



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

March 7, 2024

Robbie Roberts
rroberts@wakemed.org

No Review

Record #: 4393
Date of Request: March 4, 2024
Facility Name: WakeMed North Hospital
FID #: 990974
Business Name: WakeMed
Business #: 2018
Project Description: Expansion of the acute dialysis program to inpatients at the WakeMed North Hospital campus
County: Wake

Dear Robbie Roberts:

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,

Crystal Kearney, 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



WakeMed Health & Hospitals

3000 New Bern Avenue
Raleigh, North Carolina 27610
919-350-8000

March 4, 2024

Via electronic mail to Crystal.kearney@dhhs.nc.gov

Ms. Crystal Kearney, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Request for No Review/WakeMed to Extend Acute Dialysis Program to WakeMed North Hospital/Wake County

Dear Ms. Kearney:

This letter is to inform the Healthcare Planning and Certificate of Need Section of WakeMed's intent to extend Acute Dialysis services to WakeMed North Hospital, located at 10000 Falls of Neuse Road, Raleigh, NC 27614. WakeMed North Hospital operates as a remote campus under the WakeMed license (H0199) and CMS Certification Number (340069). WakeMed North began offering Emergency services as a remote campus of WakeMed Raleigh in accordance with Project No, J-6940-03, and Inpatient services via Project Nos. J-7843-07 and J-8180-08. WakeMed North Hospital is currently licensed for 77 acute care beds and 4 operating rooms.

WakeMed has operated an Acute Dialysis Program at the Raleigh Campus in partnership with Fresenius Kidney Care since 1980. WakeMed North, as a remote campus of WakeMed, plans to provide Acute Dialysis to patients admitted to the hospital as needed during their inpatient stay. Expansion of this existing program to a hospital campus operating under the same license does not constitute a "new service".

Because Acute Dialysis Programs are not governed by the CON Statute, WakeMed believes this project is not subject to certificate of need review and is requesting that the Agency confirm that WakeMed may proceed without first obtaining a CON.

Thank you for your attention to this matter. If you have questions or require additional information, please contact me at 919-350-8023 or rroberts@wakemed.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Robbie Roberts".

Robbie Roberts
Manager, Market Planning

From: [Kearney, Crystal](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] WakeMed Acute Dialysis Program - Letter of No Review
Date: Monday, March 4, 2024 10:34:40 AM
Attachments: [WakeMed Acute Dialysis Request of No Review.pdf](#)

FYI

Crystal Kearney

Project Analyst, Certificate of Need

Division of Health Service Regulations, Healthcare Planning and Certificate of Need

NC Department of Health and Human Services

Office: 919-855-3883 (I am in the office on Monday and Tuesday, and can best be reached by email)

Crystal.kearney@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building #228

2704 Mail Service Center

Raleigh, NC 27699-2704

From: DAINA DIMARCO <DDiMarco@wakemed.org>
Sent: Monday, March 4, 2024 10:19 AM
To: Kearney, Crystal <crystal.kearney@dhhs.nc.gov>
Subject: [External] WakeMed Acute Dialysis Program - Letter of No Review

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hi Crystal,

Please find attached a LONR request and let us know if you have any questions!

Thanks!

Daina

Daina DiMarco, MHA, MBA
WakeMed Corporate Planning
919-350-1221

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