31/2021
2	Services Offered (required)	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: H-11911-20

FID #: 041040

ISSUED TO: First Imaging of the Carolinas, LLC

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Acquire an existing MRI scanner from FirstHealth of the Carolinas, Inc./
Moore County

CONDITIONS: See Reverse Side

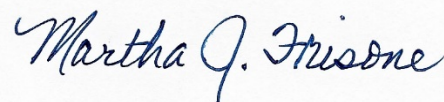
PHYSICAL LOCATION: First Imaging of the Carolinas, LLC
30 Memorial Drive
Pinehurst, NC 28374

CAPITAL EXPENDITURE: \$1,167,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2021

This certificate is effective as of November 7, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. First Imaging of the Carolinas, LLC shall materially comply with all representations made in the certificate of need application.
2. First Imaging of the Carolinas, LLC shall acquire the existing fixed Hitachi Oasis High-Field Open MRI scanner located at 30 Memorial Drive in Pinehurst from FirstHealth of the Carolinas and continue to operate the MRI scanner at the existing location.
3. First Imaging of the Carolinas, LLC 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. 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, First Imaging of the Carolinas, 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.
5. First Imaging of the Carolinas, 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 October 7, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
14	Services Offered	03/01/2021
17	First Annual Report Due*	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: H-11932-20

FID #: 020648

ISSUED TO: Total Renal Care of North Carolina, LLC

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 18 stations upon project completion / Moore County

CONDITIONS: See Reverse Side

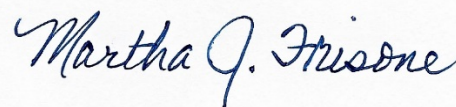
PHYSICAL LOCATION: Southern Pines Dialysis Center
209 Windstar Place
Southern Pines, NC 28387

CAPITAL EXPENDITURE: \$21,327

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2021

This certificate is effective as of November 19, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**

- 2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than one additional in-center dialysis station for a total of no more than 18 in-center stations at Southern Pines Dialysis Center upon completion of this project.**

- 3. The certificate holder 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 November 17, 2020.

Timetable

Milestone		Date mm/dd/yyyy
9	Equipment Ordered	07/31/2021
14	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11936-20

FID #: 955784

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

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 3 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 29 stations upon completion/Stanly County

CONDITIONS: See Reverse Side

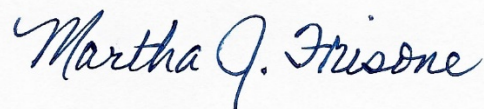
PHYSICAL LOCATION: BMA Albemarle
203 Northeast Connector
Albemarle, NC 28001

CAPITAL EXPENDITURE: \$159,022

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2021

This certificate is effective as of November 14, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. BMA Albemarle shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than 3 additional in-center dialysis (and home hemodialysis) stations for a total of no more than 29 in-center stations at BMA Albemarle upon completion of this project.
3. The certificate holder 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 October 15, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	08/15/2020
2	Drawings Completed	05/19/2021
3	Construction / Renovation Contract(s) Executed	07/03/2021
4	25% of Construction / Renovation Completed (25% of the cost is in place)	08/17/2021
5	50% of Construction / Renovation Completed	10/01/2021
6	75% of Construction / Renovation Completed	10/31/2021
7	Construction / Renovation Completed	11/14/2021
8	Equipment Ordered	10/01/2021
9	Equipment Installed	11/20/2021
10	Equipment Operational	12/04/2021
11	Building / Space Occupied	12/04/2021
12	Services Offered	12/31/2021
13	Medicare and / or Medicaid Certification Obtained	12/31/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11940-20

FID #: 160069

ISSUED TO: Fresenius Medical Care Morrisville, LLC

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 3 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 13 stations upon project completion / Wake County

CONDITIONS: See Reverse Side

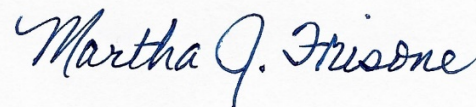
PHYSICAL LOCATION: Fresenius Medical Care Morrisville
100 Stamford Drive
Cary NC 27513

CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2021

This certificate is effective as of November 13, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. Fresenius Medical Care Morrisville, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 1 of the facility need methodology in the 2020 SMFP, the certificate holder shall develop no more than three additional in-center dialysis stations for a total of no more than 13 dialysis stations at FMC Morrisville upon completion of this project, which shall include any home hemodialysis training or isolation stations.**
- 3. The certificate holder 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 October 13, 2020.

Timetable

Milestone		Date mm/dd/yyyy
9	Equipment Ordered	10/30/2021
14	Services Offered	12/31/2021
15	Medicare and / or Medicaid Certification Obtained	12/31/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-11836-20

FID #: 200032

ISSUED TO: FMS ENA Home, LLC

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Develop a new dialysis facility in Wilson dedicated to providing home peritoneal dialysis training and support services / Wilson County

CONDITIONS: See Reverse Side

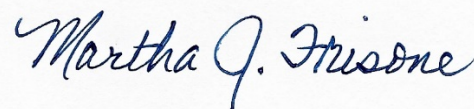
PHYSICAL LOCATION: Wilson Home Dialysis
1812 B. Glendale Dr. SW
Wilson, NC 27893

CAPITAL EXPENDITURE: \$870,546

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2021

This certificate is effective as of November 13, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. FMS ENA Home, LLC shall materially comply with all representations made in the certificate of need application.
2. FMS ENA Home, LLC shall establish a freestanding home dialysis training and support program to provide only peritoneal dialysis training and support services.
3. FMS ENA Home, 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 June 12, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	01/15/2020
2	Drawings Completed	10/18/2020
3	Construction / Renovation Contract(s) Executed	03/17/2021
4	25% of Construction / Renovation Completed (25% of the cost is in place)	05/16/2021
5	50% of Construction / Renovation Completed	07/15/2021
6	75% of Construction / Renovation Completed	09/15/2021
7	Construction / Renovation Completed	11/12/2021
8	Equipment Ordered	09/28/2021
9	Equipment Installed	11/27/2021
10	Equipment Operational	12/18/2021
11	Building / Space Occupied	12/23/2021
12	Services Offered	12/31/2021
113	Medicare and / or Medicaid Certification Obtained	12/13/2021