<table>
<thead>
<tr>
<th>County</th>
<th>Project ID#</th>
<th>Facility</th>
<th>Project Description</th>
<th>Application Review</th>
<th>Certificate of Need Issue Date</th>
<th>Total Approved Capital Expenditure</th>
<th>1st Project Progress Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamance</td>
<td>G-010104-13</td>
<td>North Burlington Dialysis</td>
<td>Add 2 dialysis stations for a total of 12 stations upon project completion</td>
<td>04/01/2013</td>
<td>06/04/2013</td>
<td>$28,961.00</td>
<td>11/01/2013</td>
</tr>
<tr>
<td>Cabarrus</td>
<td>F-010109-13</td>
<td>Copperfield Dialysis</td>
<td>Relocate 6 dialysis stations from Dialysis Care of Kannapolis to Copperfield Dialysis Center for a total of 27 stations upon project completion</td>
<td>04/01/2013</td>
<td>06/06/2013</td>
<td>$46,870.00</td>
<td>09/30/2013</td>
</tr>
<tr>
<td>Carteret</td>
<td>P-010097-13</td>
<td>Crystal Coast Dialysis Unit</td>
<td>Add 3 dialysis stations for a total of 13 stations upon completion of this project and Project ID #P-10051-12 (relocate 10 stations to FMC Sea Spray)</td>
<td>04/01/2013</td>
<td>06/25/2013</td>
<td>$0.00</td>
<td>10/15/2013</td>
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<tr>
<td>Cleveland</td>
<td>C-010100-13</td>
<td>DIALYSIS CLINIC, INC</td>
<td>Add 2 dialysis stations for a total of 15 stations upon project completion</td>
<td>04/01/2013</td>
<td>06/11/2013</td>
<td>$37,000.00</td>
<td>10/11/2013</td>
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<tr>
<td>Craven</td>
<td>P-010082-13</td>
<td>CarolinaEast Medical Center</td>
<td>Acquire a third unit of cardiac catheterization equipment</td>
<td>03/01/2013</td>
<td>06/19/2013</td>
<td>$3,466,021.00</td>
<td>10/15/2013</td>
</tr>
<tr>
<td>Martin</td>
<td>Q-010103-13</td>
<td>Dialysis Care of Martin County</td>
<td>Add 2 dialysis stations for a total of 25 dialysis stations upon project completion</td>
<td>04/01/2013</td>
<td>06/18/2013</td>
<td>$38,640.00</td>
<td>10/15/2013</td>
</tr>
</tbody>
</table>
## Certificate of Need Section

### Certificates Issued

Printed for Period: From 06/01/2013 to 06/30/2013

<table>
<thead>
<tr>
<th>County</th>
<th>Project ID#</th>
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<th>Application Review</th>
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<th>Total Approved Capital Expenditure</th>
<th>1st Project Progress Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>McDowell</td>
<td>C-010108-13</td>
<td>Dialysis of McDowell County 040266 Marion</td>
<td>Add 1 dialysis station for a total of 14 stations upon project completion</td>
<td>04/01/2013</td>
<td>06/04/2013</td>
<td>$68,095.00</td>
<td>09/30/2013</td>
</tr>
<tr>
<td>Mecklenburg</td>
<td>F-010102-13</td>
<td>Charlotte East Dialysis Center 120164 Charlotte</td>
<td>Add 4 dialysis stations for a total of 24 stations upon completion of this project and Project ID #F-8809-12 (relocate facility and add 4 stations)</td>
<td>04/01/2013</td>
<td>06/24/2013</td>
<td>$63,652.00</td>
<td>10/24/2013</td>
</tr>
<tr>
<td>Robeson</td>
<td>N-010080-13</td>
<td>SouthEast Regional Medical Center 001329 Lumberton</td>
<td>Replace existing linear accelerator</td>
<td>03/01/2013</td>
<td>06/28/2013</td>
<td>$7,482,681.00</td>
<td>12/01/2013</td>
</tr>
<tr>
<td>Rockingham</td>
<td>G-010106-13</td>
<td>Reidsville Dialysis 030453 Rockingham</td>
<td>Relocate 8 stations from Madison Dialysis Center to Reidsville Dialysis Center for a total of 27 stations upon project completion</td>
<td>04/01/2013</td>
<td>06/28/2013</td>
<td>$612,260.00</td>
<td>10/30/2013</td>
</tr>
<tr>
<td>Wake</td>
<td>J-008471-10</td>
<td>Holly Springs Surgery Center, LLC 100141 Holly Springs</td>
<td>Construct a freestanding ambulatory surgery center with one procedure room and three outpatient operating rooms in Holly Springs.</td>
<td>03/01/2010</td>
<td>06/13/2013</td>
<td>$9,052,069.00</td>
<td>11/01/2013</td>
</tr>
</tbody>
</table>
CERTIFICATE OF NEED
for
Project Identification Number #G-10104-13
FID #100785

ISSUED TO: Renal Treatment Centers Mid-Atlantic, Inc.
d/b/a North Burlington Dialysis
2321 West Morehead Street
Charlotte, NC 28208

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: Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis shall add no more than two dialysis stations to the existing facility for a total of no more than 12 stations upon project completion/ Alamance County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: North Burlington Dialysis
2019 North Church Street
Burlington, NC 27215

MAXIMUM CAPITAL EXPENDITURE: $28,961

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2013

This certificate is effective as of the 4th day of June, 2013

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

1. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis shall materially comply with all representations made in the certificate of need application.

2. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis shall develop no more than two additional dialysis stations at North Burlington Dialysis for a total of no more than 12 stations upon completion of this project.

3. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, for a total of no more than 12 stations, which shall include any home hemodialysis or isolation stations.

4. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis 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 May 23, 2013.

TIMETABLE:

Obtain funds necessary to undertake project ............................. 03/15/2013
Contract Award ........................................................................ 10/15/2013
Completion of construction ......................................................... 12/15/2013
Operation of equipment .............................................................. 12/15/2013
Occupancy/Offering Service ....................................................... 01/01/2014
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #F-10109-13

FID #010799

ISSUED TO: Copperfield Dialysis Center
2321 West Morehead Street
Charlotte, NC 28208

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: Copperfield Dialysis Center shall relocate six dialysis stations from Dialysis Care of Kannapolis to Copperfield Dialysis Center for a total of 27 stations upon project completion/ Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Copperfield Dialysis Center
1030 Vinehaven Drive
Concord, NC 28025

MAXIMUM CAPITAL EXPENDITURE: $46,870

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2013

This certificate is effective as of the 6th day of June, 2013

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

1. Total Renal Care of North Carolina, LLC d/b/a Copperfield Dialysis Center shall materially comply with all representations made in its certificate of need application.

2. Total Renal Care of North Carolina, LLC d/b/a Copperfield Dialysis Center shall develop and operate no more than six additional dialysis stations for a total of 27 certified stations which shall include any home hemodialysis training or isolation stations.

3. Total Renal Care of North Carolina, LLC d/b/a Copperfield Dialysis Center shall install plumbing and electrical wiring through the walls for six additional dialysis stations for a total of 27 dialysis stations which shall include any isolation stations.

4. Total Renal Care of North Carolina, LLC d/b/a Copperfield Dialysis Center shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.

5. Total Renal Care of North Carolina, LLC d/b/a Copperfield 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 June 3, 2013.

TIMETABLE:

Occupancy/Offering of Service(s) ___________________________ January 1, 2014
Certification of Stations ___________________________ January 1, 2014
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation
CERTIFICATE OF NEED
for
Project Identification Number  #P-10097-13

FID #960074

ISSUED TO:  Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA Crystal Coast
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 Crystal Coast shall add no more than 3 stations for a total of no more than 13 stations upon completion of this project and Project I.D. #P-10051-12, FMC Sea Spray/ Carteret County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  BMA Crystal Coast
3332 Bridges Street
Morehead City, NC 28557

MAXIMUM CAPITAL EXPENDITURE:  $0

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  October 15, 2013

This certificate is effective as of the 25th day of June, 2013

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

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Crystal Coast, 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, Bio-Medical Applications of North Carolina, Inc. (BMA) d/b/a BMA Crystal Coast, shall materially comply with the last-made representation.

2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Crystal Coast, shall develop and operate no more than three additional stations for a total of 13 certified following completion of this project and Project ID# P-10051-12, FMC Sea Spray, which shall include any isolation stations.

3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Crystal Coast, shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.

4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Crystal Coast, 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 June 5, 2013.

TIMETABLE:

Occupancy/Offering of Service December 31, 2013
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 #C-10100-13

FID #080370

ISSUED TO: Dialysis Clinic, Inc.
   d/b/a DCI Boling Springs
   1016 North Lafayette Street
   Shelby, NC 28150

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: DCI Boiling Springs shall add two dialysis stations to the existing facility for a total of 15 stations upon completion of this project and Project ID #C-8784-12/ Cleveland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: DCI Boiling Springs
   108 Creekside Drive
   Shelby, NC 28152

MAXIMUM CAPITAL EXPENDITURE: $37,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 11, 2013

This certificate is effective as of the 11th day of June, 2013

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

1. Dialysis Clinic, Inc. d/b/a DCI Boiling Springs shall materially comply with all representations made in its certificate of need application and supplemental responses. In those instances where representations conflict, DCI Boiling Springs shall materially comply with the last-made representation.

2. Dialysis Clinic, Inc. d/b/a DCI Boiling Springs shall develop and operate no more than two additional dialysis stations for a total of 15 certified stations which shall include any isolation stations.

3. Dialysis Clinic, Inc. d/b/a DCI Boiling Springs shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of no more than 15 dialysis stations which shall include any isolation stations.

4. Dialysis Clinic, Inc. d/b/a DCI Boiling Springs shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.

5. Dialysis Clinic, Inc. d/b/a DCI Boiling Springs 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 May 16, 2013.

TIMETABLE:

Ordering Equipment ________________________________ October 1, 2013
Arrival of Equipment ________________________________ November 15, 2013
Operation of Equipment ______________________________ December 15, 2013
Occupancy/Offering of Service(s) ______________________ January 1, 2014
Certification of Stations ______________________________ January 7, 2014
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number # P-10082-13
FID # 923126

ISSUED TO: CarolinaEast Medical Center
2000 Neuse Boulevard
New Bern, NC 28561

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: CarolinaEast Medical Center shall acquire a third fixed unit of cardiac catheterization equipment/ Craven County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: CarolinaEast Medical Center
2000 Neuse Boulevard
New Bern NC 28561

MAXIMUM CAPITAL EXPENDITURE: $3,466,021

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2013

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

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

1. CarolinaEast 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. CarolinaEast 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. CarolinaEast 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 June 6, 2013.

TIMETABLE:

Approval of Final Drawings and Specifications ____________________________ December 15, 2013
25% Completion of Construction __________________________________________ March 1, 2014
Completion of Construction ____________________________________________ September 1, 2014
Operation of Equipment ________________________________________________ September 15, 2014
Occupancy/Offering of Service __________________________________________ October 1, 2014
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CORRECTED
CERTIFICATE OF NEED
for
Project Identification Number #Q-10103-13

FID #960043

ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Dialysis Care of Martin County
2321 West Morehead Street
Charlotte, NC 28208

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

SCOPE: Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Martin County shall add no more than 2 stations to establish a home hemodialysis training program for a total of no more than 25 stations upon project completion. No more than 2 of the 25 stations will be dedicated to home hemodialysis training and support/Martin County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Dialysis Care of Martin County
100 Medical Drive
Williamston, NC 27892

MAXIMUM CAPITAL EXPENDITURE: $38,640

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2013

This certificate is effective as of the 18th day of June, 2013

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

1. Total Renal Care (TRC) of North Carolina, LLC d/b/a Dialysis Care of Martin County (DC of Martin County) shall materially comply with all representations made in the Certificate of Need application.

2. Total Renal Care (TRC) of North Carolina, LLC d/b/a Dialysis Care of Martin County (DC of Martin County) shall develop no more than two additional stations for a total of no more than 25 stations, which shall include any home hemodialysis training and isolation stations.

3. Total Renal Care (TRC) of North Carolina, LLC d/b/a Dialysis Care of Martin County (DC of Martin County) 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 May 24, 2013.

TIMETABLE:

Operation of Equipment

Occupancy/Offering of Services

Certification of Stations

December 15, 2013
January 1, 2014
January 1, 2014
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #C-10108-13

FID #040266

ISSUED TO: McDowell County Dialysis Center
2321 West Morehead Street
Charlotte, NC 28208

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: McDowell County Dialysis Center shall add one dialysis station for a total of 14 dialysis stations upon project completion/ McDowell County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: McDowell County Dialysis Center
100 Spaulding Road
Marion, NC 28752

MAXIMUM CAPITAL EXPENDITURE: $68,095

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2013

This certificate is effective as of the 4th day of June, 2013

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

1. Total Renal Care of North Carolina, LLC d/b/a McDowell County Dialysis Center shall materially comply with all representations made in its certificate of need application.

2. Total Renal Care of North Carolina, LLC d/b/a McDowell County Dialysis Center shall develop and operate no more than one additional dialysis station for a total of 14 certified stations which shall include any home hemodialysis training or isolation stations.

3. Total Renal Care of North Carolina, LLC d/b/a McDowell County Dialysis Center shall install plumbing and electrical wiring through the walls for one additional dialysis station for a total of 14 dialysis stations which shall include any isolation stations.

4. Total Renal Care of North Carolina, LLC d/b/a McDowell County Dialysis Center shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.

5. Total Renal Care of North Carolina, LLC d/b/a McDowell County 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 June 3, 2013.

TIMETABLE:

- Contract Award: October 5, 2013
- Completion of Construction: December 15, 2013
- Occupancy/Offering of Service(s): January 1, 2014
- Certification of Stations: January 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-10102-13

FID #120164

ISSUED TO:  DVA Healthcare Renal Care, Inc.
            d/b/a Charlotte East Dialysis Center
            2321 West Morehead Street
            Charlotte, NC 28208

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:  DVA Healthcare Renal Care, Inc. d/b/a/ Charlotte East Dialysis Center shall add four dialysis stations to the existing facility for a total of no more than 24 stations upon completion of this project and Project ID #F-8809-12/ Mecklenburg County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Charlotte East Dialysis
                      3061 North Sharon Amity Road
                      Charlotte, NC 28205

MAXIMUM CAPITAL EXPENDITURE: $63,652

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  October 24, 2013

This certificate is effective as of the 24th day of June, 2013

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

1. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall materially comply with all representations made in its certificate of need application and supplemental responses. In those instances where representations conflict, Charlotte East Dialysis Center shall materially comply with the last-made representation.

2. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall develop and operate no more than four additional dialysis stations for a total of 24 certified stations which shall include any isolation stations upon completion of this project and Project I.D. #F-8809-12.

3. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 24 dialysis stations which shall include any isolation stations.

4. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.

5. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East 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 July 1, 2013.

TIMETABLE:

Ordering of Equipment .......................................................... October 15, 2013
Operation of Equipment ....................................................... December 15, 2013
Occupancy/Offering of Services ............................................. January 1, 2014
Certification of Stations ....................................................... January 1, 2014
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number #N-10080-13
FID #001329

ISSUED TO:  Southeastern Regional Medical Center
            300 West 27th Street
            Lumberton, NC 28359

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)c. 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:  Southeastern Regional Medical Center shall replace no more than one linear accelerator in the Gibson Cancer Center/ Robeson County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Southeastern Regional Medical Center
                      300 West 27th Street
                      Lumberton, NC 28359

MAXIMUM CAPITAL EXPENDITURE:  $7,482,681

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  December 1, 2013

This certificate is effective as of the 28th day of June, 2013

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

1. Southeastern Regional Medical Center, Inc. shall materially comply with all representations made in the certificate of need application.

2. Southeastern Regional Medical Center, Inc. shall acquire no more than one replacement linear accelerator.

3. Southeastern Regional Medical Center, Inc. shall dispose of the existing linear accelerator no more than 30 days after the operation of the replacement linear accelerator.

4. Southeastern Regional Medical Center, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards in the latest edition of the North Carolina Building Codes. The plan must be consistent with the applicant’s representation written in the statement as described in paragraph one of Policy GEN-4.

5. Southeastern Regional Medical Center, Inc. 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.

6. Southeastern Regional Medical Center, 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 June 24, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications ________________________________ June 1, 2013
Approval of Final Drawings and Specifications by the Construction Section, DHSR______________________________ June 15, 2013
Approval of Site by Construction Section, DHSR ________________________________ June 15, 2013
Contract Award ______________________________________________________________________ July 1, 2013
Obtain funds necessary to undertake project __________________________________________________________________________ August 28, 2013
25% completion of construction __________________________________________________________________________ September 1, 2013
50% completion of construction __________________________________________________________________________ November 1, 2013
75% completion of construction __________________________________________________________________________ January 1, 2014
Completion of construction __________________________________________________________________________ March 1, 2014
Occupancy/Offering of Service __________________________________________________________________________ April 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-10106-13

FID #030453

ISSUED TO:  Total Renal Care of North Carolina, LLC
d/b/a Reidsville Dialysis Center
2321 West Morehead Street
Charlotte, NC 28208

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:  Total Renal Care of North Carolina, LLC d/b/a Reidsville Dialysis Center shall relocate no more than eight (8) dialysis stations from Madison Dialysis Center to Reidsville Dialysis center for a total of no more than 27 certified stations at project completion, which shall include any home hemodialysis training or isolation stations/ Rockingham County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Reidsville Dialysis Center
1307 Freeway Drive
Reidsville, NC 27320

MAXIMUM CAPITAL EXPENDITURE:  $612,260

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  October 30, 2013

This certificate is effective as of the 28th day of June, 2013

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

1. Total Renal Care of North Carolina, LLC d/b/a Reidsville Dialysis Center shall materially comply with all representations made in its certificate of need application.

2. Total Renal Care of North Carolina, LLC d/b/a Reidsville Dialysis Center shall relocate and operate no more than eight (8) additional dialysis stations for a total of no more than 27 certified stations which shall include any isolation stations.

3. After the certification of the additional eight dialysis stations at Reidsville Dialysis Center, Total Renal Care of North Carolina, LLC shall decertify all remaining dialysis stations at the Madison Dialysis Center and close the facility.

4. Total Renal Care of North Carolina, LLC d/b/a Reidsville Dialysis Center shall install plumbing and electrical wiring through the walls for eight additional dialysis stations for a total of 27 dialysis stations which shall include any isolation stations.

5. Total Renal Care of North Carolina, LLC d/b/a Reidsville Dialysis Center shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.

6. Total Renal Care of North Carolina, LLC d/b/a Reidsville 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 June 28, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications ___________________________ August 20, 2013
Contract Award _____________________________________________ September 1, 2013
Ordering Equipment _____________________________________________ September 1, 2013
Completion of Construction _________________________________________ December 1, 2013
Operation of Equipment ____________________________________________ December 15, 2013
Occupancy/Offering of Service/Certification of Stations _________________ January 1, 2014
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for
Project Identification Number # J-8471-10
FID # 100141

ISSUED TO: Holly Springs Surgery Center, LLC
1980 South Hawthorne Road, Suite 200
Winston-Salem, NC 27103

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: Holly Springs Surgery Center, LLC shall construct an ambulatory surgery center with no more than three ambulatory surgical operating rooms and no more than one minor procedure room in Holly Springs/Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Holly Springs Surgery Center
Rosewood Centre Drive (Tract 3)
Holly Springs, NC 27540

MAXIMUM CAPITAL EXPENDITURE: $9,052,069

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2013

This certificate is effective as of the 13th day of June, 2013

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

1. Holly Springs Surgery Center, LLC shall materially comply with all representations made in its certificate of need application.

2. Holly Springs Surgery 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. Holly Springs Surgery Center, LLC shall construct an ambulatory surgical facility that shall be licensed for no more than three ambulatory surgical operating rooms.

4. Holly Springs Surgery Center, LLC shall construct no more than three rooms in the facility that meet licensure requirements for an operating room under either the hospital or ambulatory surgical facility rules.

5. Holly Springs Surgery Center, LLC shall construct no more than one minor procedure room in the facility.

6. Holly Springs Surgery Center, LLC shall not perform gastrointestinal endoscopy procedures in the procedure room.

7. The minor procedure room shall be used only for minor procedures that are not required to be performed in an operating room, based on current standards of practice as enforced by the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation.

8. Procedures performed in the minor procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the hospital’s license renewal application as procedures performed in an operating room.

9. Holly Springs Surgery Center, LLC shall meet all criteria to receive accreditation of the ambulatory surgical facility from the Joint Commission, AAAHC or a comparable accreditation authority within two years following completion of the facility.

10. Holly Springs Surgery Center, LLC 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 August 10, 2010.

TIMETABLE:

Completion of Preliminary Drawings __________________________ November 1, 2013
Completion of Final Drawings and Specifications __________________________ March 1, 2014
Contract Award __________________________ June 1, 2014
25% Completion of Contract __________________________ October 1, 2014
50% Completion of Construction __________________________ January 1, 2015
75% Completion of Construction __________________________ April 1, 2015
Completion of Construction __________________________ July 1, 2015
Licensure of Facility __________________________ August 1, 2015