

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 09/01/2013 to 09/30/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Brunswick	O-010143-13	Novant Health Brunswick Medical Center 943486 Bolivia	Develop a second GI endoscopy Room	07/01/2013	09/18/2013	\$459,856.00	03/01/2014
Sampson	M-010115-13	BMA OF CLINTON, INC. 955787 CLINTON	Convert 2 existing certified dialysis stations to dedicated home hemodialysis training and support	05/01/2013	09/25/2013	\$200,066.00	01/15/2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #O-10143-13

FID #943486

**ISSUED TO: Novant Health Brunswick Medical Center
3600 Country Club Road, Suite 201
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: Develop a second gastrointestinal endoscopy room in the existing licensed facility/ Brunswick County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Novant Health Brunswick Medical Center
240 Hospital Drive NE
Bolivia, NC 28422**

MAXIMUM CAPITAL EXPENDITURE: \$459,856

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2014

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

Craig R. Smith

Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Brunswick Community Hospital d/b/a Novant Health Brunswick Medical Center shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, Brunswick Community Hospital d/b/a Novant Health Brunswick Medical Center shall materially comply with the last made representations.
2. Brunswick Community Hospital d/b/a Novant Health Brunswick 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 or that would otherwise require a certificate of need.
3. Brunswick Community Hospital d/b/a Novant Health Brunswick Medical Center shall develop no more than one additional gastrointestinal endoscopy room and shall be licensed for a total of no more than two gastrointestinal endoscopy rooms upon completion of the project.
4. Brunswick Community Hospital d/b/a Novant Health Brunswick Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on September 9, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications _____	March 1, 2014
Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	May 1, 2014
25% Completion of Construction _____	July 1, 2014
Completion of Construction _____	September 1, 2014
Operation of Equipment _____	October 1, 2014

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #M-10115-13

FID #955787

ISSUED TO: Bio-Medical Applications of Clinton, Inc.
d/b/a BMA Clinton
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: Offer home peritoneal dialysis and home hemodialysis training and support, including dedicating two existing certified stations for home hemodialysis/Sampson County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: BMA Clinton
1740 Southeast Boulevard
Clinton, NC 28328

MAXIMUM CAPITAL EXPENDITURE: \$200,066

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2014

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



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Bio-Medical Applications of Clinton, Inc. d/b/a BMA Clinton shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of Clinton, Inc. d/b/a BMA Clinton shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to the 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 Final Drawings and Specifications _____	October 30, 2013
25% Completion of Construction _____	January 13, 2014
50% Completion of Construction _____	February 27, 2014
75% Completion of Construction _____	March 29, 2014
Occupancy/Offering of Service _____	June 30, 2014