



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

August 13, 2020

Esther Fleming
Esther.Fleming@davita.com

No Review

Record #: 3329
Facility Name: Smoky Mountain Dialysis Center
FID #: 050254
Business Name: DaVita, Inc.
Business #: 600
Project Description: Add peritoneal dialysis services to the facility
County: Cherokee

Dear Ms. Fleming:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence 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 that correspondence is not governed by, and therefore, does not currently require a certificate of need. 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.

You may 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.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Ena Lightbourne
Project Analyst

Martha J. Frisone
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR

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: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



TOPCATS Division
2321 West Morehead Street
Charlotte, NC 28208

August 6, 2020

Ms. Ena Lightbourne, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
North Carolina Department of Health and Human Services
809 Ruggles Drive
Raleigh, NC 27603

No Review Request – Add PD Modality to Existing In-Center Facility

Facility: Smoky Mountain Dialysis Center
County: Cherokee
FID#: 050254

Dear Ms. Lightbourne:

We are requesting a No Review Determination which will allow Smoky Mountain Dialysis Center to add the Peritoneal Dialysis (PD) modality to the facility. Smoky Mountain Dialysis Center has identified two ESRD patients who want to change from their current modality to PD. Based on conversations with the nephrologists who admit patients to the facility, it is anticipated that additional patients will choose PD.

We are not seeking to add any additional dialysis stations to the facility with this request. Smoky Mountain Dialysis Center has a Registered Nurse who has been trained in the PD modality and there is adequate space in the facility to accommodate PD training and support services.

The facility will continue to offer in-center dialysis. This change will not adversely impact the patient population of Smoky Mountain Dialysis Center.

The facility would like to be offer these services as soon as possible, so we appreciate your prompt review of this request. You can contact me at 704-323-8384 if you have any questions or need more information.

Sincerely,

A handwritten signature in black ink that reads "Esther N. Fleming".

Esther N. Fleming
Director, Healthcare Planning

From: [Flores, Disraeliza](#)
To: [Waller, Martha K](#)
Subject: FW: [External] Request for No Review Determination - Smoky Mountain Dialysis / FID# 050254
Date: Thursday, August 6, 2020 2:48:26 PM
Attachments: [image003.png](#)
[image004.png](#)
[Smoky Mountain Letter of No Review \(add PD\) - 2020.08.pdf](#)

Disraeliza Flores
Administrative Assistant
Division of Health Service Regulation
North Carolina Department of Health and Human Services

919-855-3872 office
disraeliza.flores@dhhs.nc.gov

809 Ruggles Drive
Raleigh NC, 27603

2704 Mail Service Center
Raleigh, NC 27699-2704

[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

From: Esther Fleming <Esther.Fleming@davita.com>
Sent: Thursday, August 6, 2020 2:44 PM
To: Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Cc: Flores, Disraeliza <Disraeliza.Flores@dhhs.nc.gov>
Subject: [External] Request for No Review Determination - Smoky Mountain Dialysis / FID# 050254

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

Hi Ena

Attached is a request for a No Review Determination for adding PD services to Smoky Mountain Dialysis (FID# 050254).

Please let me know if you have any problem with the file.

Best,
Esther

Esther N. Fleming
Director, Healthcare Planning
TOPCATS & Carolina Waves Divisions

DaVita Kidney Care

2321 W. Morehead Street | Charlotte, NC 28208
Mobile: (704) 323-8384 | Fax: (866) 602-7580
WebEx: <https://village.webex.com/meet/esther.fleming>



CONFIDENTIALITY NOTICE: THIS MESSAGE IS CONFIDENTIAL, INTENDED FOR THE NAMED RECIPIENT(S) AND MAY CONTAIN INFORMATION THAT IS (I) PROPRIETARY TO THE SENDER, AND/OR, (II) PRIVILEGED, CONFIDENTIAL, AND/OR OTHERWISE EXEMPT FROM DISCLOSURE UNDER APPLICABLE STATE AND FEDERAL LAW, INCLUDING, BUT NOT LIMITED TO, PRIVACY STANDARDS IMPOSED PURSUANT TO THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA"). IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE (I) NOTIFY US IMMEDIATELY BY REPLY E-MAIL OR BY TELEPHONE AT (855.472.9822), (II) REMOVE IT FROM YOUR SYSTEM, AND (III) DESTROY THE ORIGINAL TRANSMISSION AND ITS ATTACHMENTS WITHOUT READING OR SAVING THEM. THANK YOU.

-DaVita Inc-