



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

Pat McCrory  
Governor

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

Drexdal Pratt  
Division Director

**RESPONSE REQUIRED**

May 23, 2014

William Hyland  
2321 West Morehead Street  
Charlotte, NC 28208

**Conditional Approval**

Project I.D. #: G-10265-14  
Facility: Graham Dialysis  
Project Description: Develop 10 station dialysis facility by relocating 8 dialysis stations from Burlington Dialysis Center and 2 stations from North Burlington Dialysis Center  
County: Alamance  
FID #: 140092

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. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham Dialysis shall materially comply with all representations made in the certificate of need application.
2. Prior to issuance of the certificate of need, Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham Dialysis shall provide the CON Section with the project's plan to assure improved energy efficiency and water conservation.



**Certificate of Need Section**

[www.ncdhhs.gov](http://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. Prior to issuance of the certificate of need, Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham Dialysis shall provide the Certificate of Need Section with written clarification on the primary site address.
4. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham 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.
5. After the certification of the ten (10) relocated dialysis stations at Graham Dialysis, Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis Center shall take steps to decertify eight (8) dialysis stations for a total of no more than eighteen (18) certified stations at Burlington Dialysis Center and Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall take steps to decertify two (2) dialysis stations for a total of no more than eleven (11) certified stations at North Burlington Dialysis Center.
6. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham 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.
7. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham 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 \$2,172,477. 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:

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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 June 23, 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	_____	March 1, 2015
25% Completion of Construction	_____	June 15, 2015
75% Completion of Construction	_____	September 15, 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,

Celia C. Inman, Project Analyst

Martha J. Frisone, Interim Chief  
Certificate of Need Section

CCI: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 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. # G-10265-14  
FID #140092

This the 23<sup>rd</sup> day of May, 2014.

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Celia C. Inman  
Project Analyst