

**Certificate of Need
Certificates Issued
May 2022**

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
Cabarrus	F-012186-22	Atrium Health Concord Emergency Department	220167	Hospital	Develop a satellite emergency department to be licensed under Atrium Health Cabarrus	3/1/2022	4/21/2022	5/24/2022	Conditional Approval	Julie Faenza	Gloria Hale	\$22,330,118	1/1/2023
Catawba	E-012176-22	Fresenius Kidney Care North Catawba	220064	Dialysis facility	Develop a new dialysis facility by relocating no more than eight dialysis stations from FMC Dialysis Services of Hickory and no more than four dialysis stations from FMC of Catawba Valley for a total of no more than 12 stations upon project completion	2/1/2022	4/27/2022	5/28/2022	Conditional Approval	Greg Yakaboski	Gloria Hale	\$2,118,552	7/22/2022
Edgecombe	L-012160-21	BMA East Rocky Mount	970528	Dialysis facility	Add no more than six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 30 stations upon completion of this project and Project ID #L-012135-21 (relocate 6)	12/1/2022	4/27/2022	5/28/2022	Conditional Approval	Greg Yakaboski	Micheala Mitchell	\$0	10/1/2022
Forsyth	G-012172-22	Salem Kidney Center	944758	Dialysis facility	Relocate 19 dialysis stations from Miller Street Dialysis Center and 11 dialysis stations from Northside Dialysis Center for a total of no more than 65 dialysis stations upon completion of this project and Project ID #G-012137-21	2/1/2022	4/6/2022	5/7/2022	Conditional Approval	Ena Lightbourne	Gloria Hale	\$19,200	11/1/2022
Forsyth	G-012190-22	Highland Oaks Dialysis Center of Wake Forest University	200885	Dialysis facility	Cost overrun for Project ID# G-11989-20 (develop a new PD training facility)	3/1/2022	4/25/2022	5/26/2022	Conditional Approval	Tanya Saporito	Micheala Mitchell	\$219,093	9/1/2022
Gaston	F-012170-21	Fresenius Medical Care Gastonia	955615	Dialysis facility	Add no more than four dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 39 stations upon completion of this project and Project ID# F-12134-21 (relocate 4 stations)	12/1/2021	4/21/2022	5/24/2022	Conditional Approval	Julie Faenza	Lisa Pittman	\$0	9/1/2022
Haywood	A-012175-22	Haywood Regional Medical Center	933234	Hospital	Develop no more than three permanent inpatient dialysis stations pursuant to Policy ESRD-3 that were previously approved pursuant to Executive Order 130	2/1/2022	4/29/2022	5/31/2022	Conditional Approval	Tanya Saporito	Lisa Pittman	\$150,000	9/1/2022
Johnston	J-012163-21	Johnston Dialysis Center	944566	Dialysis facility	Add no more than seven dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 33 stations upon completion of this project and Project ID# J-012128-21 (relocate 7)	12/1/2021	4/4/2022	5/5/2022	Conditional Approval	Kim Meymandi	Gloria Hale	\$0	8/1/2022
Mecklenburg	F-012162-21	Fresenius Kidney Care Regal Oaks	150024	Dialysis facility	Add no more than two dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 21 stations upon completion of this project and Project ID #F-12136-21 (relocate home therapies program and two stations)	12/1/2021	4/26/2022	5/27/2022	Conditional Approval	Julie Faenza	Micheala Mitchell	\$1,132,526	11/1/2022
Orange	J-012188-22	North Chapel Hill Surgery Center	180567	ASC	Cost overrun for Project ID #J-11645-18 (develop a freestanding ASF)	3/1/2022	4/27/2022	5/28/2022	Conditional Approval	Kim Meymandi	Lisa Pittman	\$2,232,699	9/1/2022
Richmond	H-012174-22	Sandhills Regional Hospital for Geriatric Psychiatry	220057	Mental health hospital	Develop a new psychiatric facility with a total of no more than 84 adult psychiatric beds upon project completion	2/1/2022	4/20/2022	5/21/2022	Conditional Approval	Mike McKillip	Lisa Pittman	\$24,686,725	10/1/2022
Rowan	F-011943-20	BAYADA Home Health Care Inc.	200729	Hospice	Develop a new hospice home care office pursuant to the need determination in the 2020 SMFP	10/1/2020	2/25/2021	5/5/2022	Conditional Approval	Greg Yakaboski	Gloria Hale	\$109,100	10/1/2022
Union	F-012158-21	Fresenius Kidney Care Indian Trail	160339	Dialysis facility	Add no more than four dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 16 stations upon project completion	12/1/2021	4/4/2022	5/5/2022	Conditional Approval	Kim Meymandi	Gloria Hale	\$15,000	8/1/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12186-22

FID #: 220167

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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 satellite emergency department to be licensed under Atrium Health Cabarrus / Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Concord Emergency Department,
a facility of Atrium Health Cabarrus
Near the intersection of Cox Mill Road and
Christenbury Parkway
Concord, NC 28027

CAPITAL EXPENDITURE: \$22,330,118

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2023

This certificate is effective as of May 24, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (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. The certificate holder shall develop Atrium Health Concord, a satellite emergency department to be licensed under Atrium Health Cabarrus, including 24/7 emergency services, a CT scanner, ultrasound equipment, x-ray equipment, laboratory services, and pharmacy services.**
- 3. 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.**
- 4. 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.**
- 5. 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 fourth month. The first progress report shall be due on January 1, 2023. The second progress report shall be due on May 1, 2023 and so forth.**
- 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 27, 2022.

Timetable

Milestone		Date
1	Drawings Completed	7/1/2023
2	Land Acquired	10/31/2022
3	Construction / Renovation Contract(s) Executed	9/1/2023
4	25% of Construction / Renovation Completed (25% of the cost is in place)	12/1/2023
5	50% of Construction / Renovation Completed	3/1/2024
6	75% of Construction / Renovation Completed	6/1/2024
7	Construction / Renovation Completed	8/1/2024
8	Equipment Ordered	9/1/2023
9	Equipment Installed	7/1/2024
10	Equipment Operational	9/1/2024
11	Building / Space Occupied	9/1/2024
12	Licensure Obtained	10/1/2024
13	Services Offered (required)	10/1/2024
14	Medicare and / or Medicaid Certification Obtained	10/1/2024
15	Facility or Service Accredited	10/1/2024
16	First Annual Report Due	4/1/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-12176-22

FID #: 220064

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: Develop a new dialysis facility by relocating no more than eight dialysis stations from FMC Dialysis Services of Hickory and no more than four dialysis stations from FMC of Catawba Valley for a total of no more than 12 stations upon project completion / Catawba County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care North Catawba
1340 US Hwy 321 NW
Hickory, NC 28601

CAPITAL EXPENDITURE: \$2,118,552

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2022

This certificate is effective as of May 28, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. (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. The certificate holder shall develop a new 12-station kidney disease treatment center to be known as Fresenius Kidney Care North Catawba by relocating no more than 8 in-center and home hemodialysis stations from FMC Dialysis Services of Hickory and no more than 4 in-center and home hemodialysis stations from FMC of Catawba Valley.**
- 3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify 8 stations at FMC Dialysis Services of Hickory for a total of no more than 25 in-center and home hemodialysis stations upon completion of the project.**
- 4. Upon completion of this project, the certificate holder shall take the necessary steps to decertify 4 stations at FMC of Catawba Valley for a total of no more than 21 in-center and home hemodialysis stations upon completion of the project.**
- 5. 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 fourth month. The first progress report shall be due on July 1, 2022. The second progress report shall be due on October 1, 2022 and so forth.**
- 6. The certificate holder shall install plumbing and electrical wiring through the walls for no more than 12 in-center and home hemodialysis stations.**
- 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 28, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
2	Drawings Completed	12/03/2022
4	Construction / Renovation Contract(s) Executed	04/02/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	06/01/2023
6	50% of Construction / Renovation Completed	07/31/2023
7	75% of Construction / Renovation Completed	09/29/2023
8	Construction / Renovation Completed	11/13/2023
9	Equipment Ordered	09/17/2024
10	Equipment Installed	11/16/2024
11	Equipment Operational	12/14/2024
12	Building / Space Occupied	11/16/2024
14	Services Offered	12/31/2024
15	Medicare and / or Medicaid Certification Obtained	12/31/2024
16	Facility or Service Accredited	12/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12160-21

FID #: 970528

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 six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 30 stations upon completion of this project and Project ID #L-12135-21 (relocate 6)/ Edgecombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA East Rocky Mount
230 South Fairview Road
Rocky Mount, NC 27801

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2022

This certificate is effective as of May 28, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop no more than six in-center stations for a total of no more than 30 stations at BMA East Rocky Mount upon completion of this project and Project ID #L-12135-21 (relocate 6 to FKC Boice-Willis).**
3. **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 fourth month. The first progress report shall be due on October 1, 2022. The second progress report shall be due on January 1, 2023 and so forth.**
4. **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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 28, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	09/30/2022
10	Equipment Installed	11/29/2022
11	Equipment Operational	12/13/2022
14	Services Offered	12/31/2022
15	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12172-22

FID #: 944758

ISSUED TO: Salem Kidney 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: Relocate 19 dialysis stations from Miller Street Dialysis Center and 11 dialysis stations from Northside Dialysis Center for a total of no more than 65 dialysis stations upon completion of this project and Project ID #G-012137-21/ Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Salem Kidney Center
2705 Boulder Court Road
Winston-Salem, NC 27105

CAPITAL EXPENDITURE: \$19,200

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2022

This certificate is effective as of May 7, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall relocate no more than 19 in-center stations from Miller Street Dialysis Center and 11 in-center stations from Northside Dialysis Center to Salem Kidney Center, for a total of 65 in-center stations at Salem Kidney Center upon completion of this project and Project ID# G-12137-21 (relocate 24 in-center stations from Salem Kidney Center to Kernersville Dialysis Center of Wake Forest University).
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify 19 in-center stations from Miller Street Dialysis Center and 11 in-center stations from Northside Dialysis Center for a total of no more than 31 in-center stations at Miller Street Dialysis Center and 37 in-center stations at Northside Dialysis Center.
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 fourth month. The first progress report shall be due on November 1, 2022. The second progress report shall be due on March 1, 2023 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 12, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	12/31/2022
2	Equipment Installed	08/17/2023
3	Equipment Operational	08/24/2023
4	Licensure Obtained	08/05/2022
5	Services Offered	08/31/2023
6	Medicare and / or Medicaid Certification Obtained	08/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12190-22

FID #: 200885

ISSUED TO: Wake Forest University Health Sciences
Highland Oaks Dialysis Center of Wake Forest

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: Cost overrun for Project ID# G-11989-20 (develop a new PD training facility) / Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Oaks Dialysis Center of Wake Forest University
730 Highland Oaks Drive
Winston-Salem, NC 27103

CAPITAL EXPENDITURE: \$219,093

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of May 26, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. **Wake Forest University Health Sciences (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project I.D. #G-11989-20. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
2. **The total combined capital expenditure for both projects is \$607,092, an increase of \$219,092 over the capital expenditure of \$388,000 previously approved in Project I.D. #G-11989-20.**
3. **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. **The first progress report shall be due on September 1, 2022.**
4. **The certificate holder shall not acquire as part of this project any equipment that is not included in this project's and Project I.D. #G-11989-20's combined proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 25, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
14	Services Offered	04/30/2022
17	First Annual Report Due*	08/01/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: F-12170-21

FID #: 955615

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 39 stations upon completion of this project and Project ID# F-12134-21 (relocate 4 stations) / Gaston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Medical Care Gastonia
348 Burtonwood Drive
Gastonia, NC28054

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of May 24, 2022
Corrected certificate issued on June 2, 2022



Micheala Mitchell, Chief

CONDITIONS

Project ID #: F-12170-21

- 1. Bio-Medical Applications of North Carolina, Inc. (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 2021 SMFP, the certificate holder shall develop no more than 4 additional in-center (and home hemodialysis) dialysis stations for a total of no more than 39 in-center (and home hemodialysis) dialysis stations at Fresenius Medical Care Gastonia upon completion of this project and Project ID #F-12134-21 (relocate 4 stations).**
- 3. 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 September 1, 2022. The second progress report shall be due on December 1, 2022 and so forth.**
- 4. 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.**

Timetable – Project I.D. #F-12170-21

Milestone		Date
1	Equipment Ordered	9/30/2022
2	Equipment Installed	11/29/2022
3	Equipment Operational	12/13/2022
4	Services Offered (required)	12/31/2022
5	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: A-12175-22

FID #: 933234

ISSUED TO: DLP Haywood Regional Medical Center, 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 no more than three permanent inpatient dialysis stations pursuant to Policy ESRD-3 that were previously approved pursuant to Executive Order 130 / Haywood County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Haywood Regional Medical Center
262 Leroy George Drive
Clyde, NC 28721

CAPITAL EXPENDITURE: \$150,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of May 31, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. DLP Haywood Regional Medical Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop inpatient dialysis services through service agreements with DaVita, Inc.
3. 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. The first progress report shall be due on September 1, 2022.
4. 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 3, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	08/05/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12163-21

FID #: 944566

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 seven dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 33 stations upon completion of this project and Project ID# J-012128-21 (relocate 7)/ Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Johnston Dialysis Center
545 E. Market Street
Smithfield, NC 27577

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2022

This certificate is effective as of May 5, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. (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 2021 SMFP, the certificate holder shall develop no more than seven additional in-center dialysis stations for a total of no more than 33 in-center stations at Johnston Dialysis Center upon completion of this project and Project ID# J-012128-21 (relocate 7).**

- 3. 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 fourth month. The first progress report shall be due on August 1, 2022. The second progress report shall be due on December 1, 2022 and so forth.**

- 4. 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 4, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	11/15/2021
9	Equipment Ordered	09/30/2022
10	Equipment Installed	11/29/2022
11	Equipment Operational	12/13/2022
14	Services Offered	12/31/2022
15	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12162-21

FID #: 150024

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 two dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 21 stations upon completion of this project and Project ID #F-12136-21 (relocate home therapies program and two stations) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Regal Oaks
6646 Regal Oaks Drive
Charlotte, NC 28212

CAPITAL EXPENDITURE: \$1,132,526

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2022

This certificate is effective as of May 27, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. **1. Bio-Medical Applications of North Carolina, Inc. (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 2021 SMFP, the certificate holder shall develop no more than 2 additional in-center (and home hemodialysis) dialysis stations for a total of no more than 21 in-center (and home hemodialysis) dialysis stations at Fresenius Kidney Care Regal Oaks upon completion of this project and Project ID #F-12136-21 (relocate home therapies program and 2 stations).**
3. **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 November 1, 2022. The second progress report shall be due on February 1, 2023 and so forth.**
4. **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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 27, 2022.

Timetable

Milestone	Date
1 Drawings Completed	9/17/2022
2 Construction / Renovation Contract(s) Executed	12/31/2022
3 25% of Construction / Renovation Completed (25% of the cost is in place)	3/31/2023
4 50% of Construction / Renovation Completed	6/14/2023
5 75% of Construction / Renovation Completed	8/28/2023
6 Construction / Renovation Completed	10/27/2023
7 Equipment Ordered	9/17/2023
8 Equipment Installed	11/5/2023
9 Equipment Operational	11/26/2023
10 Services Offered (required)	12/31/2023
11 Medicare and / or Medicaid Certification Obtained	12/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12188-22

FID #: 180567

ISSUED TO: North Chapel Hill Surgery Center, LLC
University of North Carolina Health Care System

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: Cost overrun for Project ID #J-11645-18 (develop a freestanding ambulatory surgical facility)/ Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: North Chapel Hill Surgery Center
151 Old University Station Road
Chapel Hill, NC 27514

CAPITAL EXPENDITURE: \$2,232,699

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of May 28, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. North Chapel Hill Surgery Center, LLC and University of North Carolina Health Care System (hereinafter certificate holder) shall materially comply with the representations in this application, and the representations in Project I.D. #J-11645-18. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall develop a new multi-specialty ambulatory surgical facility, North Chapel Hill Surgery Center, LLC by developing no more than two operating rooms.
3. Upon completion of the project, North Chapel Hill Surgery Center, LLC shall be licensed for no more than two operating rooms.
4. The approved combined capital expenditure for both Project ID #J-11645-18 and this project is \$6,538,623, an increase of \$2,232,699 over the previously approved capital expenditure of \$4,305,924 in Project ID #J-11645-18.
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. 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 fourth month. The first progress report shall be due on September 1, 2022. The second progress report shall be due on January 1, 2023 and so forth.
10. 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

holders 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.
11. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.2.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 29, 2022.

Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	
2	Drawings Completed	11/15/2021
3	Land Acquired	
4	Construction / Renovation Contract(s) Executed	04/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	05/15/2022
6	50% of Construction / Renovation Completed	07/15/2022
7	75% of Construction / Renovation Completed	10/01/2022
8	Construction / Renovation Completed	11/29/2022
9	Equipment Ordered	03/09/2022
10	Equipment Installed	12/15/2022
11	Equipment Operational	12/15/2022
12	Building / Space Occupied	11/29/2022
13	Licensure Obtained	12/13/2022
14	Services Offered	02/01/2023
15	Medicare and / or Medicaid Certification Obtained	05/31/2023
16	Facility or Service Accredited	02/28/2023
17	First Annual Report Due*	09/30/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: H-12174-22

FID #: 220057

ISSUED TO: Sandhills Regional Hospital for Geriatric Psychiatry

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 psychiatric facility with a total of no more than 84 psychiatric inpatient beds upon project completion / Richmond County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Sandhills Regional Hospital for Geriatric Psychiatry
1000 West Hamlet Street
Hamlet NC 28345

CAPITAL EXPENDITURE: \$24,686,725

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2022

This certificate is effective as of May 21, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Sandhills Regional Hospital for Geriatric Psychiatry (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new psychiatric facility with no more than 84 psychiatric inpatient beds.
3. 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 fourth month. The first progress report shall be due on October 1, 2022. The second progress report shall be due on February 1, 2023 and so forth.
4. 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.
5. 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 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 fiscal 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 22, 2022.

(H-12174-22 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
3	Land Acquired	9/1/2022
4	Construction / Renovation Contract(s) Executed	12/1/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	3/1/2023
6	50% of Construction / Renovation Completed	6/1/2023
7	75% of Construction / Renovation Completed	9/1/2023
8	Construction / Renovation Completed	12/1/2023
14	Services Offered	1/1/2024
15	Medicare and / or Medicaid Certification Obtained	1/1/2024
17	First Annual Report Due*	4/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11943-20

FID #: 200729

ISSUED TO: BAYADA Home Health Care, 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 hospice home care office pursuant to the need determination in the 2020 SMFP / Rowan County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BAYADA Home Health Care, Inc.
103 Dorsett Dr.
Salisbury, NC 28144

CAPITAL EXPENDITURE: \$109,100

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2022

This certificate is effective as of May 5, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. BAYADA Home Health Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop one new hospice home care office in Rowan County pursuant to the 2020 SMFP need determination.
3. Upon completion of the project, the certificate holder shall be licensed for no more than one hospice home care office in Rowan County.
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 fourth month. The first progress report shall be due on October 1st. The second progress report shall be due on January 1st 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 fiscal 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.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	06/15/2022
12	Building / Space Occupied	08/15/2022
13	Licensure Obtained	11/01/2022
14	Services Offered	02/01/2023
15	Medicare and / or Medicaid Certification Obtained	02/01/2023
16	Facility or Service Accredited	07/01/2023
17	First Annual Report Due*	04/01/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12158-21

FID #: 160339

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 16 stations upon project completion / Union County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2022

This certificate is effective as of May 5, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. (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 2021 SMFP, the certificate holder shall develop no more than four additional in-center dialysis stations for a total of no more than 16 in-center stations at FKC Indian Trail upon completion of this project.
3. 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 fourth month. The first progress report shall be due on August 1, 2022. The second progress report shall be due on December 1, 2022 and so forth.
4. 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 4, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	07/05/2022
9	Equipment Ordered	09/30/2022
10	Equipment Installed	11/18/2022
11	Equipment Operational	12/09/2022
14	Services Offered	12/31/2022
15	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12169-21

FID #: 970505

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 30 stations upon completion of this project and Project I.D. # J-12133-21 (relocate four stations) / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Zebulon Kidney Center
465 Stratford Drive
Zebulon NC 27597

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of May 21, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than four in-center stations for a total of no more than 30 stations at Zebulon Kidney Center upon completion of this project and Project ID # J-12133-21 (Relocate no more than four dialysis stations to FKC Knightdale).
3. 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 fourth month. The first progress report shall be due on September 1, 2022. The second progress report shall be due on January 1, 2023 and so forth.
4. 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 22, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	9/17/23
14	Services Offered	12/31/23
15	Medicare and / or Medicaid Certification Obtained	12/31/23