

**Certificate of Need  
Certificates Issued  
September 2021**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Harnett	M-012040-21	Dunn Kidney Center	944644	Dialysis facility	Add no more than three dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 35 stations upon project completion	4/1/2021	8/26/2021	9/24/2021	Conditional Approval	Tanya Saporito	Lisa Pittman	\$0	12/1/2021
Cumberland	M-012038-21	FMC Dialysis Services of South Ramsey	970530	Dialysis facility	Add no more than nine dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 56 stations upon project completion	4/1/2021	8/26/2021	9/24/2021	Conditional Approval	Tanya Saporito	Lisa Pittman	\$33,750	12/1/2021
Orange	J-012080-21	Carolina Dialysis-Carrboro	956088	Dialysis facility	Relocate no more than two dialysis stations from Carolina Dialysis Mebane pursuant to Policy ESRD-2 for a total of no more than 39 stations upon completion of this project and Project ID #J-11995-20 (relocate 4 stations)	6/1/2021	8/20/2021	9/21/2021	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$510,000	1/1/2022
Caswell	G-012079-21	Renal Care Group-Caswell	960925	Dialysis facility	Relocate no more than two dialysis stations from BMA Burlington pursuant to Policy ESRD-2 for a total of no more than 17 stations upon project completion	6/1/2021	8/13/2021	9/14/2021	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$7,500	6/1/2022
Durham	J-012056-21	Liberty Commons Nursing & Rehabilitation Center of Durham County	190528	Nursing home	Relocate no more than 8 NF beds from Liberty Commons Nursing & Rehabilitation Center of Alamance County which is a change of scope for Project ID #J-11803-19 (relocate 49 NF beds) for a total of no more than 57 NF beds upon completion of both projects	5/1/2021	8/9/2021	9/9/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$657,000	12/1/2021

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: M-12040-21

FID #: 944644

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:** Add no more than three dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 35 stations upon project completion/ Harnett County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Dunn Kidney Center  
605 Tilghman Drive  
Dunn, NC 28334

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2021

This certificate is effective as of September 24, 2021



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than three in-center stations for a total of no more than 35 stations upon project completion.**
3. **Progress Reports:**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **Progress reports shall be due on the first day of every third month. The first progress report shall be due on December 1, 2021. The second progress report shall be due on March 1, 2022 and so forth.**
4. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 27, 2021.**

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>9</b>	<b>Equipment Ordered</b>	<b>10/10/2021</b>
<b>10</b>	<b>Equipment Installed</b>	<b>12/09/2021</b>
<b>11</b>	<b>Equipment Operational</b>	<b>12/16/2021</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>12/09/2021</b>
<b>14</b>	<b>Services Offered</b>	<b>12/31/2021</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/31/2021</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>NA</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: M-12038-21

FID #: 970530

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:** Add no more than nine dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 56 stations upon project completion/ Cumberland County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FMC Dialysis Services of South Ramsey  
526 Ramsey Street  
Fayetteville, NC 28301

**CAPITAL EXPENDITURE:** \$33,750

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2021

This certificate is effective as of September 24, 2021



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than nine in-center stations for a total of no more than 56 stations upon completion of this project and Project ID #M-11663-19 (Add no more than three dialysis stations and relocate 3 stations from Dunn Kidney Center).
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on December 1, 2021. The second progress report shall be due on March 1, 2022 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 27, 2021.

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>9</b>	<b>Equipment Ordered</b>	<b>10/10/2021</b>
<b>10</b>	<b>Equipment Installed</b>	<b>12/09/2021</b>
<b>11</b>	<b>Equipment Operational</b>	<b>12/16/2021</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>12/09/2021</b>
<b>14</b>	<b>Services Offered</b>	<b>12/31/2021</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/31/2021</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>NA</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12080-21

FID #: 956088

**ISSUED TO:** Carolina Dialysis, LLC

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:** Relocate no more than two dialysis stations from Carolina Dialysis Mebane pursuant to Policy ESRD-2 for a total of no more than 39 stations upon completion of this project and Project ID #J-11995-20 (relocate 4 stations)/ Orange County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carolina Dialysis-Carrboro  
105 Renee Lynn Court  
Carrboro, NC 27510

**CAPITAL EXPENDITURE:** \$510,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2022

This certificate is effective as of September 21, 2021



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Carolina Dialysis, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, the certificate holder shall relocate no more than two stations from Carolina Dialysis-Mebane to Carolina Dialysis-Carrboro for a total of no more than 39 in-center and home hemodialysis stations at Carolina Dialysis-Carrboro upon completion of this project and Project ID# J-11995-20 (relocate four dialysis stations).
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify two stations at Carolina Dialysis-Mebane for a total of no more than 25 in-center and home hemodialysis stations upon completion of this project and Project ID #G-11403-17 (add seven dialysis stations).
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on January 1, 2022 and so forth.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 24, 2021.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
2	<b>Drawings Completed</b>	<b>03/03/2022</b>
4	<b>Construction / Renovation Contract(s) Executed</b>	<b>05/02/2022</b>
5	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>07/01/2022</b>
6	<b>50% of Construction / Renovation Completed</b>	<b>08/30/2022</b>
7	<b>75% of Construction / Renovation Completed</b>	<b>10/14/2022</b>
8	<b>Construction / Renovation Completed</b>	<b>11/28/2022</b>
9	<b>Equipment Ordered</b>	<b>10/14/2022</b>
10	<b>Equipment Installed</b>	<b>12/05/2022</b>
11	<b>Equipment Operational</b>	<b>12/12/2022</b>
14	<b>Services Offered</b>	<b>12/31/2022</b>
15	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/31/2022</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12079-21

FID #: 960925

**ISSUED TO:** Renal Care Group of the South, Inc.

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:** Relocate no more than two dialysis stations from BMA Burlington pursuant to Policy ESRD-2 for a total of no more than 17 stations upon project completion / Caswell County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Renal Care Group-Caswell  
1702 NC Highway 86 North  
Yanceyville, NC 27379

**CAPITAL EXPENDITURE:** \$7,500

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** June 1, 2022

This certificate is effective as of September 14, 2021



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Micheala Mitchell, Chief



**CONDITIONS:**

1. Renal Care Group of the South, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, the certificate holder shall relocate no more than two in-center stations from BMA of Burlington to Renal Care Group-Caswell for a total of no more than 17 in-center stations upon project completion.
3. Upon completion of this project and Project ID# G-11737-19 (add 10 stations), the certificate holder shall take the necessary steps to decertify two in-center stations at BMA of Burlington for a total of no more than 33 in-center and home hemodialysis stations at BMA of Burlington.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:  
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every Fourth month. The first progress report shall be due on June 1, 2022. The second progress report shall be due on October 1, 2022 and so forth.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 24, 2021.**

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
2	Equipment Ordered	10/15/2022
3	Equipment Installed	11/29/2022
4	Equipment Operational	12/06/2022
<b>5</b>	<b>Services Offered</b>	12/31/2022
6	Medicare and / or Medicaid Certification Obtained	12/31/2022

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12056-21

FID #: 190528

**ISSUED TO:** Liberty Healthcare Properties of Durham County, LLC

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:** Relocate no more than 8 NF beds from Liberty Commons Nursing & Rehabilitation Center of Alamance County which is a change of scope for Project ID #J-11803-19 (relocate 49 NF beds) for a total of no more than 57 NF beds upon completion of both projects / Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Liberty Commons Nursing and Rehabilitation  
Center of Durham County  
4712 Hope Valley Road  
Durham, NC 27707

**CAPITAL EXPENDITURE:** \$657,020

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2021

This certificate is effective as of September 9, 2021



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Liberty Healthcare Properties of Durham County, LLC (hereinafter, the certificate holder) shall materially comply with all representations made in the certificate of need application, the application for Project I.D. #J-11803-19, and any supplemental information. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. In a change of scope for Project I.D. #J-11803-19, the certificate holder shall develop a 57-bed nursing home facility in Durham County by relocating no more than 8 nursing home facility beds previously approved to be relocated to Liberty Commons Nursing & Rehabilitation Center of Alamance County pursuant to Project I.D. #G-11854-20 and developing them with the 49 nursing home facility beds approved in Project I.D. #J-11803-19 to be relocated from Forsyth County to Durham County.
3. Upon completion of this project and Project I.D. #J-11803-19, Liberty Commons Nursing & Rehabilitation Center of Durham County shall be licensed for no more than 57 nursing home facility beds.
4. Upon completion of this project, Project I.D. #G-11854-20, and Project I.D. #B-12054-21, Liberty Commons Nursing & Rehabilitation Center of Alamance County shall be licensed for no more than 103 nursing home facility beds and 48 adult care home beds.
5. The approved combined capital expenditure for both Project I.D. #J-11803-19 and this project is \$9,577,895, an increase of \$657,020 over the previously approved capital expenditure of \$8,920,875 in Project I.D. #J-11803-19.
6. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on December 1, 2021. The second progress report shall be due on March 1, 2022 and so forth.
8. No later than three (3) months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - e. Payor mix for the services authorized in this certificate of need.
  - f. Utilization of the services authorized in this certificate of need.
  - g. Revenues and operating costs for the services authorized in this certificate of need.
  - h. Average gross revenue per unit of service.
  - i. Average net revenue per unit of service.
  - j. Average operating cost per unit of service.
9. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

(J-12056-21 Con't)

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 20, 2021.

**Timetable**

	<b>Milestone</b>	<b>Date</b>
<b>1</b>	<b>Drawings Completed</b>	<b>10/1/2022</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>6/1/2023</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>3/1/2024</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>8/1/2024</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>1/1/2025</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>7/1/2025</b>
<b>7</b>	<b>Building / Space Occupied</b>	<b>10/1/2025</b>
<b>8</b>	<b>Licensure Obtained</b>	<b>10/1/2025</b>
<b>9</b>	<b>Services Offered (required)</b>	<b>10/1/2025</b>
<b>10</b>	<b>First Annual Report Due*</b>	<b>1/1/2027</b>