## Certificate of Need Section
### Certificates Issued
Printed for Period: From 08/01/2013 to 08/31/2013

<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>Cabarrus</td>
<td>F-010128-13</td>
<td>Carolinas Medical Center-NorthEast</td>
<td>Replace MRI scanner</td>
<td>06/01/2013</td>
<td>08/29/2013</td>
<td>$3,062,688.00</td>
<td>04/28/2014</td>
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<tr>
<td></td>
<td></td>
<td>943049 Concord</td>
<td></td>
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<tr>
<td>Gaston</td>
<td>F-008793-12</td>
<td>Presbyterian Imaging Center-Gastonia</td>
<td>Acquire a fixed MRI scanner to be located in Gastonia</td>
<td>04/01/2012</td>
<td>08/22/2013</td>
<td>$2,662,155.00</td>
<td>03/01/2014</td>
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<td>120159 Gastonia</td>
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<tr>
<td>Lincoln</td>
<td>F-010136-13</td>
<td>Lincoln County Hospice House</td>
<td>Develop new hospice facility with 6 hospice inpatient beds</td>
<td>06/01/2013</td>
<td>08/29/2013</td>
<td>$3,462,600.00</td>
<td>02/01/2014</td>
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<td>Mecklenburg</td>
<td>F-010004-12</td>
<td>Healthy @ Home - Carolinas Medical Center</td>
<td>Establish a new home health agency</td>
<td>08/01/2012</td>
<td>08/19/2013</td>
<td>$450,000.00</td>
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<td>120389 Charlotte</td>
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<tr>
<td>Mecklenburg</td>
<td>F-010132-13</td>
<td>Levine &amp; Dickson Hospice House</td>
<td>Add 6 hospice inpatient beds for a total of 22 upon project completion</td>
<td>06/01/2013</td>
<td>08/29/2013</td>
<td>$2,025,000.00</td>
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<td>080130 Huntersville</td>
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<td>County</td>
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<td>Facility</td>
<td>Project Description</td>
<td>Application Review</td>
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<td>Total Approved Capital Expenditure</td>
<td>1st Project Progress Report Date</td>
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<td>Mecklenburg</td>
<td>F-010134-13</td>
<td>Carolinas Medical Center/Center for Mental Health 943070 Charlotte</td>
<td>Renovate Unit 10A on the 10th floor of the medical center</td>
<td>06/01/2013</td>
<td>08/30/2013</td>
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<td>Moore</td>
<td>H-008839-12</td>
<td>FirstHealth Moore Reg. Hosp. and Pinehurst Treatment 943358 Pinehurst</td>
<td>Renovate nursing units on the second and third floors, including general med/surg and ICU beds</td>
<td>07/01/2012</td>
<td>08/09/2013</td>
<td>$18,492,762.00</td>
<td>12/15/2013</td>
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<td>Onslow</td>
<td>P-010123-13</td>
<td>New River Dialysis 130178 Jacksonville</td>
<td>Relocate 18 dialysis stations from Southeastern Dialysis Center to New River Dialysis, a new facility</td>
<td>05/01/2013</td>
<td>08/12/2013</td>
<td>$1,725,286.00</td>
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<td>Tyrrell</td>
<td>R-010085-13</td>
<td>Tyrrell House 130065 Columbia</td>
<td>Construct a new 50-bed adult care home with 26 regular beds and 24 special care beds</td>
<td>03/01/2013</td>
<td>08/16/2013</td>
<td>$3,255,475.00</td>
<td>02/28/2014</td>
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<tr>
<td>Union</td>
<td>F-010105-13</td>
<td>DVA Healthcare Renal Care, Inc. 060374 Marshville</td>
<td>Add 2 dialysis stations for a total of 12 stations upon project completion</td>
<td>04/01/2013</td>
<td>08/13/2013</td>
<td>$6,810.00</td>
<td>01/15/2014</td>
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<tr>
<td>County</td>
<td>Project ID#</td>
<td>Facility</td>
<td>Project Description</td>
<td>Application Review</td>
<td>Certificate of Need Issue Date</td>
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<tr>
<td>Yadkin</td>
<td>G-010137-13</td>
<td>Yadkinville Care Center</td>
<td>Develop new hospice facility with 4 hospice inpatient and 2 hospice residential beds</td>
<td>06/01/2013</td>
<td>08/31/2013</td>
<td>$3,541,722.00</td>
<td>04/01/2014</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number  #F-10128-13

FID #943049

ISSUED TO:  The Charlotte-Mecklenburg Hospital Authority
d/b/a Carolinas Medical Center-NorthEast
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:  Replace MRI scanner/ Cabarrus County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Carolinas Medical Center-NorthEast
920 Church Street
Concord, NC 28025

MAXIMUM CAPITAL EXPENDITURE:  $3,062,688

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  April 28, 2014

This certificate is effective as of the 29th day of August, 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-NorthEast 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-NorthEast 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. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast 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 5, 2013.

TIMETABLE:

50% Completion of Construction ___________________________ April 20, 2014
Arrival of Equipment ___________________________ May 27, 2014
Completion of Construction ___________________________ June 17, 2014
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  #F-8793-12

FID #120159

ISSUED TO:  Mecklenburg Diagnostic Imaging, LLC
d/b/a Presbyterian Imaging Center - Gastonia
3480 Preston Ridge Road, Suite 600
Alpharetta, GA 30005

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:  Acquire no more than one fixed MRI scanner and establish a diagnostic center/ Gaston County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Presbyterian Imaging Center - Gastonia
920 Cox Road
Gastonia, NC 28054

MAXIMUM CAPITAL EXPENDITURE:  $2,662,155

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  March 1, 2014

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

Craig R. Smith by /s/Ariusone
Chief, Certificate of Need Section
Division of Health Service Regulation
**CONDITIONS:**

1. Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall materially comply with all representations made in its certificate of need application, except as specifically amended by these conditions of approval.


3. Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall not acquire, as part of this project, any equipment that is not included in the proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.

4. Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall obtain accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the American College of Radiology or a comparable accreditation authority, as determined by the Certificate of Need Section, for magnetic resonance imaging within two years following operation of the proposed MRI scanner.

5. Upon completion of the proposed project, Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall redeploy the mobile MRI currently located at its existing site to a site outside of the Gaston County MRI service area.

6. Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center – Gastonia shall not exceed the representation made in the application for MRI charges for the facility related component in any of the first three operating years of the project.

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 September 14, 2012.

**TIMETABLE:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain Funds Necessary to Undertake Project</td>
<td>October 15, 2013</td>
</tr>
<tr>
<td>Completion of Final Drawings &amp; Specifications</td>
<td>February 15, 2014</td>
</tr>
<tr>
<td>Contract Award</td>
<td>July 15, 2014</td>
</tr>
<tr>
<td>25% Completion of Construction</td>
<td>October 15, 2014</td>
</tr>
<tr>
<td>50% Completion of Construction</td>
<td>January 15, 2015</td>
</tr>
<tr>
<td>75% Completion of Construction</td>
<td>March 15, 2015</td>
</tr>
<tr>
<td>Completion of Construction</td>
<td>May 15, 2015</td>
</tr>
<tr>
<td>Offering of Services/Certification</td>
<td>June 15, 2015</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #F-10136-13

FID #130219

ISSUED TO: Hospice & Palliative Care Charlotte Region
d/b/a Lincoln County Hospice House
1420 East Seventh Street
Charlotte, NC 28204

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: Develop a new hospice inpatient facility with no more than six hospice inpatient beds/ Lincoln County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Lincoln County Hospice House
7B Waterside Loop Road
Denver, NC 28037

MAXIMUM CAPITAL EXPENDITURE: $3,462,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2014

This certificate is effective as of the 29th day of August, 2013

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

1. Hospice & Palliative Care Charlotte Region d/b/a Lincoln County Hospice House shall materially comply with all representations made in its certificate of need application and supplemental information provided. In those instances where representations conflict, Hospice & Palliative Care Charlotte Region d/b/a Lincoln County Hospice House shall materially comply with the last made representations.

2. Hospice & Palliative Care Charlotte Region d/b/a Lincoln County Hospice House shall develop a 6-bed hospice inpatient facility and shall be licensed for a total of 6 hospice inpatient beds upon completion of this project.

3. Hospice & Palliative Care Charlotte Region d/b/a Lincoln County Hospice House shall acknowledge acceptance and compliance 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 29, 2013.

TIMETABLE:

Completion of Preliminary Drawings ____________________________ February 1, 2014
Approval of Site by Construction Section, DHSR ________________ June 1, 2014
Approval of Final Drawings and Specification by the Construction Section, DHSR ____________________________ July 1, 2014
Contract Award ____________________________________________ September 1, 2014
50% Completion of Construction ____________________________ May 1, 2015
75% Completion of Construction ______________________________ July 1, 2015
Completion of Construction _________________________________ September 1, 2015
Occupancy/Offering Service (s) ____________________________ October 1, 2015
Licensure of Facility ________________________________________ October 1, 2015
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for
Project Identification Number #F-10004-12

FID #120389

ISSUED TO: Carolinas Medical Center at Home, LLC and The Charlotte-Mecklenburg Hospital Authority
P.O. Box 32861
Charlotte, NC 28232-2861

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: Develop a new Medicare-certified home health agency/Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Healthy @ Home – Carolinas Medical Center
101 East W.T. Harris Boulevard, Suite 5105
Charlotte, NC 28262

MAXIMUM CAPITAL EXPENDITURE: $450,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2013

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

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

1. Carolinas Medical Center at Home, LLC and The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.

2. Prior to issuance of the certificate of need, Carolinas Medical Center at Home, LLC and The Charlotte-Mecklenburg Hospital Authority 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 July 29, 2013.

TIMETABLE:

Submittal of Final Drawings and Specifications
to Construction Section, DHSR................................................................. December 1, 2013
50% Completion of Construction............................................................. February 1, 2014
Licensure of Home Health Office............................................................. 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 #F-10132-13

FID #080130

ISSUED TO: Hospice & Palliative Care Charlotte Region
1420 East Seventh Street
Charlotte NC 28204

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: Add no more than 6 hospice inpatient beds to the existing facility for a total of no more than 22 hospice inpatient beds/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Levine & Dickson Hospice House
11900 Vanstory Drive
Huntersville NC 28078

MAXIMUM CAPITAL EXPENDITURE: $2,025,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2014

This certificate is effective as of the 29th day of August, 2013

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

1. Hospice & Palliative Care Charlotte Region d/b/a Levine & Dickson Hospice House shall materially comply with all representations made in the certificate of need application.

2. Hospice & Palliative Care Charlotte Region d/b/a Levine & Dickson Hospice House shall develop no more than six additional hospice inpatient beds for a total of not more than 22 hospice inpatient beds upon completion of the project.

3. Hospice & Palliative Care Charlotte Region d/b/a Levine & Dickson Hospice House 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.

4. Hospice & Palliative Care Charlotte Region d/b/a Levine & Dickson Hospice House 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 29, 2013.

TIMETABLE:

Preliminary Designs for Facility Completed ____________________________ January 1, 2014
Final Drawings Approved by the DHSR Construction Section ______________ July 1, 2014
Construction Contract Award ____________________________ September 1, 2014
50% Completion of Construction ____________________________ May 1, 2015
Completion of Construction ____________________________ September 1, 2015
Occupancy/Offering of Service(s) ____________________________ October 1, 2015
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #F-10134-13

FID #943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority
d/b/a 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: Renovate Unit 10A as a 20-bed unit/ Mecklenburg County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: $3,429,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2014

This certificate is effective as of the 30th day of August, 2013

Craig 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 its 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. 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 August 5, 2013.

TIMETABLE:

Approval of Final Drawings by DHSR ____________________________ December 31, 2013

Contract Award ____________________________________________ January 1, 2014

25% Completion of Construction ________________________________ February 5, 2014

50% Completion of Construction ________________________________ March 12, 2014

75% Completion of Construction ________________________________ April 11, 2014

Completion of Construction ____________________________________ May 16, 2014

Occupancy/Offering of Service(s) _______________________________ 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 #H-8839-12

FID #943358

Issued To: FirstHealth of the Carolinas, Inc.
d/b/a FirstHealth Moore Regional Hospital
155 Memorial Drive
Pinehurst, NC 28374

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: FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall renovate nursing units on the second and third floors, including general medical/surgical beds and ICU beds with no increase in licensed bed capacity/Moore County

Conditions: See Reverse Side

Physical Location: FirstHealth Moore Regional Hospital
155 Memorial Drive
Pinehurst, NC 28374

Maximum Capital Expenditure: $18,492,762

Timetable: See Reverse Side

First Progress Report Due: December 15, 2013

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

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

1. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall materially comply with all representations made in the certificate of need application.

2. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall be licensed for no more than 312 acute care beds following completion of this project and Project ID #N-8497-10 [Relocate 8 acute care beds to FirstHealth Hoke Community Hospital].

3. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore 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.

4. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore 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.

TIMETABLE:

Completion of Preliminary Drawings October 1, 2013
Completion of Final Drawings and Specifications November 1, 2013
Approval of Final Drawings and Specifications December 1, 2013
by Construction Section, DHSR
Ordering of Equipment February 1, 2014
25% Completion of Construction August 1, 2014
50% Completion of Construction September 1, 2014
Arrival of Equipment September 1, 2014
75% Completion of Construction December 1, 2015
Completion of Construction June 1, 2016
Occupancy/Offering of Service/Operation of Equipment June 1, 2016
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number  #P-10123-13

FID #130178

ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a New River 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: Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall relocate no more than 18 dialysis stations from Southeastern Dialysis Center to New River Dialysis, a new facility, for a total of no more than 18 certified dialysis stations at project completion, which shall include any home hemodialysis training or isolation stations/ Onslow County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: New River Dialysis
111 Yopp Road, Lot 18
Jacksonville, NC 28540

MAXIMUM CAPITAL EXPENDITURE: $1,725,286

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2014

This certificate is effective as of the 12th day of August, 2013

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

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

2. Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall relocate and operate no more than a total of eighteen (18) certified dialysis stations which shall include any home hemodialysis training stations or isolation stations.

3. After the certification of the eighteen (18) relocated dialysis stations at New River Dialysis, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall take steps to decertify eighteen (18) dialysis stations for a total of no more than twenty-four (24) certified stations at Southeastern Dialysis Center-Jacksonville. Southeastern Dialysis Center-Jacksonville shall no longer provide training and support of peritoneal and home hemodialysis patients.

4. Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall install plumbing and electrical wiring through the walls for no more than eighteen (18) dialysis stations which shall include any home training or isolation stations.

5. Total Renal Care of North Carolina, LLC d/b/a New River 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 August 2, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications ____________________________ March 1, 2014
Contract Award __________________________________________________________ May 1, 2014
50% Completion of Construction __________________________________________ July 15, 2014
Completion of Construction/Arrival of Equipment __________________________ October 1, 2014
Occupancy/Offering of Service(s) __________________________________________ December 15, 2014
Certification of Stations ________________________________________________ January 1, 2015
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for
Project Identification Number  #R-10085-13

FID #130065

ISSUED TO:  East Coast Health Investors, LLC and East Coast AL Holdings
d/b/a Tyrrell House
P.O. Box 2568
Hickory, NC 28603

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:  Construct a 50 bed adult care home facility with a 24-bed special care unit/
Tyrrell County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Tyrrell House
Elementary School Road
Columbia, NC 27925

MAXIMUM CAPITAL EXPENDITURE:  $3,255,475

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  February 28, 2014

This certificate is effective as of the 16th day of August, 2013

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

1. East Coast Health Investors, LLC (lessor) and East Coast AL Holdings, LLC (lessee) d/b/a Tyrrell House shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, East Coast Health Investors, LLC and East Coast AL Holdings, LLC shall materially comply with the last made representation.

2. East Coast Health Investors, LLC (lessor) and East Coast AL Holdings, LLC (lessee) d/b/a Tyrrell House shall construct a facility with no more than 50 adult care beds, including a 24-bed special care unit, upon the completion of the proposed project.

3. East Coast Health Investors, LLC (lessor) and East Coast AL Holdings, LLC, (lessee) shall provide care to State/County Special Assistance patients with Basic Medicaid for the facility and the Special Care Unit commensurate with their representations in the application.

4. For the first two years of operation following completion of the project, East Coast Health Investors, LLC (lessor) and East Coast AL Holdings, LLC (lessee) d/b/a Tyrrell House shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.

5. East Coast Health Investors, LLC (lessor) and East Coast Holdings, LLC, (lessee) shall submit all patient charges and patient admissions for each source of patient payment to the CON Section at year end for each of the first three operating years following licensure of the beds in the facility.

6. East Coast Health Investors, LLC (lessor) and East Coast Holdings, LLC, (lessee) 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.

7. East Coast Health Investors, LLC (lessor) and East Coast AL Holdings, LLC (lessee) d/b/a Tyrrell House 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 19, 2013.

TIMETABLE:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Purchase</td>
<td></td>
</tr>
<tr>
<td>Construction Contract Award</td>
<td>December 2, 2013</td>
</tr>
<tr>
<td>Final Drawings Approved by the Department of Insurance</td>
<td>February 6, 2014</td>
</tr>
<tr>
<td>25% Completion of Construction</td>
<td>May 14, 2014</td>
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<tr>
<td>75% Completion of Construction</td>
<td>September 30, 2014</td>
</tr>
<tr>
<td>Completion of Construction</td>
<td>May 29, 2015</td>
</tr>
<tr>
<td>Licensure of Facility</td>
<td>August 14, 2015</td>
</tr>
<tr>
<td></td>
<td>October 1, 2015</td>
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</tbody>
</table>
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #F-10105-13

FID #060374

ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Marshville 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: Relocate no more than two dialysis stations from Union County Dialysis Center to Marshville Dialysis Center, for a total of no more than 12 certified dialysis stations at Marshville Dialysis Center/Union County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Marshville Dialysis Center
7260 E. Marshville Boulevard
Marshville, NC 28103

MAXIMUM CAPITAL EXPENDITURE: $6,810

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2014

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

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

1. DVA Healthcare Renal Care, Inc. d/b/a Marshville Dialysis Center shall materially comply with all representations made in its certificate of need application.

2. DVA Healthcare Renal Care, Inc. d/b/a Marshville Dialysis Center shall relocate no more than two certified dialysis stations for a total of 12 certified dialysis stations which shall include any home hemodialysis training or isolation stations.

3. DVA Healthcare Renal Care, Inc. d/b/a Marshville Dialysis Center shall install plumbing and electrical wiring through the walls for two additional dialysis stations for a total of 12 dialysis stations which shall include any isolation stations.

4. DVA Healthcare Renal Care, Inc. d/b/a Marshville 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 Marshville 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 August 2, 2013.

TIMETABLE:

Ordering Equipment ________________________________ October 15, 2013
Operation of Equipment ____________________________ December 15, 2013
Occupancy/Offering of Service/Certification of Stations ___________ January 1, 2014
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: Develop a new hospice facility with four hospice inpatient and two hospice residential beds/ Yadkin County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Yadkinville Care Center
Intersection of Northwood Church Road and N. Lee Avenue
Yadkinville, NC 27055

MAXIMUM CAPITAL EXPENDITURE: $3,541,722

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2014

This certificate is effective as of the 31st day of August, 2013

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

1. Hospice of Surry, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Yadkinville Care Center shall materially comply with all representations made in its certificate of need application and supplemental information provided. In those instances where representations conflict, Hospice of Surry, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Yadkinville Care Center shall materially comply with the last made representations.

2. Hospice of Surry, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Yadkinville Care Center shall be licensed for a total of six hospice beds comprised of four hospice inpatient and two hospice residential beds upon completion of this project.

3. Hospice of Surry, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Yadkinville Care 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 August 5, 2013.

TIMETABLE:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Obtain Funds Necessary to Undertake Project</td>
<td>January 1, 2014</td>
</tr>
<tr>
<td>Site Purchased</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>Completion of Final Drawings and Specifications</td>
<td>July 15, 2014</td>
</tr>
<tr>
<td>Contract Award</td>
<td>September 1, 2014</td>
</tr>
<tr>
<td>25% Completion of Construction</td>
<td>December 1, 2014</td>
</tr>
<tr>
<td>50% Completion of Construction</td>
<td>March 1, 2015</td>
</tr>
<tr>
<td>75% Completion of Construction</td>
<td>June 1, 2015</td>
</tr>
<tr>
<td>Completion of Construction</td>
<td>September 15, 2015</td>
</tr>
<tr>
<td>Occupancy/Offering Service</td>
<td>October 1, 2015</td>
</tr>
<tr>
<td>Licensure of Facility</td>
<td>October 1, 2015</td>
</tr>
<tr>
<td>Certification of Facility</td>
<td>December 1, 2015</td>
</tr>
</tbody>
</table>