



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

RESPONSE REQUIRED

September 28, 2018

Jim Swann
3390 Dunn Road
Eastover, NC 28312

Conditional Approval

Project ID #: E-11528-18
Facility: BMA Lenoir
Project Description: Change of scope for three projects: Project ID# E-11376-17 (develop a new facility by relocating 14 stations from BMA Lenoir to a new facility), Project ID# E-11377-17 (relocate the remaining 20 stations at BMA Lenoir to a new site) and Project ID# E-11401-17 (add 7 stations to BMA Lenoir). Upon completion of this project, Project ID# E-11377-17 and Project ID# E-11401-17, BMA Lenoir will be certified for a total of 41 stations. Project ID# E-11376-17 will not be developed.
County: Caldwell
FID #: 170328

Dear Mr. Swann:

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. Written notice of all findings and conclusions upon which the decision was based will be provided to the applicants within five business days after the date of the decision in accordance with N.C. Gen. Stat. §131E-186. 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 that can be satisfied before issuance of the certificate of need have been met pursuant to N.C. Gen. Stat. §131E-187(a). The conditions are as follows:

- 1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir shall materially comply with all representations made in this application and the representations made in Project I.D. # E-11377-17 and Project I.D. # E-11401-17. Where representations conflict, Bio-Medical Applications of North Carolina, Inc. shall materially comply with the last made representation.**

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: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

2. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir shall not develop Project I.D. # E-11376-17 and shall relinquish the certificate of need upon completion of this change of scope project.**
3. **The total approved capital expenditure is \$1,959,630.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir shall be certified for no more than 41 stations including any isolation or home hemodialysis training stations.**
5. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir shall install plumbing and electrical wiring through the walls for no more than 41 dialysis stations which shall include any isolation stations.**
6. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lenoir 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 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 \$1,959,630. 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, P.O. Drawer 27447, Raleigh, North Carolina 27611-7447 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 MSC
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 **October 29, 2018**. 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:

1. Financing Obtained _____ June 15, 2018
2. Drawings Completed _____ January 21, 2019
3. Land Acquired _____ NA
4. Construction/Renovation Contract(s) Executed _____ February 1, 2019
5. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ March 1, 2019
6. 50% of Construction/Renovation Completed _____ April 1, 2019
7. 75% of Construction/Renovation Completed _____ May 1, 2019
8. Construction/Renovation Completed _____ June 1, 2019
9. Equipment Ordered _____ April 1, 2019
10. Equipment Installed _____ June 15, 2019
11. Equipment Operational _____ June 25, 2019
12. Building/Space Occupied _____ June 25, 2019
13. Licensure Obtained _____ NA
14. Services Offered _____ June 30, 2019
15. Medicare and/or Medicaid Certification Obtained _____ June 30, 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 us if any clarification of this decision is required.

Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Bernetta Thorne-Williams
Project Analyst



Lisa Pittman
Assistant Chief, Certificate of Need

Attachment

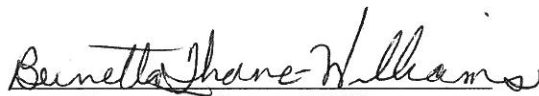
cc: Acute & Home Care Licensure & Certification Section, DHSR
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR

CERTIFICATE OF SERVICE

I hereby certify that I have served the foregoing notice of **conditional approval / disapproval** 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:

Jim Swann
3390 Dunn Road
Eastover, NC 28312

This the 28th day of September, 2018.

A handwritten signature in cursive script that reads "Bernetta Thorne-Williams". The signature is written in black ink and is positioned above the printed name.

Bernetta Thorne-Williams
Project Analyst, Certificate of Need