



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

October 29, 2014

William Hyland
2321 West Morehead Street
Charlotte, NC 28208

Conditional Approval

Project I.D. #: N-10321-14
Facility: Maxton Dialysis
Project Description: Relocate St. Pauls Dialysis Center, a 10 station dialysis facility, to Maxton and rename it Maxton Dialysis
County: Robeson
FID #: 140332

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. Total Renal Care of North Carolina, LLC d/b/a Maxton 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 Maxton Dialysis shall develop and operate no more than ten dialysis stations at Maxton Dialysis which shall include any home hemodialysis training 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. Total Renal Care of North Carolina, LLC d/b/a Maxton Dialysis shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations which shall include any home hemodialysis training or isolation stations.
4. After certification of the ten (10) relocated dialysis stations at Maxton Dialysis, Total Renal Care of North Carolina, LLC d/b/a St. Pauls Dialysis shall take steps to decertify ten (10) stations at St. Pauls Dialysis upon completion of this project.
5. Total Renal Care of North Carolina, LLC d/b/a Maxton 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 \$1,500,735. 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.

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The certificate of need will not be issued before the completion of this 30 day period ending December 1, 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:

Final Drawings Submitted to Construction Section, DHSR	_____	May 15, 2015
Construction Contract Awarded	_____	June 1, 2015
25% Completion of Construction	_____	July 15, 2015
Ordering Equipment	_____	August 15, 2015
50% Completion of Construction	_____	September 1, 2015
75% Completion of Construction	_____	October 15, 2015
Arrival of Equipment	_____	October 15, 2015
Completion of Construction	_____	December 1, 2015
Occupancy/Offering of Services	_____	December 20, 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,

Fatimah Wilson, Project Analyst

Lisa Pittman, Team Leader
Certificate of Need Section

FW:LP:mw

Attachment

cc: Medical Facilities Planning Branch, DHSR
Adult 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. # N-10321-14
FID #140332

This the 29th day of October, 2014.

Fatimah Wilson
Project Analyst