



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

RESPONSE REQUIRED

March 10, 2017

William Hyland
2321 West Morehead Street
Charlotte, NC 28208

Conditional Approval

Project ID #: F-11265-16
Facility: Hickory Ridge Dialysis
Project Description: Develop a new 10 station facility by relocating 8 stations from Harrisburg Dialysis and 2 stations from Copperfield Dialysis and offer home training and support for peritoneal dialysis patients
County: Cabarrus
FID #: 160494

Dear Mr. Hyland:

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, N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-187(a). The conditions are as follows:

1. Total Renal Care of North Carolina, LLC d/b/a Hickory Ridge Dialysis shall materially comply with all representations made in the certificate of need application except as modified by the conditions of approval.

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION
WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



2. Total Renal Care of North Carolina, LLC d/b/a Hickory Ridge Dialysis shall relocate no more than eight dialysis stations from Harrisburg Dialysis and no more than two dialysis stations from Copperfield Dialysis.
3. Total Renal Care of North Carolina, LLC d/b/a Hickory Ridge Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation stations and home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify eight dialysis stations at Harrisburg Dialysis for a total of no more than 17 dialysis stations at Harrisburg Dialysis upon completion of this project and Project F-11088-15 (add six stations).
5. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify two dialysis stations at Copperfield Dialysis for a total of no more than 25 dialysis stations at Copperfield Dialysis upon completion of this project and Project I.D. # F-11019-15 (add four stations).
6. Total Renal Care of North Carolina, LLC d/b/a Hickory Ridge Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to 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 **\$2,837,220**. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by N.C. Gen. Stat. §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 N.C. Gen. Stat. §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).]

N.C. Gen. Stat. §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:

Lisa G. Corbett
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 **April 10, 2017**. 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:

Completion of Final Drawings and Specifications _____	January 15, 2018
25% Completion of Construction/Renovation (25% of the Dollar Value of the Contract in Place) _____	May 31, 2018
Completion of Construction/Renovation _____	October 15, 2018
Operation of Equipment _____	December 1, 2018
Occupancy/Offering of Service _____	December 15, 2018
Certification of Stations _____	January 1, 2019

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,

Jane Rhoe-Jones
Project Analyst

Fatimah Wilson
Team Leader, Certificate of Need

Attachment

cc: Construction Section, DHSR
Acute & Home Care Licensure & Certification Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, 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 Hyland
2321 West Morehead Street
Charlotte, NC 28208
Project ID #: F-11265-16
FID #: 160494

This the 10th day of March, 2017.

Jane Rhoe-Jones
Project Analyst, Certificate of Need