



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**

January 7, 2019

William McDonald  
1804 King Road  
Tifton, GA 31793

**Conditional Approval**

Project ID #: G-11587-18  
Facility: High Point Kidney Center  
Project Description: Add seven dialysis stations for a total of 48 stations  
County: Guilford  
FID #: 945262

Dear Mr. McDonald:

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. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall materially comply with the last made representation.**
- 2. Pursuant to the facility need determination in the July 2018 SDR, Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University Dialysis shall develop no more than seven additional dialysis stations for a total of no more than 48**

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

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**certified dialysis stations at High Point Kidney Center upon project completion, which shall include any home hemodialysis training or isolation stations.**

- 3. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 7 dialysis stations which shall include any isolation stations.**
- 4. Wake Forest University Health Sciences and High Point Kidney Center of Wake Forest University 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 **\$117,600**. 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 February 6, 2019. 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. Drawings Completed \_\_\_\_\_ September 1, 2018
2. Equipment Ordered \_\_\_\_\_ April 19, 2019
3. Equipment Installed \_\_\_\_\_ June 1, 2019
4. Equipment Operational \_\_\_\_\_ June 15, 2019
5. Services Offered \_\_\_\_\_ June 30, 2019
6. 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 this office if any clarification of this decision is required.

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

Sincerely,



Celia C. Inman  
Project Analyst



Gloria C. Hale  
Team Leader

Attachment

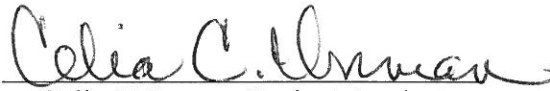
cc: Acute & Home Care Licensure & Certification Section, DHSR  
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has this day served the foregoing **Conditional Approval** upon the following by depositing a copy hereof, postage prepaid, in the United States mail, addressed as follows:

William McDonald  
1804 King Road  
Tifton, GA 31793  
Project ID #: G-11587-18

This the 7th day of January, 2019.

  
Celia C. Inman, Project Analyst