

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12530-24

FID #: 970826

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 three dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 28 stations upon completion of this project and Project ID #F-12469-24 (develop new 10-station facility) / Mecklenburg County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2025

This certificate is effective as of January 10, 2025



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 methodology in the 2024 SMFP, the certificate holder shall develop no more than three additional dialysis stations for a total of no more than 28 stations at BMA Nations Ford upon project completion.**
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 March 1, 2025.**
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 10, 2025.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	07/15/2024
2	Services Offered	12/31/2026
3	Medicare and / or Medicaid Certification Obtained	12/31/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12556-24

FID #: 240782

ISSUED TO: Total Renal Care of North Carolina

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 10-station dialysis facility by relocating no more than six dialysis stations from Wake Forest Dialysis and no more than four dialysis stations from Oak City Dialysis / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Tarheel Place Dialysis
3420 Tarheel Place
Raleigh, NC 27609

CAPITAL EXPENDITURE: \$3,365,899

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2025

This certificate is effective as of January 3, 2025



Micheala Mitchell, 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. The certificate holder shall develop a new 10-station dialysis facility, Tarheel Place Dialysis, by relocating no more than six dialysis stations from Wake Forest Dialysis and no more than four dialysis stations from Oak City Dialysis.
3. Upon completion of the proposed project, the certificate holder shall take the necessary steps to decertify six stations at Wake Forest Dialysis for a total of no more than 17 in-center stations upon completion of the project.
4. Upon completion of the proposed project, the certificate holder shall take the necessary steps to decertify four stations at Oak City Dialysis for a total of no more than 28 in-center 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. The first progress report shall be due on April 1, 2025.
6. 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 6, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Contract(s) Executed	03/17/2026
2	50% of Construction / Renovation Completed	08/14/2026
3	Building / Space Occupied	11/20/2026
4	Services Offered	01/01/2027
5	Medicare and / or Medicaid Certification Obtained	01/01/2027