

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 01/01/2013 to 01/31/2013

<b>County</b>	<b>Project ID#</b>	<b>Facility</b>	<b>Project Description</b>	<b>Application Review</b>	<b>Certificate of Need Issue Date</b>	<b>Total Approved Capital Expenditure</b>	<b>1st Project Progress Report Date</b>
<b>Alamance</b>	<b>G-010032-12</b>	<b>Alamance Regional Medical Center 954565 Burlington</b>	Replace linear accelerator	10/01/2012	01/22/2013	\$4,225,986.00	05/15/2013
<b>Catawba</b>	<b>E-010046-12</b>	<b>Fresenius Medical Care of Hickory 955790 HICKORY</b>	Add 2 dialysis stations for a total of 35 stations	10/01/2012	01/07/2013	\$0.00	04/15/2013
<b>Dare</b>	<b>R-010023-12</b>	<b>The Outer Banks Hospital, Inc. 980550 Nags Head</b>	Acquire the assets of The Outer Banks Cancer Center in Nags Head, including one linear accelerator and CT simulator	09/01/2012	01/01/2013	\$1,132,000.00	03/06/2013
<b>Davidson</b>	<b>G-010031-12</b>	<b>Thomasville Dialysis Center 020758 Thomasville</b>	Relocate 6 dialysis stations from Lexington Dialysis Center for a total of 24 stations	10/01/2012	01/22/2013	\$3,000.00	05/22/2013
<b>Davidson</b>	<b>G-010043-12</b>	<b>Lexington Medical Center 943307 Lexington</b>	Acquire a second CT scanner	10/01/2012	01/01/2013	\$2,210,755.00	08/01/2013

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<b>Davidson</b>	<b>G-010044-12</b>	<b>Lexington Medical Center 943307 Lexington</b>	Renovate and expand the emergency department	10/01/2012	01/17/2013	\$10,000,553.00	05/01/2013
<b>Guilford</b>	<b>G-010028-12</b>	<b>Triad Dialysis Center 980262 High Point</b>	Temporarily relocate 18 stations from High Point Kidney Center during renovation of High Point Kidney Center	10/01/2012	01/19/2013	\$112,000.00	04/15/2013
<b>Guilford</b>	<b>G-010029-12</b>	<b>High Point Kidney Center 945262 High Point</b>	Temporarily relocate 18 stations to Triad Dialysis Center during renovations	10/01/2012	01/19/2013	\$3,015,000.00	04/15/2013
<b>Guilford</b>	<b>G-010034-12</b>	<b>High Point Regional Health System 943251 High Point</b>	Renovate 6 South inpatient unit	10/01/2012	01/07/2013	\$4,582,908.00	04/15/2013
<b>Harnett</b>	<b>M-008752-11</b>	<b>FMC Anderson Creek 110803 Sanford</b>	Develop an 11-station dialysis facility off Highway 87 in western Harnett County	10/01/2011	01/17/2013	\$1,046,061.00	05/01/2013
<b>Orange</b>	<b>J-010016-12</b>	<b>University of North Carolina Hospitals 923517 Chapel Hill</b>	Acquire a PET MR pursuant to Policy AC-3 in the 2012 SMFP	09/01/2012	01/23/2013	\$122,500.00	03/15/2013

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<b>County</b>	<b>Project ID#</b>	<b>Facility</b>	<b>Project Description</b>	<b>Application Review</b>	<b>Certificate of Need Issue Date</b>	<b>Total Approved Capital Expenditure</b>	<b>1st Project Progress Report Date</b>
<b>Rockingham</b>	<b>G-010045-12</b>	<b>Rockingham Kidney Center 001548 Reidsville</b>	Add 2 dialysis stations for a total of 17 stations	10/01/2012	01/01/2013	\$5,250.00	05/01/2013
<b>Stokes</b>	<b>G-010002-12</b>	<b>Pioneer Community Hospital of Stokes 943474 Danbury</b>	Develop 8 geriatric inpatient psychiatric beds. Approved for only 6.	08/01/2012	01/23/2013	\$578,423.00	04/30/2013

# 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**

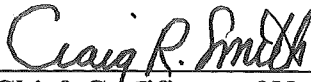
**PHYSICAL LOCATION: BMA Hickory  
1899 Tate Boulevard SE  
Hickory, NC 28602**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 15, 2013**

This certificate is effective as of the 7<sup>th</sup> day of January, 2013

  
\_\_\_\_\_  
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:**

<b>Offering of Services</b>	_____	<b>June 30, 2013</b>
<b>Certification</b>	_____	<b>June 30, 2013</b>



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Drexdal Pratt  
Division Director

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

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Tel (919) 855-3873 • Fax (919) 733-8139

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Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704  
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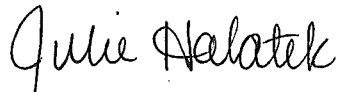


scheduled or requested progress report in a timely manner may result in the agency withdrawing the certificate pursuant to G.S.131E-189 (a). If after reviewing the status of the project, the Certificate of Need Section determines that the holder of the certificate is not meeting the timetable and is 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, 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, DSHR

# 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**

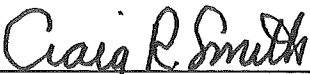
**PHYSICAL LOCATION: High Point Regional Hospital**  
601 North Elm Street  
High Point, NC 27262

**MAXIMUM CAPITAL EXPENDITURE: \$4,582,908**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 15, 2013**

This certificate is effective as of the 7<sup>th</sup> day of January, 2013

  
\_\_\_\_\_  
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



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Drexdal Pratt  
Division Director

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

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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, 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 1<sup>st</sup> day of January, 2013

*Craig R. Smith by M. J. Frisore*  
**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 22<sup>nd</sup> day of January, 2013



**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:**

Ordering Equipment _____	February 14, 2013
Arrival of Equipment _____	April 15, 2013
Operation of Equipment _____	June 14, 2013
Certification of Stations _____	June 30, 2013
Occupancy/Offering of services _____	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-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 1<sup>st</sup> day of January, 2013

*Craig R. Smith by M. Frusone*  
**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, DHSR _____	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/  
Davidson 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 17<sup>th</sup> day of January, 2013

  
\_\_\_\_\_  
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 19<sup>th</sup> 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 19<sup>th</sup> day of January, 2013

  
\_\_\_\_\_  
**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:**

Contract Award _____	January 30, 2013
50% Completion of Construction _____	October 15, 2013
Completion of Construction _____	June 30, 2014
Occupancy/Offering of Service _____	June 30, 2014

# 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 7<sup>th</sup> day of January, 2013

  
\_\_\_\_\_  
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



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS  
Drexdal Pratt  
Division Director

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

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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, 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 #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 17<sup>th</sup> day of January, 2013

  
\_\_\_\_\_  
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

# STATE OF NORTH CAROLINA

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

## **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 23<sup>rd</sup> day of January, 2013



**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

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## 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 1<sup>st</sup> day of January, 2013

*Craig R. Smith by M. J. Husone*  
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(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: Pioneer Community Hospital of Stokes shall develop six geriatric inpatient psychiatric beds/ Stokes County**

**CONDITIONS: See Reverse Side**

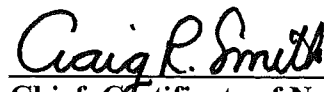
**PHYSICAL LOCATION: Pioneer Community Hospital of Stokes  
1570 NC 8 & Highway North  
Danbury, NC 27016**

**MAXIMUM CAPITAL EXPENDITURE: \$578,423**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 30, 2013**

This certificate is effective as of the 23<sup>rd</sup> day of January, 2013

  
\_\_\_\_\_  
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