<table>
<thead>
<tr>
<th>County</th>
<th>Project ID#</th>
<th>Facility</th>
<th>Project Description</th>
<th>Application Review</th>
<th>Certificate of Need Issue Date</th>
<th>Total Approved Capital Expenditure</th>
<th>1st Project Progress Report Date</th>
</tr>
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<tbody>
<tr>
<td>Alamance</td>
<td>G-010032-12</td>
<td>Alamance Regional Medical Center 954565</td>
<td>Replace linear accelerator</td>
<td>10/01/2012</td>
<td>01/22/2013</td>
<td>$4,225,986.00</td>
<td>05/15/2013</td>
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<tr>
<td>Catawba</td>
<td>E-010046-12</td>
<td>Fresenius Medical Care of Hickory 955790</td>
<td>Add 2 dialysis stations for a total of 35 stations</td>
<td>10/01/2012</td>
<td>01/07/2013</td>
<td>$0.00</td>
<td>04/15/2013</td>
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<tr>
<td>Dare</td>
<td>R-010023-12</td>
<td>The Outer Banks Hospital, Inc. 980550</td>
<td>Acquire the assets of The Outer Banks Cancer Center in Nags Head, including one linear accelerator and CT simulator</td>
<td>09/01/2012</td>
<td>01/01/2013</td>
<td>$1,132,000.00</td>
<td>03/06/2013</td>
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<tr>
<td>Davidson</td>
<td>G-010031-12</td>
<td>Thomasville Dialysis Center 020758</td>
<td>Relocate 6 dialysis stations from Lexington Dialysis Center for a total of 24 stations</td>
<td>10/01/2012</td>
<td>01/22/2013</td>
<td>$3,000.00</td>
<td>05/22/2013</td>
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<tr>
<td>Davidson</td>
<td>G-010043-12</td>
<td>Lexington Medical Center 943307</td>
<td>Acquire a second CT scanner</td>
<td>10/01/2012</td>
<td>01/01/2013</td>
<td>$2,210,755.00</td>
<td>08/01/2013</td>
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<td>County</td>
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<td>Project Description</td>
<td>Application Review Date</td>
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<tr>
<td>Davidson</td>
<td>G-010044-12</td>
<td>Lexington Medical Center 943307 Lexington</td>
<td>Renovate and expand the emergency department</td>
<td>10/01/2012</td>
<td>01/17/2013</td>
<td>$10,000,553.00</td>
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<tr>
<td>Guilford</td>
<td>G-010028-12</td>
<td>Triad Dialysis Center 980262 High Point</td>
<td>Temporarily relocate 18 stations from High Point Kidney Center during renovation of High Point Kidney Center</td>
<td>10/01/2012</td>
<td>01/19/2013</td>
<td>$112,000.00</td>
<td>04/15/2013</td>
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<tr>
<td>Guilford</td>
<td>G-010029-12</td>
<td>High Point Kidney Center 945262 High Point</td>
<td>Temporarily relocate 18 stations to Triad Dialysis Center during renovations</td>
<td>10/01/2012</td>
<td>01/19/2013</td>
<td>$3,015,000.00</td>
<td>04/15/2013</td>
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<td>Guilford</td>
<td>G-010034-12</td>
<td>High Point Regional Health System 943251 High Point</td>
<td>Renovate 6 South inpatient unit</td>
<td>10/01/2012</td>
<td>01/07/2013</td>
<td>$4,582,908.00</td>
<td>04/15/2013</td>
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<tr>
<td>Harnett</td>
<td>M-008752-11</td>
<td>FMC Anderson Creek 110803 Sanford</td>
<td>Develop an 11-station dialysis facility off Highway 87 in western Harnett County</td>
<td>10/01/2011</td>
<td>01/17/2013</td>
<td>$1,046,061.00</td>
<td>05/01/2013</td>
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<tr>
<td>Orange</td>
<td>J-010016-12</td>
<td>University of North Carolina Hospitals 923517 Chapel Hill</td>
<td>Acquire a PET MR pursuant to Policy AC-3 in the 2012 SMFP</td>
<td>09/01/2012</td>
<td>01/23/2013</td>
<td>$122,500.00</td>
<td>03/15/2013</td>
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<tr>
<td>Rockingham</td>
<td>G-010045-12</td>
<td>Rockingham Kidney Center</td>
<td>Add 2 dialysis stations for a total of 17 stations</td>
<td>10/01/2012</td>
<td>01/01/2013</td>
<td>$5,250.00</td>
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<td></td>
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<td>001548 Reidsville</td>
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<td>Stokes</td>
<td>G-010002-12</td>
<td>Pioneer Community Hospital of Stokes</td>
<td>Develop 8 geriatric inpatient psychiatric beds. Approved for only 6.</td>
<td>08/01/2012</td>
<td>01/23/2013</td>
<td>$578,423.00</td>
<td>04/30/2013</td>
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<td></td>
<td>943474 Danbury</td>
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</tbody>
</table>
STATE OF NORTH CAROLINA  
Department of Health and Human Services  
Division of Health Service Regulation

CERTIFICATE OF NEED  
for  
Project Identification Number # E-10046-12  
FID # 955790

ISSUED TO:  Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Hickory  
3717 National Drive, Suite 206  
Raleigh, NC 27612

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

SCOPE: Bio-Medical Applications of North Carolina, Inc., d/b/a BMA Hickory shall add two dialysis stations to an existing 33 station facility for a total of 35 stations/Catawba County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  BMA Hickory  
1899 Tate Boulevard SE  
Hickory, NC 28602

MAXIMUM CAPITAL EXPENDITURE:  $0

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  April 15, 2013

This certificate is effective as of the 7th day of January, 2013

Craig R. Smith  
Chief, Certificate of Need Section  
Division of Health Service Regulation
CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc., d/b/a BMA Hickory shall materially comply with all representations made in the Certificate of Need application.

2. Bio-Medical Applications of North Carolina, Inc., d/b/a BMA Hickory shall develop no more than two additional stations for a total of no more than 35 stations. Two of the 35 stations will be dedicated to home hemo-dialysis training and support.

3. Bio-Medical Applications of North Carolina Inc., d/b/a BMA Hickory shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the Certificate of Need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 5, 2012.

TIMETABLE:

Offering of Services  June 30, 2013
Certification  June 30, 2013
January 10, 2013

Jim Swann
3717 National Drive, Suite 206
Raleigh, NC 27612

RE: Transmittal of CON / Project I.D. # E-10046-12/ Bio-Medical Applications of North Carolina, Inc., d/b/a BMA Hickory/ Catawba County
FID #: 955790

Dear Mr. Swann:

We are happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Construction Section and the Licensure and Certification Section, regarding their procedures and requirements for the development of this project. The Certificate of Need Section will notify the other Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to General Statute 131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the department placed on the certificate of need. If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the department placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the department may bring remedial action against the holder of the certificate of need pursuant to General Statutes 131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this Agency as required by 10A NCAC 14C .0209. The applicant shall notify the Agency of any variations from the schedule or the projected capital cost of the project. During the development of the project, the Agency may request any additional information pertinent to the project, including additional progress reports, to determine: 1) if the timetable specified on the certificate is being met; 2) if the amount of the capital expenditure obligated under the certificate has exceeded or can be expected to exceed the maximum amount under the certificate; 3) if the terms and conditions of the approval are being met; and 4) if the project is progressing as proposed in the application. The first progress report on this project is due April 15, 2013. Forms for the submittal of these reports are enclosed. Failure to submit any
scheduled or requested progress report in a timely manner may result in the agency withdrawing the certificate pursuant to G.S.131E-189 (a). If after reviewing the status of the project, the Certificate of Need Section determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with G.S. 131E-189.

Moreover, please be advised that this Agency may assess a civil penalty not to exceed $20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (G.S. 131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Certificate of Need Section to obtain proper instructions for initiating such a request. The request for the increase will be considered by the department pursuant to G.S. 131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project I.D.# and Facility I.D.# (FID) in all correspondence.

Sincerely,

Julie Halatek
Julie Halatek, Project Analyst

Craig R. Smith
Craig R. Smith, Chief
Certificate of Need Section

JH:CRS:llp

Enclosures

c: Medical Facilities Planning Section, DHSR
    Acute and Home Care Licensure and Certification Section, DHSR
    Construction Section, DSHR
CERTIFICATE OF NEED
for
Project Identification Number # G-10034-12
FID # 943251

ISSUED TO: High Point Regional Health System
601 North Elm Street
High Point, NC 27262

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

SCOPE: High Point Regional Health System shall renovate the existing 6 South Inpatient Unit at High Point Regional Hospital/Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: High Point Regional Hospital
601 North Elm Street
High Point, NC 27262

MAXIMUM CAPITAL EXPENDITURE: $4,582,908

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 15, 2013

This certificate is effective as of the 7th day of January, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. High Point Regional Health System shall materially comply with all representations made in its certificate of need application.

2. High Point Regional Health System shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.

3. Prior to issuance of the certificate of need, High Point Regional Health System shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 7, 2013.

TIMETABLE:

Drawings submitted ____________________________________________________________ October 15, 2013
Construction contract __________________________________________________________ October 15, 2013
Equipment ordered ____________________________________________________________ November 15, 2013
25% completion of construction ___________________________________________________ December 1, 2013
50% completion of construction __________________________________________________ January 15, 2014
75% completion of construction __________________________________________________ March 1, 2014
Operation of equipment (if major medical equipment) ____________________________ April 1, 2014
Completion of construction ______________________________________________________ April 15, 2014
Offering of services _____________________________________________________________ May 15, 2014
January 10, 2013

Molly Jordan
601 North Elm Street
High Point, NC 27262

RE: Transmittal of CON / Project I.D. # G-10034-12/ High Point Regional Health System/Renovate 6 South inpatient unit/ Guilford County
FID #: 943251

Dear Ms. Jordan:

We are happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Construction Section and the Licensure and Certification Section, regarding their procedures and requirements for the development of this project. The Certificate of Need Section will notify the other Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to General Statute 131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the department placed on the certificate of need. If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the department placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the department may bring remedial action against the holder of the certificate of need pursuant to General Statutes 131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this Agency as required by 10A NCAC 14C .0209. The applicant shall notify the Agency of any variations from the schedule or the projected capital cost of the project. During the development of the project, the Agency may request any additional information pertinent to the project, including additional progress reports, to determine: 1) if the timetable specified on the certificate is being met; 2) if the amount of the capital expenditure obligated under the certificate has exceeded or can be expected to exceed the maximum amount under the certificate; 3) if the terms and conditions of the approval are being met; and 4) if the project is progressing as proposed in the application. The first progress report on this project is due April 15, 2013. Forms for the submittal of these reports are enclosed. Failure to submit any...
scheduled or requested progress report in a timely manner may result in the agency withdrawing the certificate pursuant to G.S.131E-189 (a). If after reviewing the status of the project, the Certificate of Need Section determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with G.S. 131E-189.

Moreover, please be advised that this Agency may assess a civil penalty not to exceed $20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (G.S. 131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Certificate of Need Section to obtain proper instructions for initiating such a request. The request for the increase will be considered by the department pursuant to G.S. 131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project I.D.# and Facility I.D.# (FID) in all correspondence.

Sincerely,

Julie Halatek
Julie Halatek, Project Analyst

Craig R. Smith, Chief
Certificate of Need Section

JH:CRS:llp

Enclosures

cc: Medical Facilities Planning Section, DHSR
    Acute and Home Care Licensure and Certification Section, DHSR
    Construction Section, DHSR
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for
Project Identification Number # R-10023-12

FID # 980550

ISSUED TO: The Outer Banks Hospital, Inc.
4800 South Croatan Highway
Nags Head, NC 27959

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

SCOPE: The Outer Banks Hospital, Inc. shall acquire the assets of Outer Banks Cancer Center in Nags Head, including one Linear Accelerator and a CT Simulator / Dare County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Outer Banks Hospital Cancer Center
4125 S. Croatan Highway
Nags Head, NC 27959

MAXIMUM CAPITAL EXPENDITURE: $1,132,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 6, 2013

This certificate is effective as of the 1st day of January, 2013

[Signature]
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. The Outer Banks Hospital, Inc. shall materially comply with all representations made in the certificate of need application.

2. The Outer Banks Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project’s purposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.

3. The Outer Banks Hospital, Inc. shall acquire and operate no more than one linear accelerator and no more than one CT simulator.

4. The Outer Banks Hospital, Inc shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 5, 2012.

TIMETABLE:

Equipment-Asset Acquisition ___________________________________________________________________________ February 1, 2013
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number #G-10031-12

FID #020758

ISSUED TO: Wake Forest University Health Sciences
and Thomasville Dialysis Center of Wake Forest University
P.O. Box 7710
Tifton, GA 31793

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

SCOPE: Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall relocate six dialysis stations from Lexington Dialysis Center to Thomasville Dialysis Center for a total of 24 stations at Thomasville Dialysis Center/ Davidson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Thomasville Dialysis Center
10 Laura Lane
Thomasville, NC 27360

MAXIMUM CAPITAL EXPENDITURE: $3,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 22, 2013

This certificate is effective as of the 22nd day of January, 2013

[Signature]
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application and in the supplemental information requested by the Certificate of Need Section. In those instances where representations conflict, Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall materially comply with the last-made representation.

2. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall develop and operate no more than 24 dialysis stations at Thomasville Dialysis Center of Wake Forest University, which shall include any isolation stations.

3. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall install plumbing and electrical wiring through the walls for six additional dialysis stations for a total of 24 dialysis stations which shall include any isolation stations.

4. Wake Forest University Health Sciences shall take the necessary steps to decertify six dialysis stations at Lexington Dialysis Center for a total of no more than 30 dialysis stations at Lexington Dialysis Center.

5. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 15, 2013.

TIMETABLE:

<table>
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<th>Activity</th>
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<tbody>
<tr>
<td>Ordering Equipment</td>
<td>February 14, 2013</td>
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<tr>
<td>Arrival of Equipment</td>
<td>April 15, 2013</td>
</tr>
<tr>
<td>Operation of Equipment</td>
<td>June 14, 2013</td>
</tr>
<tr>
<td>Certification of Stations</td>
<td>June 30, 2013</td>
</tr>
<tr>
<td>Occupancy/Offering of services</td>
<td>June 30, 2013</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number #G-10043-12
FID #943307

ISSUED TO: Lexington Medical Center
Medical Center Boulevard
Winston-Salem, NC 27157

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

SCOPE: Lexington Medical Center shall acquire no more than one CT scanner for a total of no more than 2 CT scanners upon project completion/ Davidson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Lexington Medical Center
250 Hospital Drive
Lexington, NC 27295

MAXIMUM CAPITAL EXPENDITURE: $2,210,755

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2013

This certificate is effective as of the 1st day of January, 2013

[Signature]
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Lexington Medical Center shall materially comply with all representations made in its certificate of need application and the supplemental information provided. In those instances where representations conflict, Lexington Medical Center shall materially comply with the last-made representation.

2. Lexington Medical Center shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.

3. Prior to issuance of the certificate of need, Lexington Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 27, 2012.

TIMETABLE:

Approval of Final Drawings and Specifications by the Construction Section, DHR ____________________________ August 1, 2013
Contract Award __________________________________________ October 1, 2013
Ordering of Equipment _________________________________ January 1, 2014
Completion of Construction ____________________________ March 1, 2014
Offering of service(s)/Operation of Equipment ______________ July 1, 2014
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number #G-10044-12
FID #943307

ISSUED TO: Lexington Medical Center
Medical Center Boulevard
Winston-Salem, NC 27157

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

SCOPE: Lexington Medical Center shall renovate and expand the emergency department/ David County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Lexington Medical Center
250 Hospital Drive
Lexington, NC 27292

MAXIMUM CAPITAL EXPENDITURE: $10,000,553

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 15, 2013

This certificate is effective as of the 17th day of January, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Lexington Medical Center shall materially comply with all representations made in the certificate of need application, Project I.D. #G-10044-12.

2. Lexington Medical Center shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.

3. Prior to issuance of the Certificate of Need, Lexington Medical Center shall provide to the Certificate of Need Section a written statement describing the project’s plan to assure improved water conservation.

4. Lexington Medical Center 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. The plan must be consistent with the applicant’s representations in the written statement as described in paragraph one of Policy GEN-4.

5. Lexington Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 16, 2013.

TIMETABLE:

Obtain funds necessary to undertake project ...................................................... May 1, 2013
Contract Award ........................................................................................................ March 1, 2014
25% completion of construction ................................................................. October 1, 2014
Order Equipment (if major medical equipment) ...................................... January 15, 2015
50% completion of construction ................................................................. March 1, 2015
Completion of construction .................................................................................. March 15, 2015
75% completion of construction ................................................................. September 15, 2015
Occupancy/Offering of Service ................................................................. July 1, 2015
Operation of Equipment (if major medical equipment) .............................. July 15, 2015
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #G-10028-12

FID #980262

ISSUED TO: Wake Forest University Health Sciences
and Triad Dialysis Center of Wake Forest University
1804 King Road
Tifton, GA 31793

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

SCOPE: Wake Forest University Health Sciences and Triad Dialysis Center of Wake Forest University shall temporarily relocate 18 stations from High Point Kidney Center during renovation of High Point Kidney Center/Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Triad Dialysis Center of Wake Forest University
4370 Regency Drive
High Point, NC 27265-9400

MAXIMUM CAPITAL EXPENDITURE: $112,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 15, 2013

This certificate is effective as of the 19th day of January, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University shall materially comply with all representations made in its certificate of need application and supplemental responses. In those instances where representations conflict, Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University shall materially comply with the last made representation.

2. Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University shall be certified for no more than 40 dialysis stations upon the temporary addition of 18 stations from Wake Forest University Health Sciences d/b/a High Point Kidney Center of Wake Forest University which shall include any home hemodialysis or isolation stations.

3. Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University shall provide electrical wiring and plumbing through the walls to accommodate the temporary addition of 18 existing dialysis stations from High Point Kidney Center (G-10029-12) for a total of no more than 40 dialysis stations, which shall include any home hemodialysis or isolation stations.

4. Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University shall be certified for no more than 22 stations at the completion of this project.

5. Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University, prior to issuance of the certificate of need, shall acknowledge in writing to the Certificate of Need Section acceptance of and agree to comply with all conditions stated herein.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 15, 2013.

TIMETABLE:

Ordering Equipment ________________________________ February 14, 2013
Occupancy/Offering of Service ________________________________ June 30, 2013
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #G-10029-12

FID #945262

ISSUED TO: Wake Forest University Health Sciences
and High Point Kidney Center of Wake Forest University
1804 King Road
Tifton, GA 31793

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

SCOPE: Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall temporarily relocate 18 stations to Triad Dialysis Center during renovations/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: High Point Kidney Center of Wake Forest University
1900 Westchester Drive
High Point, NC 27262-7012

MAXIMUM CAPITAL EXPENDITURE: $3,015,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 15, 2013

This certificate is effective as of the 19th day of January, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall materially comply with all representations made in its certificate of need application and supplemental responses. In those instances where representations conflict, Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall materially comply with the last made representation.

2. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall be certified for no more than 42 dialysis stations, which shall include any home hemodialysis or isolation stations.

3. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall provide electrical wiring and plumbing through the walls to accommodate the back transfer of 18 existing dialysis stations from Triad Dialysis Center (G-10028-12) and the re-installation of 24 existing dialysis stations in temporary storage for a total of no more than 42 dialysis stations, which shall include any home hemodialysis or isolation stations.

4. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University, prior to issuance of the certificate of need, shall acknowledge in writing to the Certificate of Need Section acceptance of and agreement to comply with all conditions stated herein.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 15, 2013.

TIMETABLE:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Award</td>
<td>January 30, 2013</td>
</tr>
<tr>
<td>50% Completion of Construction</td>
<td>October 15, 2013</td>
</tr>
<tr>
<td>Completion of Construction</td>
<td>June 30, 2014</td>
</tr>
<tr>
<td>Occupancy/Offering of Service</td>
<td>June 30, 2014</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for
Project Identification Number # G-10034-12

FID # 943251

ISSUED TO: High Point Regional Health System
601 North Elm Street
High Point, NC 27262

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

SCOPE: High Point Regional Health System shall renovate the existing 6 South Inpatient Unit at High Point Regional Hospital/Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: High Point Regional Hospital
601 North Elm Street
High Point, NC 27262

MAXIMUM CAPITAL EXPENDITURE: $4,582,908

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 15, 2013

This certificate is effective as of the 7th day of January, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. High Point Regional Health System shall materially comply with all representations made in its certificate of need application.

2. High Point Regional Health System shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.

3. Prior to issuance of the certificate of need, High Point Regional Health System shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 7, 2013.

TIMETABLE:

Drawings submitted ........................................ October 15, 2013
Construction contract ...................................... October 15, 2013
Equipment ordered .......................................... November 15, 2013
25% completion of construction ............................ December 1, 2013
50% completion of construction ............................ January 15, 2014
75% completion of construction ............................ March 1, 2014
Operation of equipment (if major medical equipment) ............................ April 1, 2014
Completion of construction ................................ April 15, 2014
Offering of services ....................................... May 15, 2014
January 10, 2013

Molly Jordan
601 North Elm Street
High Point, NC 27262

RE: Transmittal of CON / Project I.D. # G-10034-12/ High Point Regional Health System/Renovate 6 South inpatient unit/ Guilford County
FID #: 943251

Dear Ms. Jordan:

We are happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Construction Section and the Licensure and Certification Section, regarding their procedures and requirements for the development of this project. The Certificate of Need Section will notify the other Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to General Statute 131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the department placed on the certificate of need. If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the department placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the department may bring remedial action against the holder of the certificate of need pursuant to General Statutes 131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this Agency as required by 10A NCAC 14C .0209. The applicant shall notify the Agency of any variations from the schedule or the projected capital cost of the project. During the development of the project, the Agency may request any additional information pertinent to the project, including additional progress reports, to determine: 1) if the timetable specified on the certificate is being met; 2) if the amount of the capital expenditure obligated under the certificate has exceeded or can be expected to exceed the maximum amount under the certificate; 3) if the terms and conditions of the approval are being met; and 4) if the project is progressing as proposed in the application. The first progress report on this project is due April 15, 2013. Forms for the submittal of these reports are enclosed. Failure to submit any
scheduled or requested progress report in a timely manner may result in the agency withdrawing the certificate pursuant to G.S.131E-189 (a). If after reviewing the status of the project, the Certificate of Need Section determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with G.S. 131E-189.

Moreover, please be advised that this Agency may assess a civil penalty not to exceed $20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (G.S. 131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Certificate of Need Section to obtain proper instructions for initiating such a request. The request for the increase will be considered by the department pursuant to G.S. 131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project I.D.# and Facility I.D.# (FID) in all correspondence.

Sincerely,

Julie Halatek
Julie Halatek, Project Analyst

Craig R. Smith
Craig R. Smith, Chief
Certificate of Need Section

JH:CRS:llp

Enclosures

cc: Medical Facilities Planning Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Construction Section, DHSR
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #M-8752-11

FID #110803

ISSUED TO:  Bio-Medical Applications of North Carolina, Inc.
d/b/a FMC Anderson Creek
3717 National Drive, Suite 206
Raleigh, NC 27612

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

SCOPE:  Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Anderson Creek shall develop a new 11-station ESRD facility which shall include any home hemodialysis or isolation stations on Highway 87 Medical Park in Sanford/ Harnett County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  FMC Anderson Creek
H M Cagle Drive
(Parcel ID #9585-62-8794.000)
(Tax ID #0395680094)
Spout Springs, NC

MAXIMUM CAPITAL EXPENDITURE: $1,046,061

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  May 1, 2013

This certificate is effective as of the 17th day of January, 2013

Craig Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Anderson Creek shall materially comply with all representations made in the certificate of need application.

2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Anderson Creek shall develop and be certified for no more than 11 dialysis stations upon completion of this project, which shall include any home hemodialysis or isolation stations.

3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Anderson Creek shall install plumbing and electrical wiring through the walls for no more than 11 dialysis stations, which shall include any home hemodialysis or isolation stations.

TIMETABLE:

Completion of Preliminary Drawings ________________________________ March 30, 2013
Completion of Final Drawings and Specifications ___________________________ April 30, 2013
Contract Award __________________________________________________________ May 29, 2013
25% Completion of Construction __________________________________________ July 28, 2013
50% Completion of Construction __________________________________________ September 27, 2013
75% Completion of Construction __________________________________________ November 25, 2013
Completion of Construction ______________________________________________ January 11, 2014
Ordering of Equipment _________________________________________________ January 11, 2014
Arrival of Equipment _________________________________________________ March 10, 2014
Operation of Equipment _______________________________________________ March 24, 2014
Certification of Stations ________________________________________________ March 30, 2014
Occupancy/Offering of service(s) ________________________________________ March 30, 2014
CERTIFICATE OF NEED

for

Project Identification Number #J-10016-12

FID #923517

ISSUED TO: University of North Carolina Hospitals at Chapel Hill
Hedrick Office Building, Suite G050
211 Friday Center Drive
Chapel Hill, NC 27517

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

SCOPE: University of North Carolina Hospitals at Chapel Hill shall acquire a PET MR pursuant to Policy AC3 in the 2012 SMFP/Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: University of North Carolina Hospitals at Chapel Hill
101 Manning Drive
Chapel Hill, NC 27514

MAXIMUM CAPITAL EXPENDITURE: $122,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 15, 2013

This certificate is effective as of the 23rd day of January, 2013

Craig Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application and supplemental responses. In those instances where representations conflict, University of North Carolina Hospitals at Chapel Hill shall materially comply with the last-made representation.

2. University of North Carolina Hospitals at Chapel Hill shall acquire the clinical services of no more than one research Positron Emission Tomography Magnetic Resonance (PET MR) Imaging Scanner pursuant to Policy AC-3 in the 2012 SMFP.

3. For each of the first five years of operation University of North Carolina Hospitals at Chapel Hill shall submit to the Certificate of Need Section a detailed description of how the project achieves the academic requirements of the appropriate section(s) of Policy AC-3, paragraph 2 [items 1 through 4] as proposed in the certificate of need application.

4. University of North Carolina Hospitals at Chapel Hill shall report the Policy AC-3 asset (PET MR Imaging Scanner) on the appropriate annual license renewal application for the asset. The information to be reported for the PET MR Imaging Scanner shall include: (a) the number of approved units; (b) the annual volume of cases or procedures performed for the reporting year; and (c) the patient origin by county.

5. University of North Carolina Hospitals at Chapel Hill shall continue to use the Positron Emission Tomography Magnetic Resonance (PET MR) Imaging Scanner, acquired pursuant to G.S. 131-179, for research projects.

6. If the PET MR Imaging Scanner ceases to be used for clinical teaching or research, University of North Carolina Hospitals at Chapel Hill shall surrender the certificate of need.

7. University of North Carolina Hospitals at Chapel Hill shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.

8. Prior to issuance of the certificate of need, University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 16, 2013.

TIMETABLE:

Occupancy/Offering of Service(s) ____________________________ March 1, 2013
CERTIFICATE OF NEED
for
Project Identification Number #G-10045-12
FID #001548

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA Rockingham
3717 National Drive, Suite 206
Raleigh, NC 27612

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

SCOPE: Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Rockingham shall
add no more than two dialysis stations for a total of no more than 17 certified
stations at BMA Rockingham upon completion of this project/ Rockingham
County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA Rockingham
2206 Barnes Street
Reidsville, NC 27320

MAXIMUM CAPITAL EXPENDITURE: $5,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2013

This certificate is effective as of the 1st day of January, 2013

[Signature]
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Rockingham shall materially comply with all representations made in the certificate of need application.

2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Rockingham shall develop no more than two additional stations for a total of no more than 17 stations.

3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Rockingham shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of 17 stations which shall include any isolation stations.

4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Rockingham shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 3, 2012.

TIMETABLE:

Completion of Preliminary Drawings ___________________________ April 26, 2013
Ordering Equipment __________________________________________ May 5, 2013
Completion of Construction __________________________________ June 14, 2013
Offering of service(s)/Certification of Stations ___________________ June 30, 2013
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #G-10002-12

FID #943474

ISSUED TO: Pioneer Health Services of Stokes
d/b/a Pioneer Community Hospital of Stokes
110 Pioneer Way
Magee, MS 37111

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

SCOPE: Pioneer Community Hospital of Stokes shall develop six geriatric inpatient psychiatric beds/ Stokes County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Pioneer Community Hospital of Stokes
1570 NC 8 & Highway North
Danbury, NC 27016

MAXIMUM CAPITAL EXPENDITURE: $578,423

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2013

This certificate is effective as of the 23rd day of January, 2013

[Signature]
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Pioneer Health Services of Stokes, Inc. d/b/a Pioneer Community Hospital of Stokes shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, Pioneer Health Services of Stokes, Inc. d/b/a Pioneer Community Hospital of Stokes shall materially comply with the last made representation.

2. Pioneer Health Services of Stokes, Inc. d/b/a Pioneer Community Hospital of Stokes shall relocate no more than six geriatric inpatient psychiatric beds from Broughton Hospital, pursuant to Policy PSY-1, for a total licensed bed complement of no more than six geriatric inpatient psychiatric beds and 25 acute care beds.

3. Pioneer Health Services of Stokes, Inc. d/b/a Pioneer Community Hospital of Stokes shall accept patients requiring involuntary admission for inpatient psychiatric services.

4. Pioneer Health Services of Stokes, Inc. d/b/a Pioneer Community Hospital of Stokes shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 24, 2013.

TIMETABLE:

- Contract Award: February 28, 2013
- 50% Completion of Construction: April 30, 2013
- Completion of Construction: July 15, 2013
- Occupancy/Offering of Service(s): August 30, 2013