



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

**RESPONSE REQUIRED**

November 17, 2017

William Hyland  
2321 West Morehead Street  
Charlotte, NC 28208

**Conditional Approval**

Project ID #: Q-11380-17  
Facility: Robersonville Dialysis  
Project Description: Develop a new 10-station dialysis facility in Marion County by relocating ten dialysis stations and the home training program (includes home hemodialysis and peritoneal dialysis training and support programs) from DC Martin County  
County: Martin  
FID #: 170330

Dear Mr. Hyland:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) 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, N.C. Gen. Stat. §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 Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to N.C. Gen. Stat. §131E-187(a). The conditions are as follows:

1. Total Renal Care of North Carolina, LLC d/b/a Robersonville Dialysis shall materially comply with all representations made in the certificate of need application.

**HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**  
WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

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



2. Total Renal Care of North Carolina, LLC d/b/a Robersonville Dialysis shall relocate no more than ten dialysis stations from DC Martin County for a total of no more than 10 dialysis stations at Robersonville Dialysis.
3. Total Renal Care of North Carolina, LLC d/b/a Robersonville Dialysis shall relocate the home training program (includes home hemodialysis and peritoneal dialysis training and support programs) from Dialysis Care of Martin County to Robersonville Dialysis.
4. Total Renal Care of North Carolina, LLC d/b/a Robersonville Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
5. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify ten dialysis stations at Dialysis Care of Martin County for a total of no more than 15 dialysis stations at Dialysis Care of Martin County upon project completion.
6. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify the home training program (includes home hemodialysis and peritoneal dialysis training and support programs) at Dialysis Care of Martin County upon project completion and approval of all private insurance providers.
7. Total Renal Care of North Carolina, LLC d/b/a Robersonville Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

**Response to the above conditions should be submitted to the Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency 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 **\$2,141,242**. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by N.C. Gen. Stat. §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 N.C. Gen. Stat. §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).]

N.C. Gen. Stat. §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:

Lisa G. Corbett  
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 Agency.

The certificate of need will not be issued before the completion of this 30 day period ending **December 18, 2017**. 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 Agency because the review period was extended. The timetable for this project is as follows:

- |   |                   |
|---|-------------------|
| 1. Drawings Completed   | April 1, 2018     |
| 2. Construction/Renovation Contract(s) Executed                           | June 1, 2018      |
| 3. 25% of Construction/Renovation Completed (25% of the cost is in place) | July 15, 2018     |
| 4. 75% of Construction/Renovation Completed                               | September 1, 2018 |
| 5. Construction/Renovation Completed                                      | October 15, 2018  |
| 6. Equipment Ordered  | August 1, 2018    |
| 7. Equipment Installed  | October 1, 2018   |
| 8. Equipment Operational  | November 15, 2018 |
| 9. Services Offered   | December 1, 2018  |
| 10. Medicare and/or Medicaid Certification Obtained                       | January 1, 2019   |

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 this office if any clarification of this decision is required.

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

Sincerely,

Gregory F. Yakaboski  
Project Analyst

Lisa, Pittman  
Team Lead, Certificate of Need

Attachment

cc: Acute & Home Care Licensure & Certification Section, DHSR  
Sharetta Blackwell, Program Assistant Healthcare Planning, 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

This the 17<sup>th</sup> day of November, 2017.

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Gregory F. Yakaboski  
Project Analyst, Certificate of Need