



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

February 10, 2022

Esther N. Fleming

Esther.Fleming@davita.com

No Review

Record #: 3812
Date of Request: February 8, 2022
Facility Name: Dialysis Care of Rutherford County
FID #: 955624
Business Name: DaVita, Inc.
Business #: 600
Project Description: Add home hemodialysis modality to the facility
County: Rutherford

Dear Ms. Fleming:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law **in effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Ena Lightbourne
Project Analyst

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



TOPCATS Division
2321 West Morehead Street
Charlotte, NC 28208

February 7, 2022

Ms. Ena Lightbourne
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603

No Review Request – Add HHD Modality to Existing In-Center Facility

Facility: Dialysis Care of Rutherford County
County: Rutherford
FID: 955824

Dear Ms. Lightbourne:

We are requesting a No Review Determination which will allow Dialysis Care of Rutherford County to add the Home Hemodialysis (HHD) modality to the facility. Dialysis Care of Rutherford County has identified one ESRD patient who wants to change their current modality to HHD. Based on conversations with the nephrologists who admit patients to Dialysis Care of Rutherford County, additional patients choosing HHD are anticipated.

We are not seeking to add any additional dialysis stations to Dialysis Care of Rutherford County with this request. We have adequate space in the facility to add the HHD modality and will not incur a capital expense. The facility will continue to offer in-center and peritoneal dialysis. This change will not adversely impact the patient population of the facility.

You may contact me at 704-577-2853 at your convenience.

Sincerely,

A handwritten signature in black ink that reads "Esther N. Fleming".

Esther N. Fleming
Director, Healthcare Planning

From: [Lightbourne, Ena](#)
To: [Luke Santillo](#)
Cc: [Waller, Martha K](#)
Subject: Re: [External] No Review Request – Add HHD Modality to Existing In-Center Facility
Date: Monday, February 7, 2022 4:42:00 PM
Attachments: [image001.png](#)

Received. Thank you.

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From: Luke Santillo <Luke.Santillo@davita.com>
Sent: Monday, February 7, 2022 3:28:43 PM
To: Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Subject: [External] No Review Request – Add HHD Modality to Existing In-Center Facility

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Hi Ms. Lightbourne,

Please see attached No Review Request to add HHD to Dialysis Care of Rutherford County. Thanks, and have a great day.

Luke

Luke Santillo

Director, Healthcare Planning, TOPCATS | Carolina Waves
Division Finance Manager, TOPCATS
Cell: 980-322-7582 | Fax: 833-214-6977



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-DaVita Inc-

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