

## DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER GOVERNOR MANDY COHEN, MD, MPH SECRETARY

> MARK PAYNE DIRECTOR

October 3, 2017

Jim Swann Fresenius Kidney Care 3390 Dunn Road Eastover, North Carolina 28312

No Review

Record #:

2406

Facility Name:

**INS Charlotte** 

FID #:

070499

Business Name:

Fresenius Medical Care Holdings, Inc.

Business #:

772

Project Description:

Relocate the facility to temporary space, then relocate again once new space

has been upfitted

County:

Mecklenburg

Dear Mr. Swann:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of September 25, 2017 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request,** the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

However, you need to contact the Agency's Acute and Home Care Licensure and Certification Section to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented in your correspondence. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the

## HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV TELEPHONE 919-855-3873 Mr. Jim Swann October 3, 2017 Page 2

original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,

Gloria C. Hale

Gloria C. Hale

Project Analyst

Martha J. Frisone, Chief

Healthcare Planning and Certificate of Need Section

cc:

Acute and Home Care Licensure and Certification Section, DHSR Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR

## Certificate of Need



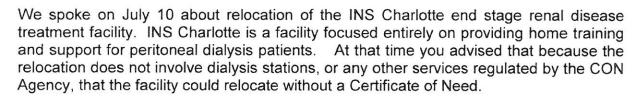
3390 Dunn Road, Eastover, NC 28312 Phone: 910 568 3041 Fax: 910 568 3609

September 25, 2017

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 809 Ruggles Drive Raleigh, North Carolina 27603

Re: INS Charlotte, Provider Number 34-2655

Dear Ms. Frisone:



Please accept this letter as notice that Fresenius Medical Care Holdings, Inc., parent to INS Charlotte is relocating the INS Charlotte end stage renal disease treatment facility. This relocation will be a two-step process.

First, the facility is temporarily relocating to 8220 University Executive Park Drive, Suite 125, Charlotte, NC 28262. The facility will operate from this temporary location until early 2018.

Secondly, at this time, Fresenius Medical Care, parent to INS Charlotte, has entered into a lease for space at 101 E WT Harris Blvd., Charlotte, NC 28262. The new space is being up-fitted so that it can appropriately operate as an end stage renal disease treatment facility, focused entirely on providing home training and support for peritoneal dialysis patients of the facility.

This relocation is necessary due to the loss of lease for the existing facility space. Fresenius has spent the time between our conversation in July, and today, finding an appropriate site (reasonably close to the existing location), and negotiating the lease. We will be moving the location to the temporary site, pending final acceptance of the permanent site on WT Harris Blvd.

The facility will commence operations in the temporary location on Monday, October 2., 2017.



If you have any questions please contact me at 910-568-3041, or email jim.swann@fmcna.com.

Sincerely

Jim Swann

Director of Operations, Certificate of Need

Cc: Azzie Conley, Chief, Licensure and Certification Strait Gaston, RN, RVP Trina Deaton, RN, Director of Operations Home Therapies