

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

August 28, 2014

Jim Swann 3717 National Drive, Suite 206 Raleigh, NC 27612

Disapproval

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|----------------------|---|
| Project I.D. #: | G-10254-14 |
| Facility: | BMA Asheboro |
| Project Description: | Relocate 2 stations from BMA South Greensboro in Guilford County to |
| | BMA Asheboro for a total of 48 dialysis stations upon completion |
| County: | Randolph |
| FID #: | 100968 |
| | |

Dear Mr. Swann:

The Certificate of Need Section, Division of Health Service Regulation, Department of Health and Human Services has disapproved 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, G.S. 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 G.S. 131E-186.

A legal proponent or any person aggrieved by this decision may file a petition for a contested case hearing in accordance with G.S. 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 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).]

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:



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> Emery Milliken 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 Certificate of Need Section.

Please be advised that in accordance with G.S. 131E-188, as a condition precedent to proceeding with a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject to the petition, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000). Moreover, the applicant who received approval for the new institutional health service that is the subject of the petition and the subject of the petition are institutional health service that is the subject of the new institutional health service that is the subject of the new institutional health service that is the subject of the new institutional health service that is the subject of the petition may be less than five thousand dollars (\$50,000). Moreover, the applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed.

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

Sincerely,

Kim Randolph, Project Analyst

Lisa Pittman, Team Leader Certificate of Need Section

KR:LP:mw

Attachment

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

CERTIFICATE OF SERVICE

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

William McDonald 1804 King Road Tifton, GA 31793

Project I.D. #G-10262-14 FID # 140089

I hereby certify that I have served the foregoing notice of 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 3717 National Drive, Suite 206 Raleigh, NC 27612

Project I.D. # G-10254-14 FID # 100968

This the 28th day of August, 2014.

Kim Randolph Project Analyst