



October 31, 2016

Mr. Greg Yakaboski, CON Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, North Carolina 27603

Re: Public Witten Comments, CON Project ID # E-11261-16
Total Renal Care of North Carolina, LLC, d/b/a Catawba County Dialysis

Dear Mr. Yakaboski:

The following public written comments are submitted regarding the CON application by Total Renal Care of North Carolina, LLC to develop a new 10 station dialysis facility in Catawba County.

From the outset BMA suggests this application is fatally flawed and should not be approved.

- a. The applicant has failed to adequately identify the population to be served and the need that that population has for the proposed services (Criterion 3). Moreover, failure to adequately identify the population to be served renders the financial projections of the applicant to be unreliable, and therefore the applicant does not adequately demonstrate the long term financial viability of the project (Criterion 5).
- b. Beyond the immediate failures with regard to CON Review Criterion 3 and 5, the application is replete with error and fails to adequately identify all existing health care resources currently available within Catawba County. Thus the applicant has failed to adequately address CON Review Criterion 6.
- c. As an additional consideration, the applicant fails to provide sufficient staffing for the proposed facility and is therefore non-conforming to CON Review Criterion 7.
- d. The applicant's projected payor mix is not based on current data and is therefore unreliable. The applicant is therefore non-conforming to CON Review Criterion 13.
- e. The applicant had not provided any substantive information with regard to Criterion 18a and suggests that the mere Need Determination is all that is

required to absolve the applicant of any need to address the effects of competition. Nothing could be further from the truth.

- f. The applicant also failed to address the required performance standards of 10A NCAC 14C .2203. The application is totally devoid of any reference to the required performance standards and should be found non-conforming.
- g. All of the foregoing deficiencies suggest that this application is not the best alternative. An application which can not be approved for failures as identified herein should not be found conforming to CON Review Criterion 4.

Based upon the above, BMA suggests this application can not, and should not be approved. The following information provides more specific information with regard to the application and why this application should not be approved.

Criterion 3.

The applicant has provided patient letters of support from both in-center and home patients. However, the applicant's need methodology is woefully inadequate with regard to the projections of home patients to be served by the facility.

The applicant has suggested that three PD patients would transfer their care to the facility after opening. The applicant then suggests that the PD patient population would increase by one patient during the first year, and another patient in the second year.

The applicant has essentially projected an unsubstantiated growth of the PD patient population by 33% for the first year of operations and 25% for the second year of operations. The applicant has not indicated where these patients would originate. The applicant merely suggests that the peritoneal dialysis patient population would "grow by at least one patient" during each of the first two years. What is the basis for such an assertion? There is nothing in the application to explain such an assertion other than the applicant's statement.

Add to this, the applicant's projections of home hemodialysis patients. The applicant suggests that one patient from Caldwell County would transfer his/her care to the new facility. The applicant then suggests the home hemodialysis patient population would somehow miraculously double in the first year of operation, followed by 50% growth in the second year.

The CON Agency has historically required some basis for growth projections. Those growth projections have to be reasonable, credible and supported. In this case, the applicant has not provided any reasonable basis to support the projection of a 33% growth rate, or even a 25% growth rate for the PD patient population let alone a 100% or 50% growth for the home hemodialysis patient population.

BMA experience in this area does not support growth projections in this range for the home patient population. BMA has reviewed the July SDR for each year from 2010 forward. The Home patient population has not exhibit growth of this nature. Consider the following table reflecting home patient populations of Catawba County for dates indicated. The home patient population simply hasn't grown in the range as proposed by Total Renal Care.

July SDR, Reported Home Patient Population for Year End as Indicated						
Home Patients	12/31/2010	12/31/2011	12/31/2012	12/31/2013	12/31/2014	12/31/2015
	27	32	24	26	18 ¹	34

Source: July SDR, 2011 through 2016

The burden is upon the applicant to support its projections of the patient population to be served. It is not for the CON Analyst to substitute his or her opinion. Rather, the Analyst is to review the projections and determine if they are reasonable, credible, and supported. Each prong of this test has to be satisfied.

The applicant has clearly not adequately identified the patient population to be served. It is not enough to say that the applicant provided a sufficient number of letters for the in-center side of this proposal. The applicant intentionally included the home dialysis services in it's application. Therefore, it is incumbent upon the applicant to provide reasonable, credible and supported methodology as it seeks to identify the patient population to be served. The application should be viewed in toto. The applicant has failed when viewed in the context of the whole. The application should be found non-conforming to CON Review Criterion 3 and should be denied.

Criterion 5.

The applicant has arguably relied upon its projections of both in-center and home dialysis patients as it has created the financial projections of revenues and expenses contained within the application. To the extent that the home patient projections are not reliable, then the financial projections arising from those same faulty patient projections are also suspect. CON Review Criterion 5 includes two prongs, the second of which addresses the long term financial viability of the project. The applicant in this case has not provided realistic financial projections which are based upon reasonable, credible and supported projections of a future patient population to be served. The application should be found non-conforming to CON Review Criterion 5 and should be denied.

¹ This number is erroneous; BMA reported 27 Catawba County home dialysis patients within the ESRD Data Collection Forms submitted for the period ended December 31, 2014. See Attachments 1 and 2.

Criterion 6.

The applicant has suggested on page 17 that there is a need for additional home training and support services in Catawba County. However, the applicant has not provided any basis for such an assertion. Home training for both home hemodialysis and home peritoneal dialysis already exists within Catawba County. Unlike traditional in-center dialysis services, there is no finite capacity for a home program.

The BMA Hickory facility offers home hemodialysis training and support. The facility currently has two dialysis stations dedicated to home hemodialysis.

The FMC Hickory Home program, located in the same building as BMA Hickory, is a free standing home training program dedicated to peritoneal dialysis patients. The facility was developed as a result of the first approved North Carolina CON application seeking approval for free standing PD program. That facility has five training rooms available.

As an additional consideration, the applicant relies solely on the Need Determination to suggest there is a need for additional services in the county. The applicant has not demonstrated any genuine need for a new facility. The application is totally devoid of any suggestion that patients can not be served by the existing facilities. The applicant has not provided any documented evidence of any patient being denied dialysis care and treatment due to lack of capacity. Both the existing in-center programs and the home programs have capacity to accept additional patients.

Further, the Need Determination within the July SDR is for in-center stations only, and does not suggest another home program is needed in Catawba County.

The application by Total Renal Care merely seeks to have patients currently treated at BMA facilities transfer their care to a proposed new facility. The proposed facility is only two miles from the existing BMA Hickory facility, and by the applicant's suggestion is proposed to be located between the two existing BMA facilities. Thus, the applicant will not enhance geographic access to care.

The applicant has not provided anything to suggest that Dr. Pisel can not refer his patients for dialysis at a BMA facility. In fact, Dr. Pisel has admitting privileges at each of the BMA facilities in Catawba County.

Thus, BMA suggests the applicant has failed to demonstrate a genuine need for a new facility or a new home program and has failed to explain how either the proposed facility or a new home program would not unnecessarily duplicate existing services.

The application should be found non-conforming to CON Review Criterion 6 and should be denied.

Criterion 7.

TRC has suggested on page 14 that if a patient required isolation the facility would open a third shift once the 34th in-center patient is admitted. However, within Section H, Criterion 7, the applicant has only provided staffing resources for two dialysis shifts. In its discussion of hours of operation on page 37 of the application, the applicant clearly indicates the facility will only operate two dialysis shifts.

The applicant has not made any provision for staffing a third dialysis shift. The applicant has not provided any information with regard to hours of operation to support the third shift. Consequently, the applicant has not met its burden to provide for staffing for all proposed hours of operation. The application should be found non-conforming to CON Review Criterion 7 and should be denied.

Criterion 13.

The applicant has indicated that it relied upon very old data to create its projected payor mix for home dialysis patients. Payor mix information changes consistently. It was inappropriate to utilize data from a CON application filed in October 2011, five years ago as a source for payor mix. Moreover, the applicant could have relied upon its own statewide data as a source of home patient payor mix. In the five years since BMA has filed the application for FMC Hickory Home, our payor mix has shifted to include 6.4% Medicaid home PD population, and 3.2% miscellaneous (includes VA); these changes also involve a decrease in the percentage of treatments reimbursed by commercial insurance. The Applicant has not included any projection of a Medicaid patient population at the facility. The point here is that BMA payor mix, just like the DaVita/TRC payor mix does vary over time. The applicant is well aware of this.

The applicant's projected payor mix is based on non-current data and is therefore unreliable. The applicant is therefore non-conforming to CON Review Criterion 13.

Criterion 18a.

The applicant has not addressed Criterion 18a within its response. The applicant has suggested that the proposed facility would reduce the "economic and physical burdens" of its patients. However the applicant has never once identified the economic and physical burdens. Creating a dialysis facility two miles from an existing facility is not changing the economic situation for the patients. Nor is this changing any physical dimension for the patients.

This application simply doesn't address Criterion 18a. The application should be found non-conforming to CON Review Criterion 18a and should be denied.

Performance Standard, 10A NCAC 14C .2203.

The applicant has not provided any information regarding the performance standard, as required by the State prescribed CON application form. The application should be found non-conforming to required performance standard and should be denied.

Criterion 4.

Given the many failures as identified within these comments, the applicant can not be the best alternative. It is folly for the CON Agency to approve a projected capital expenditure in excess of \$2 million when so many glaring inconsistencies with CON Review Criteria and the Performance Standard are contained within the application. The application should be found non-conforming to CON Review Criterion 4 and should be denied.

In addition to the above discussion, BMA notes several inconsistencies with the application.

- a. TRC has suggested on page 14 that if a patient required isolation the facility would open a third shift once the 34th in-center patient is admitted. However, on page 18 the applicant indicates that the facility will operated six days per week with two patient shifts per day.
- b. On page 24 the applicant suggests the new facility will provide better geographic access to the patient population identified. The patients are already receiving care at a dialysis facility only two miles away. There is absolutely no truth to improving geographic access.
- c. On page 25 the applicant readily acknowledges that this proposal is not the least costly. The applicant doesn't improve anything. Dr. Pisel is already seeing the patients at facilities where he has privileges. He, nor TRC have identified any deficiencies with existing facilities.

As discussed within these public comments, the application by TRC is not conforming to all CON Review Criteria and the Performance Standards. Consequently, the application should not be approved.

In closing BMA notes that the applicant failed to provide the duplicate copy of the CON application at the time of filing, thereby depriving BMA of opportunity to review the second copy of the application until the day prior to the beginning of the review period (it has been Agency practice that the original application can not be checked out for review/duplication; only the second copy of the application may be checked out). BMA may offer additional comments at the public hearing.

If you have any questions, or if I can be of further assistance, please call me.

Sincerely,

A handwritten signature in cursive script that reads "Jim Swann". The signature is written in black ink and is positioned above the printed name.

Jim Swann
Director, Certificate of Need

2 Attachments:

- 1) ESRD Data Collection Form, FMC Hickory Home Program, submitted 2/24/15
- 2) ESRD Data Collection Form, BMA Hickory, submitted, 2/24/15

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section A: Contact Information

1. Facility Information

Facility Name (Do not use all caps)	Fresenius Medical Care of Hickory
Medicare Provider Number (e.g. 34-1533)	34-2516

2. Facility Address

Street Address	1899 Tate Blvd. SE, Suite 1103 Box 103
City	Hickory
State (2 letter abbreviation)	NC
Zip Code	28602
Phone Number (use dashes)	828-324-9580

3. County where Facility is Located

County (Name Only)	Catawba
--------------------	---------

4. Chief Executive Officer or approved designee

Chief Executive Officer Jim Whichard
Street Address 1899 Tate Blvd. SE, Suite 1103, Box 103
City Hickory
State (2 letter abbreviation) NC
Zip Code 28602
Phone Number (use dashes) 828-322-7192
Email Jim.Whichard@fmc-na.com

5. Facility Administrator

Name Jim Whichard
Title Director of Operations
Direct Line Phone Number (use dashes) 828-322-7192
Email Jim.Whichard@fmc-na.com

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section B: Time Period

7/1/2014 - 12/31/2014 (enter either Yes or No)	Yes
Other Time Period: Start Date	
End Date	

Section C: Certification Information

1. Is your facility certified for Medicare/Medicaid?	Yes
2. How many certified dialysis stations were at this location on December 31, 2014?	35
3. Was there a change to the certified station capacity between July 1, 2014 and December 31, 2014?	Yes
3a. Were certified stations added?	Yes
3b. If yes in 3a, how many were added?	2
3c. If yes in 3a, what was the effective date of change?	12/29/2014
3d. Were certified stations removed?	
3e. If yes in 3d, how many were removed?	
3f. If yes in 3d, what was the effective date of change?	

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section D: In-Center Dialysis Population by County

By *county of residence*, report the total patients, including all transient patients, for whom dialysis services were provided on December 31, 2014 for **in-center dialysis patients**.

Note: County of Residence means the county where the patient lives

County	Number In-Center Patients
Alamance	
Alexander	1
Alleghany	
Anson	
Ashe	
Avery	
Beaufort	
Bertie	
Bladen	
Brunswick	
Buncombe	
Burke	7
Cabarrus	
Caldwell	4
Camden	
Carteret	
Caswell	
Catawba	94
Chatham	
Cherokee	
Chowan	
Clay	
Cleveland	
Columbus	
Craven	
Cumberland	
Currituck	
Dare	
Davidson	
Davie	
Duplin	
Durham	

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

County	Number In-Center Patients
Edgecombe	
Forsyth	
Franklin	
Gaston	
Gates	
Graham	
Granville	
Greene	
Guilford	
Halifax	
Harnett	
Haywood	
Henderson	
Hertford	
Hoke	
Hyde	
Iredell	
Jackson	
Johnston	
Jones	
Lee	
Lenoir	
Lincoln	5 ✓
McDowell	
Macon	
Madison	
Martin	
Mecklenburg	
Mitchell	
Montgomery	
Moore	
Nash	
New Hanover	
Northampton	
Onslow	
Orange	
Pamlico	
Pasquotank	
Pender	
Perquimans	
Person	
Pitt	

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

County	Number In-Center Patients
Polk	
Randolph	
Richmond	
Robeson	
Rockingham	
Rowan	
Rutherford	
Sampson	
Scotland	
Stanly	
Stokes	
Surry	
Swain	
Transylvania	
Tyrrell	
Union	
Vance	
Wake	
Warren	
Washington	
Watauga	
Wayne	
Wilkes	
Wilson	
Yadkin	
Yancey	
Georgia	
South Carolina	
Tennessee	
Virginia	
Other States	

Total In-Center Patients	111
-----------------------------	------------

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section E: Home Hemodialysis Population by County

By *county of residence*, report the total patients for whom dialysis services were provided on December 31, 2014 for **home hemodialysis patients**.

Note: County of Residence means the county where the patient lives.

County	Number Home Hemodialysis Patients
Alamance	
Alexander	
Alleghany	
Anson	
Ashe	
Avery	
Beaufort	
Bertie	
Bladen	
Brunswick	
Buncombe	
Burke	1 ✓
Cabarrus	
Caldwell	
Camden	
Carteret	
Caswell	
Catawba	10 ✓
Chatham	
Cherokee	
Chowan	
Clay	
Cleveland	
Columbus	
Craven	
Cumberland	
Currituck	
Dare	
Davidson	
Davie	
Duplin	
Durham	
Edgecombe	

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

County	Number Home Hemodialysis Patients
Forsyth	
Franklin	
Gaston	
Gates	
Graham	
Granville	
Greene	
Guilford	
Halifax	
Harnett	
Haywood	
Henderson	
Hertford	
Hoke	
Hyde	
Iredell	
Jackson	
Johnston	
Jones	
Lee	
Lenoir	
Lincoln	
McDowell	
Macon	
Madison	
Martin	
Mecklenburg	
Mitchell	
Montgomery	
Moore	
Nash	
New Hanover	
Northampton	
Onslow	
Orange	
Pamlico	
Pasquotank	
Pender	
Perquimans	
Person	
Pitt	
Polk	

Data Collection Form
End-Stage Renal Disease Facilities
 December 2014

County	Number Home Hemodialysis Patients
Randolph	
Richmond	
Robeson	
Rockingham	
Rowan	
Rutherford	
Sampson	
Scotland	
Stanly	
Stokes	
Surry	
Swain	
Transylvania	
Tyrrell	
Union	
Vance	
Wake	
Warren	
Washington	
Watauga	
Wayne	
Wilkes	
Wilson	
Yadkin	
Yancey	
Georgia	
South Carolina	
Tennessee	
Virginia	
Other States	

Total Home Patients	11
---------------------	-----------

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section F: Home Peritoneal Dialysis Population by County

By county of residence, report the total patients for whom dialysis services were provided on December 31, 2014 for home peritoneal dialysis patients.

Note: County of Residence means the county where the patient lives.

County	Number Home Peritoneal Patients
Alamance	
Alexander	
Alleghany	
Anson	
Ashe	
Avery	
Beaufort	
Bertie	
Bladen	
Brunswick	
Buncombe	
Burke	
Cabarrus	
Caldwell	
Camden	
Carteret	
Caswell	
Catawba	
Chatham	
Cherokee	
Chowan	
Clay	
Cleveland	
Columbus	
Craven	
Cumberland	
Currituck	
Dare	
Davidson	
Davie	
Duplin	
Durham	
Edgecombe	

Data Collection Form
End-Stage Renal Disease Facilities
 December 2014

County	Number Home Peritoneal Patients
Forsyth	
Franklin	
Gaston	
Gates	
Graham	
Granville	
Greene	
Guilford	
Halifax	
Harnett	
Haywood	
Henderson	
Hertford	
Hoke	
Hyde	
Iredell	
Jackson	
Johnston	
Jones	
Lee	
Lenoir	
Lincoln	
McDowell	
Macon	
Madison	
Martin	
Mecklenburg	
Mitchell	
Montgomery	
Moore	
Nash	
New Hanover	
Northampton	
Onslow	
Orange	
Pamlico	
Pasquotank	
Pender	
Perquimans	
Person	
Pitt	
Polk	

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

County	Number Home Peritoneal Patients
Randolph	
Richmond	
Robeson	
Rockingham	
Rowan	
Rutherford	
Sampson	
Scotland	
Stanly	
Stokes	
Surry	
Swain	
Transylvania	
Tyrrell	
Union	
Vance	
Wake	
Warren	
Washington	
Watauga	
Wayne	
Wilkes	
Wilson	
Yadkin	
Yancey	
Georgia	
South Carolina	
Tennessee	
Virginia	
Other States	

Total Home Patients	0
------------------------	----------

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section G: Certification and Signature

This section must be completed and returned along with all other sections of the form to NC DHSR by the established deadline in order for the data submission to be considered complete.

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

Name	Jim Swann
Title	Director of Operations, Certificate of Need
Date Signed	2/24/2015

Email	jim.swann@fmc-na.com
Phone Number (use dashes)	919-896-7230

Facility Patient Summary

Total Number In-Center Patients	111
Total Number Home Hemo Patients	11
Total Number Home Peritoneal Patients	0
Total Number of Patients	122

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section A: Contact Information

1. Facility Information

Facility Name (Do not use all caps)	FMC Hickory Home Program
Medicare Provider Number (e.g. 34-1533)	34-2699

2. Facility Address

Street Address	1899 Tate Boulevard SE, Suite 2108
City	Hickory
State (2 letter abbreviation)	NC
Zip Code	28602
Phone Number (use dashes)	828-304-0018

3. County where Facility is Located

County (Name Only)	Catawba
--------------------	---------

4. Chief Executive Officer or approved designee

Chief Executive Officer	Trina Deaton
Street Address	5010 Medical Care Ct.
City	Belmont
State (2 letter abbreviation)	NC
Zip Code	28012
Phone Number (use dashes)	980-254-4563

Email Trina.Deaton@fmc-na.com

5. Facility Administrator

Name	Trina Deaton
Title	Director of Operations
Direct Line Phone Number (use dashes)	980-254-4563

Email Trina.Deaton@fmc-na.com

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section B: Time Period

7/1/2014 - 12/31/2014 (enter either Yes or No)	No
Other Time Period: Start Date	10/14/2014
End Date	12/31/2014

Section C: Certification Information

1. Is your facility certified for Medicare/Medicaid?	Yes
2. How many certified dialysis stations were at this location on December 31, 2014?	0
3. Was there a change to the certified station capacity between July 1, 2014 and December 31, 2014?	No
3a. Were certified stations added?	
3b. If yes in 3a, how many were added?	
3c. If yes in 3a, what was the effective date of change?	
3d. Were certified stations removed?	
3e. If yes in 3d, how many were removed?	
3f. If yes in 3d, what was the effective date of change?	

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section D: In-Center Dialysis Population by County

By *county of residence*, report the total patients, including all transient patients, for whom dialysis services were provided on December 31, 2014 for **in-center dialysis patients**.

Note: County of Residence means the county where the patient lives

County	Number In-Center Patients
Alamance	
Alexander	
Alleghany	
Anson	
Ashe	
Avery	
Beaufort	
Bertie	
Bladen	
Brunswick	
Buncombe	
Burke	
Cabarrus	
Caldwell	
Camden	
Carteret	
Caswell	
Catawba	
Chatham	
Cherokee	
Chowan	
Clay	
Cleveland	
Columbus	
Craven	
Cumberland	
Currituck	
Dare	
Davidson	
Davie	
Duplin	
Durham	

Data Collection Form
End-Stage Renal Disease Facilities
 December 2014

County	Number In-Center Patients
Edgecombe	
Forsyth	
Franklin	
Gaston	
Gates	
Graham	
Granville	
Greene	
Guilford	
Halifax	
Harnett	
Haywood	
Henderson	
Hertford	
Hoke	
Hyde	
Iredell	
Jackson	
Johnston	
Jones	
Lee	
Lenoir	
Lincoln	
McDowell	
Macon	
Madison	
Martin	
Mecklenburg	
Mitchell	
Montgomery	
Moore	
Nash	
New Hanover	
Northampton	
Onslow	
Orange	
Pamlico	
Pasquotank	
Pender	
Perquimans	
Person	
Pitt	

Data Collection Form
 End-Stage Renal Disease Facilities
 December 2014

County	Number In-Center Patients
Polk	
Randolph	
Richmond	
Robeson	
Rockingham	
Rowan	
Rutherford	
Sampson	
Scotland	
Stanly	
Stokes	
Surry	
Swain	
Transylvania	
Tyrrell	
Union	
Vance	
Wake	
Warren	
Washington	
Watauga	
Wayne	
Wilkes	
Wilson	
Yadkin	
Yancey	
Georgia	
South Carolina	
Tennessee	
Virginia	
Other States	

Total In-Center Patients	0
-----------------------------	---

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section E: Home Hemodialysis Population by County

By *county of residence*, report the total patients for whom dialysis services were provided on December 31, 2014 for **home hemodialysis patients**.

Note: County of Residence means the county where the patient lives.

County	Number Home Hemodialysis Patients
Alamance	
Alexander	
Alleghany	
Anson	
Ashe	
Avery	
Beaufort	
Bertie	
Bladen	
Brunswick	
Buncombe	
Burke	
Cabarrus	
Caldwell	
Camden	
Carteret	
Caswell	
Catawba	
Chatham	
Cherokee	
Chowan	
Clay	
Cleveland	
Columbus	
Craven	
Cumberland	
Currituck	
Dare	
Davidson	
Davie	
Duplin	
Durham	
Edgecombe	

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

County	Number Home Hemodialysis Patients
Forsyth	
Franklin	
Gaston	
Gates	
Graham	
Granville	
Greene	
Guilford	
Halifax	
Harnett	
Haywood	
Henderson	
Hertford	
Hoke	
Hyde	
Iredell	
Jackson	
Johnston	
Jones	
Lee	
Lenoir	
Lincoln	
McDowell	
Macon	
Madison	
Martin	
Mecklenburg	
Mitchell	
Montgomery	
Moore	
Nash	
New Hanover	
Northampton	
Onslow	
Orange	
Pamlico	
Pasquotank	
Pender	
Perquimans	
Person	
Pitt	
Polk	

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

County	Number Home Hemodialysis Patients
Randolph	
Richmond	
Robeson	
Rockingham	
Rowan	
Rutherford	
Sampson	
Scotland	
Stanly	
Stokes	
Surry	
Swain	
Transylvania	
Tyrrell	
Union	
Vance	
Wake	
Warren	
Washington	
Watauga	
Wayne	
Wilkes	
Wilson	
Yadkin	
Yancey	
Georgia	
South Carolina	
Tennessee	
Virginia	
Other States	

Total Home Patients	0
---------------------	----------

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section F: Home Peritoneal Dialysis Population by County

By *county of residence*, report the total patients for whom dialysis services were provided on December 31, 2014 for **home peritoneal dialysis patients**.

Note: County of Residence means the county where the patient lives.

County	Number Home Peritoneal Patients
Alamance	
Alexander	
Alleghany	
Anson	
Ashe	
Avery	
Beaufort	
Bertie	
Bladen	
Brunswick	
Buncombe	
Burke	2
Cabarrus	
Caldwell	5
Camden	
Carteret	
Caswell	
Catawba	17
Chatham	
Cherokee	
Chowan	
Clay	
Cleveland	1
Columbus	
Craven	
Cumberland	
Currituck	
Dare	
Davidson	
Davie	
Duplin	
Durham	
Edgecombe	

Data Collection Form
End-Stage Renal Disease Facilities
 December 2014

County	Number Home Peritoneal Patients
Forsyth	
Franklin	
Gaston	
Gates	
Graham	
Granville	
Greene	
Guilford	
Halifax	
Harnett	
Haywood	
Henderson	
Hertford	
Hoke	
Hyde	
Iredell	
Jackson	
Johnston	
Jones	
Lee	
Lenoir	
Lincoln	5 ✓
McDowell	
Macon	
Madison	
Martin	
Mecklenburg	
Mitchell	
Montgomery	
Moore	
Nash	
New Hanover	
Northampton	
Onslow	
Orange	
Pamlico	
Pasquotank	
Pender	
Perquimans	
Person	
Pitt	
Polk	

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

County	Number Home Peritoneal Patients
Randolph	
Richmond	
Robeson	
Rockingham	
Rowan	
Rutherford	
Sampson	
Scotland	
Stanly	
Stokes	
Surry	
Swain	
Transylvania	
Tyrrell	
Union	
Vance	
Wake	
Warren	
Washington	
Watauga	
Wayne	
Wilkes	
Wilson	
Yadkin	
Yancey	
Georgia	
South Carolina	
Tennessee	
Virginia	
Other States	
Total Home Patients	30

Data Collection Form
End-Stage Renal Disease Facilities
December 2014

Section G: Certification and Signature

This section must be completed and returned along with all other sections of the form to NC DHSR by the established deadline in order for the data submission to be considered complete.

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

Name	Jim Swann
Title	Director of Operations, Certificate of Need
Date Signed	2/24/2015

Email	jim.swann@fmc-na.com
Phone Number (use dashes)	919-896-7230

Facility Patient Summary

Total Number In-Center Patients	0
Total Number Home Hemo Patients	0
Total Number Home Peritoneal Patients	30
Total Number of Patients	30