



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

RESPONSE REQUIRED

November 22, 2013

William Hyland
2321 West Morehead Street
Charlotte, NC 28208

Conditional Approval

Project I.D. #: R-10176-13
Facility: Albemarle Dialysis
Project Description: Relocate 14 dialysis stations from Elizabeth City Dialysis Center to Albemarle Dialysis, a new 14-station facility to be located in Elizabeth City
County: Pasquotank
FID #: 130368

Dear Mr. Hyland:

The Certificate of Need (CON) Section, Division of Health Service Regulation, Department of Health and Human Services 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, G.S. 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 Department shall not issue the certificate of need until all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. DVA Healthcare Renal Care, Inc. d/b/a Albemarle Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Albemarle Dialysis shall relocate and operate no more than a total of fourteen (14) certified dialysis stations which shall include any home hemodialysis training stations or isolation stations.



Certificate of Need Section

www.ncdhhs.gov

Telephone 919-855-3873 • Fax 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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3. After the certification of the fourteen (14) relocated dialysis stations at Albemarle Dialysis, DVA Healthcare Renal Care, Inc. d/b/a Elizabeth City Dialysis Center shall take steps to decertify fourteen (14) dialysis stations for a total of no more than sixteen (16) certified stations at Elizabeth City Dialysis Center.
4. DVA Healthcare Renal Care, Inc. d/b/a Elizabeth City Dialysis Center shall relocate the peritoneal and home hemodialysis training program to Albemarle Dialysis.
5. DVA Healthcare Renal Care, Inc. d/b/a Albemarle Dialysis shall install plumbing and electrical wiring through the walls for no more than fourteen (14) dialysis stations which shall include any home training or isolation stations.
6. DVA Healthcare Renal Care, Inc. d/b/a Albemarle 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.

Response to the above conditions should be submitted to the CON Section no later than 35 days from the date of the decision. Failure to respond within this time period may result in the CON Section 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 \$1,796,866. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by G.S. 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 G.S. 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).]

G.S. 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:

Emery Milliken
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 Certificate of Need Section.

The certificate of need will not be issued before the completion of this 30 day period ending December 23, 2013. 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 CON Section because the review period was extended. The timetable for this project is as follows:

Completion of Preliminary Drawings _____	May 1, 2014
Completion of Final Drawings and Specifications _____	June 1, 2014
Contract Award _____	July 1, 2014
Ordering Equipment _____	September 1, 2014
50% Completion of Construction _____	September 1, 2014
Arrival of Equipment _____	October 15, 2014
Completion of Construction _____	November 1, 2014
Operation of Equipment _____	December 1, 2014
Certification of Stations _____	January 1, 2015

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 us if any clarification of this decision is required.

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

Sincerely,

Fatimah Wilson, Project Analyst

Craig R. Smith, Chief
Certificate of Need Section

FW:CRS:mw

Attachment

cc: Acute and Home Care Licensure and Certification Section, DHSR
Medical Facilities Planning Branch, DHSR
Construction Section, DHSR

CERTIFICATE OF SERVICE

I hereby certify that I have served the foregoing notice of **conditional approval** on the following person by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope addressed as follows:

William Hyland
2321 West Morehead Street
Charlotte, NC 28208

Project I.D. # R-10176-13
FID #130368

This the 22nd day of November, 2013.

Fatimah Wilson
Project Analyst