



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

March 26, 2013

Jim Swann
Fresenius Medical Care
3717 National Drive, Suite 206
Raleigh, NC 27612

RE: **No Review**/ RAI Care Centers Goldsboro/ Provision of home hemodialysis training and support and home peritoneal dialysis utilizing one or more of 16 existing certified hemodialysis stations for which a certificate of need was issued/ Wayne County
FID # 945326

Dear Mr. Swann:

The Certificate of Need (CON) Section received your letter of March 15, 2013 regarding the above referenced proposal. The proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need provided that the addition of home dialysis training services does not result in the development of hemodialysis training stations that are in addition to the total number of stations stated in the scope of the certificate of need for the facility. Further, it should be noted that the Acute and Home Care Licensure and Certification Section is responsible for counting the number of dialysis stations developed in a facility as part of their survey process. It is our understanding that the surveyors count the total number of stations located in the facility not the number of stations in use in the facility at any given time.

At this time, the CON Section has authorized RAI Care Centers Goldsboro to develop a total of no more than 16 hemodialysis stations, of which one or more may be used for home hemodialysis training and support and home peritoneal dialysis training. Thus, the facility may not have 16 hemodialysis stations, plus one additional home hemodialysis / peritoneal dialysis training station. In other words, the total number of "stations" (i.e. hemodialysis / peritoneal training plus hemodialysis) reported on line 22 of Form CMS-3427 may not exceed 16, or the total number of dialysis stations that is stated in the scope of the certificate of need for this facility.

In addition, you should contact the Acute and Home Care Licensure and Certification Section to determine if they have any requirements for development of the proposed project. Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D.# (FID).

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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Jim Swann
Page 2
March 26, 2013

Sincerely,



Jane Rhoe-Jones, Project Analyst
Certificate of Need Section



Craig R. Smith, Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR



**FRESENIUS
MEDICAL CARE**

March 15, 2013

Steve



Fresenius Medical Care NA
3717 National Drive
Suite 206
Raleigh, NC 27612

919-896-7230

Mr. Craig R. Smith, Chief
Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603

Re: Request for No Review Determination, RAI Care Centers Goldsboro, Add Home Peritoneal Dialysis and Home Hemo-dialysis training and support
Provider ID # 34-2576

FID # 945 326

Dear Mr. Smith:

2401 Wayne Mem Drive

As you know, Fresenius Medical Care acquired Liberty Dialysis in 2012. Liberty Dialysis is parent company to the RAI dialysis facilities. Thus, Fresenius Medical Care is now the ultimate parent to the RAI Care Centers Goldsboro dialysis facility.

We are requesting a No Review Determination by the Certificate of Need Section which will allow the facility to add home therapies to its service offerings. As you are probably aware, the number of patients in our state choosing home dialysis is increasing. More and more patients are choosing home dialysis. Fresenius Medical Care is committed to offering patients a choice of dialysis modalities

RAI Care Centers Goldsboro (RAI Goldsboro) seeks to add home dialysis therapies for both Peritoneal Dialysis, PD, and home hemo-dialysis to its service offerings. RAI Goldsboro is currently certified as a 16 station dialysis facility, providing in-center dialysis services only.

RAI Goldsboro will dedicate one of its 16 dialysis stations exclusively to the provision of home hemo-dialysis training and support. The facility will convert existing office space into a home training room dedicated to the provision of home hemo-dialysis. Additionally, the facility will convert two other offices to home training rooms for Peritoneal Dialysis training and support.

The facility will continue to offer in-center dialysis through the remaining 15 dialysis stations. This change will not adversely impact the patient population of the facility. The January 2013 SDR reports that the facility utilization was only 35.94%. The facility will continue to have ample capacity for additional in-center dialysis patients.

If you have any questions, please contact me at 919-896-7230.

Sincerely,

Jim Swann, Director
Market Development and Certificate of Need



Facility Database Application

Search Extracts

Summary _____ **WAYNE MEMORIAL GOLDSBORO [BE ID:7209 Global
ID:107884]**

Status _____

Address _____ **ID Information**

Phone _____

IDs _____

<u>Business Profile</u> _____	Type	ID Number	State	Effective Date	Expiration Date
<u>Offered Services</u> _____	BUSINESS ENTITY	7209		02/27/2013	
<u>IT Resource Usage</u> _____	ESRD NETWORK	6		06/14/2012	
<u>Medical Staff</u> _____	MEDICAID	3402576	NC		
	MEDICARE - ESRD	34-2576		06/14/2012	
<u>Staff</u> _____	NPI - ESRD	1962411405			
<u>Operational Structure</u> _____	RAI GL	A61		02/28/2012	
<u>Billing Structure</u> _____	TAX	20-3276272		06/14/2012	
<u>Central Admissions</u> _____					
<u>Office Structure</u> _____					
<u>Vascular Access Center</u> _____					
<u>Structure</u> _____					
<u>History</u> _____					

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Facility Database Application Version 2.6 Build 47a-11.1.1.6

Maps provided courtesy of G9.981S

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STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number P-7966-07
FID#945326

CORRECTED COPY

ISSUED TO: RAI Care Centers of North Carolina II, LLC
115 East Park Drive, Suite 300
Brentwood, TN 37027

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)c. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: RAI - Wayne Memorial - Goldsboro shall add no more than five dialysis stations for a total of 16 stations upon completion of project/ Wayne County

CONDITIONS: See Reverse Side

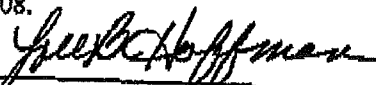
PHYSICAL LOCATION: RAI - Wayne Memorial - Goldsboro
2403 Wayne Memorial Drive
Goldsboro, NC 27534

MAXIMUM CAPITAL EXPENDITURE: \$111,538

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 30, 2008

This certificate is effective as of the 14th day of February, 2008.



Chief, Certificate of Need Section
Division of Health Service Regulation



North Carolina Department of Health and Human Services
 Division of Health Service Regulation
 Acute and Home Care Licensure and Certification Section
 2712 Mail Service Center * Raleigh, North Carolina 27699-2712

Beverly Eaves Perdue, Governor
 Lanier M. Cansler, Secretary

<http://www.ncdhhs.gov/dhsr>
 Drexel Pratt, Division Director

Azzie Y. Conley, Chief
 Phone: 919-855-4620
 Fax: 919-715-3073

June 7, 2011

Amela Sutton, Facility Administrator
 RAI Care Centers
 2403 Wayne Memorial Drive
 Goldsboro, NC 27530

Re: Recertification Survey

Dear Ms. Sutton,

Thank you and your staff for the assistance and cooperation extended during the Recertification survey at RAI Care Centers in Goldsboro, NC from May 24, 2011 through May 26, 2011. The survey was conducted in order to determine the facility's compliance with the Medicare Conditions for Coverage for End-Stage Renal Disease. As a result of the survey, standard level deficiencies were identified with respect to: 494.40 Water and Dialysate Quality, 494.60 Physical Environment, 494.70 Patient's Rights, 494.80 Patient Assessment, 494.90 Patient Plan of Care, and 494.110 Quality Assessment/Performance Improvement.

Enclosed please find CMS Form 2567, "Statement of Deficiencies and Plan of Correction," containing the cited deficiencies. A plan of correction for the deficiencies should be submitted and include the following:

- (a) A description of the corrective action(s) and the systems that have been or will be implemented to correct the deficiency.
- (b) A description of the monitoring system that has been or will be implemented including the person(s) responsible for the monitoring to assure compliance; and
- (c) The date by which all corrective actions will be completed and the monitoring system will be in place (the date should be no later than 60 days from the date of the survey and should be indicated in the right-hand column).

An original of the enclosed form CMS 2567, with the plan of correction added, must be returned to this office, SIGNED AND DATED, WITHIN 10 CALENDAR DAYS OF RECEIPT. We are unable to accept e-mailed or faxed reports at this time. A response will be sent ONLY if the plan of correction is not approved. Please retain a copy for your files. If you have any questions, please feel free to contact me by calling (919) 855-4620.

Sincerely,

Doug Stanton, RN

Doug Stanton, RN, BSN, RN
 Facility Survey Consultant
 Acute and Home Care Licensure and Certification Section

Enclosures: CMS 2567 Statement of Deficiencies



Location: 1205 Umstead Drive (Lineberger Building) ■ Dorothea Dix Hospital Campus ■ Raleigh, N.C. 27603
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