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State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12614-25

FID #: 960145

ISSUED TO: Total Renal Care of North Carolina, 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: Add no more than 4 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 19 in-center stations upon project completion/ Brunswick County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Southeastern Dialysis Center-Shallotte
4770 Shallotte Ave
Shallotte, NC 28470

CAPITAL EXPENDITURE: \$77,880

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2025

This certificate is effective as of June 3, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC. (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 2025 SMFP, the certificate holder shall develop no more than 4 dialysis stations for a total of no more than 19 stations at Southeastern Dialysis Center-Shallotte upon completion of this project.
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. The first progress report shall be due November 1, 2025.
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 14, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	01/01/2027
2	Medicare and / or Medicaid Certification Obtained	01/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12615-25

FID #: 000318

ISSUED TO: Total Renal Care of North Carolina, 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: Add no more than 10 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 30 stations upon project completion / Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Weaverville Dialysis
329 Merrimon Avenue
Weaverville, NC 28787

CAPITAL EXPENDITURE: \$766,040

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 2, 2026

This certificate is effective as of June 17, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. **Total Renal Care of North Carolina, LLC. (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 methodology in the 2025 SMFP, the certificate holder shall add no more than 10 in-center dialysis stations at Weaverville Dialysis for a total of no more than 30 in-center stations upon project completion.**
3. **The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.**
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. **The first progress report shall be due February 2, 2026.**
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 15, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	01/01/2027
2	Medicare and / or Medicaid Certification Obtained	01/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12601-25

FID #: 943049

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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 two operating rooms from Gateway Surgery Center to the Atrium Health Cabarrus main campus / Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Cabarrus
920 Church Street North
Concord, NC 28025

CAPITAL EXPENDITURE: \$9,250,260

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 3, 2025

This certificate is effective as of June 27, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall relocate two operating rooms from Gateway Surgery Center to the Atrium Health Cabarrus main campus.**
- 3. Upon completion of the project, Atrium Health Cabarrus main campus shall be licensed for no more than 17 operating rooms and a total of 19 operating rooms on the Atrium Health Cabarrus license, including two operating rooms on the Atrium Health Harrisburg campus. Gateway Surgery Center shall be licensed for no more than four operating rooms.**
- 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. The first progress report shall be due on November 3, 2025.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 7. 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 29, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	04/30/2026
2	Construction / Renovation Contract(s) Executed	06/15/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/15/2026
4	50% of Construction / Renovation Completed	12/30/2026
5	75% of Construction / Renovation Completed	02/28/2027
6	Construction / Renovation Completed	04/30/2027
7	Equipment Ordered	11/15/2026
8	Equipment Installed	04/30/2027
9	Equipment Operational	05/30/2027
10	Building / Space Occupied	05/30/2027
11	Services Offered	07/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12620-25

FID #: 170017

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 9 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 25 in-center stations upon completion of this project and Project ID# M-12586-25 (relocate 9 stations) / Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Rockfish
2360 Williamwood Lane
Fayetteville, NC 28314

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2025

This certificate is effective as of June 7, 2025



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 2025 SMFP, the certificate holder shall develop no more than nine additional dialysis stations for a total of no more than 25 dialysis stations at Fresenius Kidney Care Rockfish upon project completion.
3. The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.
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. The first progress report shall be due on November 1, 2025.
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 8, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	12/31/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12617-25

FID #: 140143

ISSUED TO: Total Renal Care, 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 3 in-center dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 13 in-center stations upon project completion/ Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Research Triangle Park Dialysis
4021 Stirrup Creek Drive
Durham, NC 27703

CAPITAL EXPENDITURE: \$61,060

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2025

This certificate is effective as of June 10, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. Total Renal Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 1 of the facility need determination in the 2025 SMFP, the certificate of need holder shall develop no more than three additional in-center dialysis stations for a total of no more than 13 in-center dialysis stations at Research Triangle Park Dialysis 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. The first progress report shall be due on October 1, 2025.
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 14, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	01/01/2027
2	Medicare and / or Medicaid Certification Obtained	01/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12585-25

FID #: 250047

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: Develop a new dialysis facility by relocating no more than 5 dialysis stations from FKC North Gaston and no more than 7 dialysis stations from FMC South Gaston for a total of no more than 12 stations upon project completion / Gaston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Mt. Holly Dialysis
413 East Charlotte Avenue
Mount Holly, NC 28210

CAPITAL EXPENDITURE: \$3,192,235

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of June 6, 2025



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. **The certificate holder shall develop a new 12-station dialysis facility Fresenius Kidney Care Mt. Holly Dialysis by relocating no more than five in-center stations from Fresenius Kidney Care North Gaston and no more than seven in-center stations from Fresenius Medical Care South Gaston.**
3. **Upon completion of this project, the certificate holder shall take the necessary steps to decertify five in-center stations at Fresenius Kidney Care North Gaston for a total of no more than 12 in-center stations at Fresenius Kidney Care North Gaston and decertify seven in-center stations at Fresenius Medical Care South Gaston for a total of 21 in-center stations at Fresenius Medical Care South Gaston.**
4. **The certificate holder shall install plumbing and electrical wiring through the walls for no more than 12 in-center stations.**
5. **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. **The first progress report shall be due on September 1, 2025.**
6. **The certificate holder shall execute or commit to a contract for design services for the project no later than two years following the issuance of this certificate of need.**
7. **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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 6, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	1/15/2025
2	Drawings Completed	10/19/2025
3	Construction / Renovation Contract(s) Executed	3/18/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	7/16/2026
5	50% of Construction / Renovation Completed	10/14/2026
6	75% of Construction / Renovation Completed	1/12/2027
7	Construction / Renovation Completed	4/12/2027
8	Equipment Ordered	8/3/2027
9	Equipment Installed	10/17/2027
10	Equipment Operational	11/7/2027
11	Building / Space Occupied	11/28/2027
12	Services Offered	12/31/2027
13	Medicare and / or Medicaid Certification Obtained	12/31/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12622-25

FID #: 160337

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 3 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 20 in-center stations upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Southeast Mecklenburg
10501 Centrium Parkway
Pineville, NC 28134

CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2025

This certificate is effective as of June 5, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Facilities 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 2025 SMFP, the certificate holder shall develop no more than no more than three in-center dialysis for a total of no more than 20 in-center stations at FKC Southeast Mecklenburg 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. The first progress report shall be due October 1, 2025.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 5, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	8/29/2025
2	Equipment Installed	11/27/2025
3	Equipment Operational	12/11/2025
4	Services Offered	12/31/2025
5	Medicare and / or Medicaid Certification Obtained	12/31/2025
6	Facility or Service Accredited	12/31/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: H-12616-25

FID #: 080621

ISSUED TO: Total Renal Care of North Carolina, 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: Add no more than 1 in-center dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 15 in-center dialysis stations upon project completion / Moore County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carthage Dialysis
165 Savannah Garden Dr
Carthage, NC 28327

CAPITAL EXPENDITURE: \$24,220

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2025

This certificate is effective as of June 20, 2025

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

- 1. Total Renal Care of North Carolina, LLC (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 2025 SMFP, the certificate holder shall develop no more than 1 additional in-center dialysis station for a total of no more than 15 in-center stations at Carthage Dialysis upon completion of this project.**
- 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. The first progress report shall be due on December 1, 2025.**
- 4. The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 27, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	01/01/2027
2	Medicare and / or Medicaid Certification Obtained	01/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12589-25

FID #: 050891

ISSUED TO: The Cypress of Raleigh Club, 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: Develop no more than 4 additional NF beds pursuant to Policy NH-2 for a total of no more than 61 NF beds and 4 ACH beds upon project completion / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Rosewood Health Center
8710 Cypress Club Drive
Raleigh, NC 27615

CAPITAL EXPENDITURE: \$100,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2025

This certificate is effective as of June 14, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. The Cypress of Raleigh Club, Inc., (hereinafter “certificate holder”), shall materially comply with all representations made in the certificate of need application and in supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall develop no more than four additional nursing facility beds pursuant to Policy NH-2 for a total of no more than 61 licensed nursing facility beds and four ACH beds at the Rosewood Health Center upon completion of the project.
3. The four additional Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
4. The Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic progress 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. The first progress report shall be due on November 1, 2025.
6. The new Policy NH-2 nursing facility beds shall be developed on the same site with the independent living units and licensed adult care home beds.

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 27, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Completed	11/01/2025
2	Licensure Obtained	12/01/2025
3	Services Offered	01/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: R-12619-25

FID #: 001549

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 one in-center dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 16 stations upon completion of this project and Project ID# R-12466-24 (relocate one station) / Washington County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Dialysis Services of Plymouth
734 US Highway 64E
Plymouth, NC 27962

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2025

This certificate is effective as of June 10, 2025



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 2025 SMFP, the certificate holder shall develop no more than one additional dialysis station for a total of no more than 16 stations at FMC Dialysis Services of Plymouth 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. The first progress report shall be due on November 1, 2025.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 21, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	12/31/2025
2	Medicare and / or Medicaid Certification Obtained	12/31/2025