



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

March 28, 2014

William Hyland
2321 West Morehead Street
Charlotte, NC 28208

Conditional Approval

Project I.D. #: F-10219-13
Facility: Huntersville Dialysis
Project Description: Develop a new 10-station dialysis facility in Huntersville by relocating 10 certified stations from North Charlotte Dialysis Center
County: Mecklenburg
FID #: 130490

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. Written notice of all findings and conclusions upon which the decision was based will be provided to the applicants within five business days after the date of the decision in accordance with G.S. 131E-186. 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. Total Renal Care of North Carolina, LLC d/b/a Huntersville 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 Huntersville Dialysis shall relocate and operate no more than a total of ten (10) 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

An Equal Opportunity/ Affirmative Action Employer



3. After the certification of the ten (10) relocated dialysis stations at Huntersville Dialysis, Total Renal Care of North Carolina, LLC d/b/a North Charlotte Dialysis Center shall take steps to decertify ten (10) dialysis stations for a total of no more than twenty-five (25) certified stations at North Charlotte Dialysis Center upon completion of this project.
4. Total Renal Care of North Carolina, LLC d/b/a Huntersville Dialysis shall install plumbing and electrical wiring through the walls for no more than ten (10) dialysis stations which shall include any home training or isolation stations.
5. Total Renal Care of North Carolina, LLC d/b/a Huntersville 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 \$1,983,114. 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, P.O. Drawer 27447, Raleigh, North Carolina 27611-7447 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 MSC
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Certificate of Need Section.

William Hyland

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The certificate of need will not be issued before the completion of this 30 day period ending April 28, 2014. 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 _____	August 1, 2014
Completion of Final Drawings and Specifications _____	November 1, 2014
25% Completion of Construction _____	May 1, 2015
50% Completion of Construction _____	July 1, 2015
75% Completion of Construction _____	August 15, 2015
Completion of Construction _____	October 1, 2015
Occupancy/Offering of Service _____	December 1, 2015
Certification of Stations _____	January 1, 2016

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,

Tanya S. Rupp, Project Analyst

Martha J. Frisone, Interim Chief
Certificate of Need Section

TSR:MJF:mw

Attachment

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

CERTIFICATE OF SERVICE

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

William Hyland
2321 West Morehead Street
Charlotte, NC 28208

Project I.D. # F-10219-13
FID # 130490

This the 28th day of March, 2014.

Tanya S. Rupp
Project Analyst