

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 04/01/2013 to 04/30/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Brunswick	O-010042-12	Southport Dialysis Center 070474 Southport	Add 3 dialysis stations for a total of 13 stations	10/01/2012	04/09/2013	\$44,860.00	07/15/2013
Carteret	P-010051-12	FMC Sea Spray 120486 Cape Carteret	Relocate 10 dialysis stations from BMA Crystal Coast to FMC Sea Spray	12/01/2012	04/03/2013	\$1,369,725.00	07/01/2013
Durham	J-010062-12	Duke Regional Hospital 923142 Durham	Replace and upgrade 2 nuclear medicine SPECT cameras and renovate Nuclear Medicine Department	12/01/2012	04/03/2013	\$3,314,985.00	08/01/2013
Forsyth	G-008460-10	North Carolina Baptist Hospital 943495 Winston Salem	Construct a new ambulatory surgery building with 8 operating rooms (7 new and 1 relocation), 2 procedure rooms, 1 simulation OR and 1 robotic surgery training room, pursuant to Policy AC-3 of the 2010 SMFP.	02/01/2010	04/02/2013	\$43,691,357.00	08/31/2013
Mecklenburg	F-010059-12	University Radiation Therapy Center 120524 Charlotte	Relocate existing radiation therapy center and replace existing linear accelerator and CT simulator	11/01/2012	04/02/2013	\$9,755,255.00	08/02/2013

**Certificate of Need Section
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Printed for Period: From 04/01/2013 to 04/30/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Mecklenburg	F-010074-13	Carolinas Medical Center/Center for Mental Health 943070 Charlotte	Renovate and expand dietary department	02/01/2013	04/23/2013	\$25,000,000.00	12/31/2013
Pitt	Q-010068-12	Vidant Medical Center 933410 Greenville	Add 65 acute care beds and construct a new cancer Center tower	12/01/2012	04/25/2013	\$183,439,682.00	09/01/2013
Wake	J-008822-12	Wake Endoscopy Center Wake Forest 120228 Raleigh	Develop a new ambulatory surgical facility with 2 GI endoscopy rooms (pursuant to settlement agreement, the scope is to add 1 GI endoscopy room to FID #100398 for a total of 3 GI endoscopy rooms)	05/01/2012	04/10/2013	\$1,000,352.00	08/01/2013
Wilson	L-010065-12	Wilson Medical Center 923569 Wilson	Renovate women's and children's unit and delicense 21 acute care beds for a total of 250 acute care beds upon project completion	12/01/2012	04/09/2013	\$12,036,873.00	09/13/2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #O-10042-12

FID #070474

**ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Southport Dialysis Center
1551 Wewatta Street
Denver, CO 80202**

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: Southport Dialysis Center shall add three dialysis stations for a total of 13 certified stations upon completion of this project/ Brunswick County

CONDITIONS: See Reverse Side

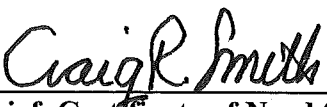
**PHYSICAL LOCATION: Southport Dialysis Center
1513 N. Howe Street
Southport, NC 28461**

MAXIMUM CAPITAL EXPENDITURE: \$44,860

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2013

This certificate is effective as of the 9th of April, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. **Total Renal Care of North Carolina, LLC d/b/a Southport Dialysis Center shall materially comply with all representations made in the certificate of need application.**
2. **Total Renal Care of North Carolina, LLC d/b/a Southport Dialysis Center shall develop no more than three additional stations for a total of no more than 13 stations.**
3. **Total Renal Care of North Carolina, LLC d/b/a Southport Dialysis Center shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of 13 stations which shall include any isolation stations.**
4. **Total Renal Care of North Carolina, LLC d/b/a Southport Dialysis 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 April 9, 2013.

TIMETABLE:

Operation of Equipments _____	June 1, 2013
Certification of Stations _____	July 1, 2013
Occupancy/Offering of Service _____	July 1, 2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # P-10051-12

FID # 120486

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a FMC Sea Spray
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 Sea Spray shall relocate ten dialysis stations from BMA Crystal Coast to FMC Sea Spray for a total of ten stations/Carteret County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC Sea Spray
400 Taylor Notion Road
Cape Carteret, NC 28584**

MAXIMUM CAPITAL EXPENDITURE: \$1,369,725

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2013

This certificate is effective as of the 3rd day of April, 2013



**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Sea Spray 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 Sea Spray shall install plumbing and electrical wiring through the walls for no more than ten certified stations which shall include any home hemodialysis training and isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify ten stations at BMA Crystal Coast for a total of no more than ten certified dialysis stations at BMA Crystal Coast upon project completion.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Sea Spray 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 March 14, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications	July 18, 2013
Contract Award	August 17, 2013
25% Completion of Construction	October 31, 2013
50% Completion of Construction	January 14, 2014
Completion of Construction	June 13, 2014
Operation of Equipment	June 15, 2014
Occupancy/Offering of Service	June 30, 2014
Certification of Stations	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 # J-10062-12

FID # 923142

**ISSUED TO: Duke University Health System
d/b/a Durham Regional Hospital
3100 Tower Boulevard, Suite 1300
Durham, NC 27707**

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: Duke University Health System d/b/a Durham Regional Hospital shall replace two nuclear medicine SPECT cameras and renovate the nuclear medicine department/ Durham County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Durham Regional Hospital
3643 North Roxboro Road
Durham, NC 27704**

MAXIMUM CAPITAL EXPENDITURE: \$3,314,985

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2013

This certificate is effective as of the 3rd day of April, 2013



**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. Duke University Health System d/b/a Durham Regional Hospital shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System d/b/a Durham Regional Hospital 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.
3. Duke University Health System d/b/a Durham Regional Hospital 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 March 22, 2013.

TIMETABLE:

Contract Award	September 4, 2013
50% Completion of Construction	November 16, 2013
Completion of Construction	April 2, 2014
Operation of Equipment	May 8, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #G-8460-10

FID #943495

**ISSUED TO: North Carolina Baptist Hospital
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: North Carolina Baptist Hospital shall construct a new building on campus to house eight (8) operating rooms [seven (7) new operating rooms and one (1) relocated operating room], two procedure rooms, one robotic surgery training room and one simulation operating room pursuant to Policy AC-3 in the 2010 SMFP which will be licensed as part of the hospital/ Forsyth County

CONDITIONS: See Reverse Side

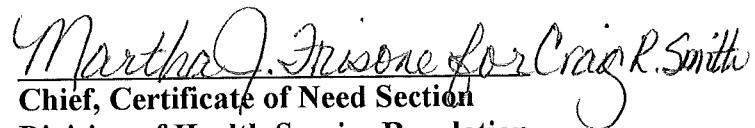
**PHYSICAL LOCATION: North Carolina Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157**

MAXIMUM CAPITAL EXPENDITURE: \$43,691,357

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 31, 2013

This certificate is effective as of the 2nd day of April, 2013


**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. North Carolina Baptist Hospital shall materially comply with all representations made in the certificate of need application.
2. North Carolina Baptist Hospital shall develop no more than 7 additional operating rooms pursuant to Policy AC-3 in the 2010 SMFP and relocate 1 existing shared operating room to the new West Campus Surgery Center (licensed as part of the hospital), which shall be utilized for outpatient surgical services. The West Campus Surgery Center shall include no more than 8 operating rooms, 1 robotics training room, a simulation operating room (unlicensed) and 2 procedure rooms.
3. Upon completion of the project, North Carolina Baptist Hospital shall be licensed for a total of no more than 47 operating rooms (35 shared operating rooms, 4 dedicated inpatient operating rooms, and 8 dedicated outpatient operating rooms).
4. North Carolina Baptist Hospital 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.
5. Prior to issuance of the certificate of need, North Carolina Baptist Hospital 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.

TIMETABLE:

Obtain Funds Necessary to Undertake Project	August 5, 2013
Contract Award	November 24, 2014
25% Completion of Construction	April 15, 2015
50% Completion of Construction	September 4, 2015
75% Completion of Construction	January 24, 2016
Completion of Construction	June 15, 2016
Occupancy/Offering of Service(s)	July 13, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10059-12

FID #120524

**ISSUED TO: University Radiation Therapy Center, LLC
and The Charlotte-Mecklenburg Hospital Authority
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217**

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 Radiation Therapy Center, LLC proposes to relocate the existing radiation therapy center and replace an existing linear accelerator and CT simulator/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: University Radiation Therapy Center, LLC
8800 North Tryon Street
Charlotte, NC 28262**

MAXIMUM CAPITAL EXPENDITURE: \$9,755,255

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 2, 2013

This certificate is effective as of the 2nd day of April, 2013

Craig R. Smith

Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. University Radiation Therapy Center, LLC shall materially comply with all representations made in the certificate of need application.
2. University Radiation Therapy Center, LLC shall acquire no more than one linear accelerator and one CT simulator to replace the existing linear accelerator and CT simulator for a total of no more than one linear accelerator and one CT simulator upon project completion.
3. University Radiation Therapy Center, LLC 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.
4. University Radiation Therapy Center, LLC 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 applicants' representations in the written statement as described in paragraph one of Policy GEN-4.
5. Prior to issuance of the certificate of need, University Radiation Therapy Center, LLC 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 March 13, 2013.

TIMETABLE:

Obtaining Funds _____	April 29, 2013
Completion of Final Drawings and Specifications Submitted to the Construction Section, DHSR _____	May 23, 2013
Approval of Final Drawings and Specification by the Construction Section, DHSR _____	June 27, 2013
Ordering Equipment _____	July 1, 2013
Approval of Site by Construction Section, DHSR _____	July 15, 2013
Contract Award _____	July 15, 2013
25% Completion of Construction _____	October 26, 2013
50% Completion of Construction _____	January 3, 2014
Arrival of Equipment _____	March 1, 2014
75% Completion of Construction _____	March 15, 2014
Completion of Construction _____	May 23, 2014
Operation of Equipment _____	June 1, 2014
Occupancy/Offering of Service _____	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 #F-10074-13

FID #943070

**ISSUED TO: Carolinas Medical Center
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217**

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 Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall renovate and expand the dietary department/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203**

MAXIMUM CAPITAL EXPENDITURE: \$25,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2013

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

Craig R. Smith

**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas 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 which would otherwise require a certificate of need.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas 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.
4. Prior to issuance of the certificate of need, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center 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 April 3, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications _____	December 31, 2013
Approval of Final Drawings and Specification by the Construction Section, DHSR _____	March 25, 2014
Contract Award _____	April 4, 2014
25% Completion of Construction _____	August 27, 2014
50% Completion of Construction _____	January 19, 2015
75% Completion of Construction _____	June 13, 2015
Completion of Construction _____	November 15, 2015
Offering of Service(s) _____	January 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # Q-10068-12

FID # 933410

**ISSUED TO: Pitt County Memorial Hospital Incorporated
d/b/a Vidant Medical Center
P.O. Box 6028
Greenville, NC 27835**

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: Pitt County Memorial Hospital, Incorporated d/b/a Vidant Medical Center shall add no more than 65 acute care beds for a total of no more than 847 acute care beds upon completion of this project and Project Q-8769-11 (add 48 acute care beds) and construct a new cancer center tower / Pitt County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Vidant Medical Center
2100 Stantonsburg Road
Greenville, NC 27834

MAXIMUM CAPITAL EXPENDITURE: \$183,439,682

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2013

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



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Pitt County Memorial Hospital, Incorporated d/b/a Vidant Medical Center shall materially comply with all representations made in the certificate of need application.
2. Pitt County Memorial Hospital, Incorporated d/b/a Vidant 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 which would otherwise require a certificate of need.
3. Pitt County Memorial Hospital, Incorporated d/b/a Vidant Medical Center shall add no more than 65 acute care beds for a total of no more than 847 acute care beds upon completion of Project Q-8769-11 (add 48 acute care beds) and this project.
4. Pitt County Memorial Hospital, Incorporated d/b/a Vidant Medical Center shall add no more than 8 intensive care beds for a total of no more than 112 intensive care beds (excluding neonatal and pediatric intensive care beds) upon completion.
5. Pitt County Memorial Hospital, Incorporate d/b/a Vidant Medical Center shall submit a plan of energy efficiency and water conservation to the Construction Section, DHSR, that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation.
6. Prior to issuance of the certificate of need, Pitt County Memorial Hospital, Incorporated d/b/a Vidant Medical Center 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 April 8, 2013.

TIMETABLE:

Approval of Final Drawings by Construction Section, DHSR	_____	May 1, 2014
25% Completion of Construction	_____	July 1, 2015
75% Completion of Construction	_____	November 1, 2016
Ordering Equipment	_____	November 1, 2016
Completion of Construction	_____	July 1, 2017
Occupancy/Offering Services	_____	October 1, 2017
Operation of Equipment	_____	October 1, 2017
Certification of Beds	_____	October 1, 2017

STATE OF NORTH CAROLINA

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

CORRECTED

CERTIFICATE OF NEED

for

Project Identification Number #J-8822-12

FID #100398

**ISSUED TO: WF Endoscopy Center, LLC
2601 Lake Drive, Suite 201
Raleigh, NC 27607**

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: WF Endoscopy Center LLC shall develop no more than one additional gastrointestinal endoscopy room for a total of no more than three gastrointestinal endoscopy rooms upon project completion/ Wake County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: WF Endoscopy Center
10540 Ligon Mill Road, Suite 109
Wake Forest, NC 27587**

MAXIMUM CAPITAL EXPENDITURE: \$1,000,352

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2013

This certificate is effective as of the 10th day of April, 2013

Craig R. Smith

**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. Wake Endoscopy Center, LLC d/b/a WF Endoscopy Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Wake Endoscopy Center, LLC d/b/a WF Endoscopy Center, LLC 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.
3. Wake Endoscopy Center, LLC d/b/a WF Endoscopy Center, LLC shall develop no more than one additional gastrointestinal endoscopy room, for a total of three (3) gastrointestinal endoscopy rooms, including the two (2) gastrointestinal endoscopy rooms that have already been developed and are operational at its existing ambulatory surgical facility, and shall be licensed for a total of no more than three (3) gastrointestinal endoscopy room upon completion of this project.
4. The facility fee charged by Wake Endoscopy Center, LLC d/b/a WF Endoscopy Center, LLC shall be no more than \$1,571 during the first three years of operation.
5. Wake Endoscopy Center, LLC d/b/a WF Endoscopy Center, LLC shall prohibit the exclusion of services to any patient on the basis of age, race, religion, disability or the patient's ability to pay.
6. Wake Endoscopy Center, LLC d/b/a WF Endoscopy Center, LLC shall accept patient referrals from Project Access as described on page 73 of the application.
7. Prior to the issuance of the certificate of need, Wake Endoscopy Center, LLC d/b/a WF Endoscopy Center, LLC shall provide the CON Section with a least one letter addressed to an area hospital which documents that Wake Endoscopy Center, LLC will accept referrals of GI endoscopy patients from that hospital.

TIMETABLE:

Arrival of Equipment _____	June 15, 2013
Operation of Equipment _____	July 1, 2013
Licensure & Certification _____	July 1, 2013
Occupancy/Offering of Services _____	July 1, 2013

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # L-10065-12

FID # 923569

ISSUED TO: Wilson Medical Center, Inc.
1705 Tarboro Street, SW
Wilson, NC 27893

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: Wilson Medical Center, Inc. shall renovate the women's and children's unit and delicense 21 acute care beds for a total of 250 acute care beds upon project completion/Wilson County

CONDITIONS: See Reverse Side

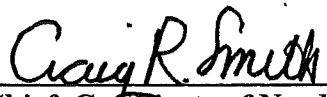
PHYSICAL LOCATION: Wilson Medical Center
1705 Tarboro Street, SW
Wilson, NC 27893

MAXIMUM CAPITAL EXPENDITURE: \$12,036,873

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 13, 2013

This certificate is effective as of the 9th day of April, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Wilson Medical Center shall materially comply with all representations made in its certificate of need application and in any supplemental information requested by the Certificate of Need Section.
2. Wilson Medical Center shall de-license 21 acute care beds for a total bed complement of 250 acute care beds.
3. Wilson 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 applicants' representations in the written statement as described in paragraph one of the Policy GEN-4.
4. Wilson 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 which would otherwise require a certificate of need.
5. Wilson Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section 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 March 18, 2013.

TIMETABLE:

Approval of Final Drawings and Specifications _____	September 1, 2013
Contract Award _____	October 1, 2013
25% Completion of Construction _____	April 1, 2014
50% Completion of Construction _____	September 1, 2014
Completion of Construction _____	August 1, 2015
Occupancy/Offering of Service _____	October 1, 2015