



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Certificate of Need Section

2704 Mail Service Center • Raleigh, North Carolina 27699-2704  
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor  
Albert A. Delia, Acting Secretary

Craig R. Smith, Section Chief  
Phone: (919) 855-3873  
Fax: (919) 733-8139

**RESPONSE REQUIRED**

December 18, 2012

William F. McDonald  
1804 King Road  
Tifton, GA 31793

**Conditional Approval**

Project I.D. #: G-10028-12  
Facility: Triad Dialysis Center  
Project Description: Temporarily relocate 18 stations from High Point Kidney Center during renovation of High Point Kidney Center  
County: Guilford  
FID #: 980262

Dear Mr. McDonald:

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 thereunder, 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. Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University shall materially comply with all representations made in its certificate of need application and supplemental responses. In those instances where representations conflict, Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University shall materially comply with the last made representation.



2. Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University shall be certified for no more than 40 dialysis stations upon the temporary addition of 18 stations from Wake Forest University Health Sciences d/b/a High Point Kidney Center of Wake Forest University which shall include any home hemodialysis or isolation stations.
3. Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University shall provide electrical wiring and plumbing through the walls to accommodate the temporary addition of 18 existing dialysis stations from High Point Kidney Center (G-10029-12) for a total of no more than 40 dialysis stations, which shall include any home hemodialysis or isolation stations.
4. Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University shall be certified for no more than 22 stations at the completion of this project.
5. Wake Forest University Health Sciences d/b/a Triad Dialysis Center of Wake Forest University, prior to issuance of the certificate of need, shall acknowledge in writing to the Certificate of Need Section acceptance of and agree to comply with all conditions stated herein.

**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 \$112,000. 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.

The certificate of need will not be issued before the completion of this 30 day period ending January 18, 2013. 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:

Ordering Equipment \_\_\_\_\_ February 14, 2013  
Occupancy/Offering of Service \_\_\_\_\_ June 30, 2013

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,

Gloria C. Hale, Project Analyst

Craig R. Smith, Chief  
Certificate of Need Section

GCH:CRS:mw

Attachment

cc: Medical Facilities Planning Section, DHSR  
Acute & Home Care Licensure & Certification 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 F. McDonald  
1804 King Road  
Tifton, GA 31793

Project I.D. #G-10028-12

FID # 980262

This the 18<sup>th</sup> day of December, 2012.

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Gloria C. Hale  
Project Analyst