



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

RESPONSE REQUIRED

February 23, 2015

Barry Wald
P.O. Box 609
North Wilkesboro, NC 28659

Conditional Approval

Project ID #: D-10326-14
Facility: Wilkes Regional Dialysis Center
Project Description: Add three dialysis stations to the existing facility for a total of 24 dialysis stations upon completion
County: Wilkes
FID #: 956103

Dear Mr. Wald:

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, G.S. 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 G.S. 131E-187(a). The conditions are as follows:

1. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall materially comply with all representations made in its certificate of need application and in any supplemental information provided. In those instances where representations conflict, the certificate holder shall materially comply with the last made representation.
2. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall develop and operate no more than 3 additional dialysis stations for a total of no more than 24 certified stations upon completion of this project and



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone 919-855-3873 • Fax 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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Project I.D. #D-10244-14 (add 2 stations) which shall include any home hemodialysis training or isolation stations.

3. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall install plumbing and electrical wiring through the walls for no more than 3 additional dialysis stations for a total of no more than 24 certified stations upon completion of this project and Project I.D. #D-10244-14 (add 2 stations) which shall include any home hemodialysis training or isolation stations.
4. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to the 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 **\$397,130**. 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 Agency.

The certificate of need will not be issued before the completion of this 30 day period ending **March 23, 2015**. 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:

Obtained Funds for the Project _____	March 15, 2015
Final Drawings and Specifications sent to Construction, DHSR _____	September 15, 2015
Construction Contract Executed _____	November 1, 2015
Ordering of Medical Equipment _____	December 1, 2015
25% Completion of Construction _____	December 30, 2015
75% Completion of Construction _____	January 15, 2016
Completion of Construction _____	February 15, 2016
Operation of Medical Equipment _____	February 15, 2016
Occupancy/Offering of Services _____	March 1, 2016
Certification _____	March 1, 2016

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,

Julie Halatek
Project Analyst

Martha J. Frisone
Assistant Chief, Certificate of Need

Attachment

cc: Acute & Home Care Licensure & Certification Section, DHSR
Assistant Chief, Healthcare Planning
Construction 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:

Barry Wald
P.O. Box 609
North Wilkesboro, NC 28659

Project ID # D-10326-14
FID # 956103

This the 23th day of February, 2015.

Julie Halatek
Project Analyst, Certificate of Need