



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

**RESPONSE REQUIRED**

December 3, 2018

William McDonald  
1804 King Road  
Tifton, GA 31793

**Conditional Approval**

Project ID #: G-11586-18  
Facility: Salem Kidney Center  
Project Description: Add no more than two dialysis stations for a total of no more than 47 stations upon completion of this project and Project ID #G-11468-18 (add six stations for a total of 45 stations)  
County: Forsyth  
FID #: 944758

Dear Mr. McDonald:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has conditionally approved the above referenced certificate of need application. This decision was made after a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, N.C. Gen. Stat. §131E-175 et. seq. and regulations promulgated there under, the State Medical Facilities Plan, and other applicable information. Attached to this letter are the required findings made with respect to your application. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, the Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to N.C. Gen. Stat. §131E-187(a). The conditions are as follows:

- 1. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to the facility need determination in the July 2018 SDR, Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University Dialysis shall develop no more than two additional dialysis stations for a total of no more than 47 certified dialysis stations at Salem Kidney Center upon completion of this project and**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION  
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 2701 Mail Service Center, Raleigh, NC 27699-2701  
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757

**Project ID #G-11468-18 (add six stations for a total of 45), which shall include any home hemodialysis training or isolation stations.**

- 3. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 47 dialysis stations which shall include any isolation stations.**
- 4. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University Dialysis 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.**

**Response to the above conditions should be submitted to the Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency making a determination not to issue a certificate of need for the project referenced above.**

The conditional approval is valid only for a capital expenditure of **\$33,600**. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by N.C. Gen. Stat. §131E-176(16)(e).

The applicant should be aware that according to the Certificate of Need law any affected person shall have thirty (30) days after the date of decision to file a petition for a contested case on this approval. Further, if you are aggrieved by the conditions of the decision you may file a petition for a contested case hearing in accordance with N.C. Gen. Stat. §150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the date of this decision. [Note: Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).]

N.C. Gen. Stat. §150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Lisa G. Corbett  
Department of Health and Human Services,  
Office of Legal Affairs,  
Adams Building – Room 154  
2001 Mail Service Center  
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Agency.

The certificate of need will not be issued before the completion of this 30 day period ending January 2, 2019. If a contested case request is received within the thirty (30) day period, the certificate will not be issued until the appeal is resolved (10A NCAC 14C .0208).

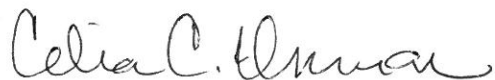
The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the Agency because the review period was extended. The timetable for this project is as follows:

1. Financing Obtained \_\_\_\_\_
2. Drawings Completed \_\_\_\_\_ September 1, 2018
3. Equipment Ordered \_\_\_\_\_ April 19, 2019
4. Equipment Installed \_\_\_\_\_ June 1, 2019
5. Equipment Operational \_\_\_\_\_ June 15, 2019
6. Services Offered \_\_\_\_\_ June 30, 2019
7. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ June 30, 2019

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the Certificate of Need is issued. Please contact this office if any clarification of this decision is required.

Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Celia C. Inman  
Project Analyst



Gloria C. Hale  
Team Leader

Attachment

cc: Acute & Home Care Licensure & Certification Section, DHSR  
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this day served the foregoing **Conditional Approval** upon the following by depositing a copy hereof, postage prepaid, in the United States mail, addressed as follows:

William McDonald  
1804 King Road  
Tifton, GA 31793  
Project ID #: G-11586-18

This the 3<sup>rd</sup> day of December, 2018.

  
Celia C. Inman, Project Analyst