

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 02/01/2013 to 02/28/2013

<b>County</b>	<b>Project ID#</b>	<b>Facility</b>	<b>Project Description</b>	<b>Application Review</b>	<b>Certificate of Need Issue Date</b>	<b>Total Approved Capital Expenditure</b>	<b>1st Project Progress Report Date</b>
<b>Macon</b>	<b>A-010039-12</b>	<b>Macon County Dialysis 120162 Franklin</b>	Relocate 2 dialysis stations from Sylva Dialysis Center in Jackson County for a total of 9 stations	10/01/2012	02/27/2013	\$29,582.00	06/01/2013
<b>Transylvania</b>	<b>B-010036-12</b>	<b>Brevard Dialysis Center 080169 Brevard</b>	Relocate 1 dialysis station from Henderson Dialysis Center for a total of 9 stations upon completion of this project and Project ID #B-8063-08	10/01/2012	02/27/2013	\$15,191.00	06/01/2013

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number # B-10039-12  
FID # 120162**

**ISSUED TO: Total Renal Care of North Carolina, LLC d/b/a Macon County Dialysis  
2321 West Morehead Street, Suite 102  
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 Brevard Dialysis Center shall relocate no more than two dialysis stations from Sylva Dialysis Center for a total of no more than nine stations upon completion of this project and project I.D.#A8799-12/ Macon County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Macon County Dialysis  
161 Iotla Street  
Franklin, NC 28734**

**MAXIMUM CAPITAL EXPENDITURE: \$29,582**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: June 1, 2013**

This certificate is effective as of the 27<sup>th</sup> day of February, 2013



Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Macon County 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 Macon County Dialysis shall develop no more than two additional stations for a total of no more than 9 stations, which shall include any isolation stations, upon completion of this project and project ID # A-8799-12.
3. Total Renal Care of North Carolina, LLC d/b/a Macon County Dialysis shall install plumbing and electrical wiring through the walls for no more than 9 dialysis stations which shall include any isolation stations.
4. Upon completion of the project, Total Renal Care of North Carolina, LLC d/b/a Macon County Dialysis shall take the necessary steps to decertify two stations at Sylva Dialysis Center for a total of no more than 16 stations at Sylva Dialysis Center.
5. Total Renal Care of North Carolina, LLC d/b/a Macon County 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 February 27, 2013.

**TIMETABLE:**

Operation of Equipment _____	June 1, 2013
Occupancy/Offering of Services _____	July 1, 2013
Certification of Stations _____	July 1, 2013

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number # B-10036-12  
FID # 080169**

**ISSUED TO: Total Renal Care of North Carolina, LLC  
d/b/a Brevard Dialysis Center  
2321 West Morehead Street, Suite, 102  
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 Brevard Dialysis Center shall relocate one dialysis station from Hendersonville Dialysis Center for a total of nine stations upon completion of this project and Project ID #B-8063-08/Transylvania County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Brevard Dialysis Center  
Medical Park Circle  
Brevard, NC**

**MAXIMUM CAPITAL EXPENDITURE: \$15,191**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: June 1, 2013**

This certificate is effective as of the 27<sup>th</sup> day of February, 2013



Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Brevard Dialysis Center shall materially comply with all representations made in the Certificate of Need application.
2. Total Renal Care of North Carolina, LLC d/b/a Brevard Dialysis Center shall develop no more than one additional station for a total of no more than 9 stations, which shall include any isolation stations, upon completion of this project and project ID # B-8063-08.
3. Total Renal Care of North Carolina, LLC d/b/a Brevard Dialysis Center shall install plumbing and electrical wiring through the walls for no more than 9 dialysis stations which shall include any isolation stations.
4. Upon completion of the project, Total Renal Care of North Carolina, LLC d/b/a Brevard Dialysis Center shall take the necessary steps to decertify one station at Hendersonville Dialysis Center for a total of no more than 19 stations at Hendersonville Dialysis Center.
5. Total Renal Care of North Carolina, LLC d/b/a Brevard 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 February 27, 2013.

**TIMETABLE:**

Equipment Operational _____	June 1, 2013
Offering of Services _____	July 1, 2013
Certification _____	July 1, 2013