



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**

April 23, 2019

William McDonald  
1804 King Road  
Tifton, GA 31793

**Conditional Approval**

Project ID #: G-11639-18  
Facility: Lexington Dialysis Center  
Project Description: Relocate 4 dialysis stations from High Point Kidney Center (Guilford) upon completion of Project ID #G-11355-17 (Replace the existing facility)  
County: Davidson  
FID #: 944660

Approved Capital Expenditure: \$0  
Conditions of Approval: See Attachment A  
Approved Timetable: See Attachment B  
Last Date to Appeal: May 23, 2019  
Required State Agency Findings: Enclosed

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 review of the application or applications if the review was competitive, consideration of the Certificate of Need Law and regulations promulgated thereunder, the State Medical Facilities Plan, written comments if any, responses to comments if any, and other publicly applicable information.

The conditional approval is valid only for the approved capital expenditure shown above. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required based on N.C. Gen. Stat. §131E-176(16)(e).

The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Furthermore, 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). **Response to the conditions in Attachment A 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 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 approved timetable for this project is found in Attachment B.

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: 2704 Mail Service Center, Raleigh, NC 27699-2704  
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

William McDonald

April 23, 2019

Page 2

The Certificate of Need law provides that any affected person has thirty (30) days after the date of the decision to file a petition for a contested case on this approval. Further, if you are aggrieved by any of the conditions you may file a petition for a contested case hearing in accordance with N.C. Gen. Stat. §150B, Article 3. 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. Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to the 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

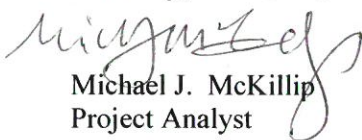
It is requested that a copy of the petition also be served on the Agency.

The certificate of need will not be issued before the completion of thirty day appeal period which ends on the date shown above. If a contested case petition is filed with OAH within the thirty day appeal period, the certificate will not be issued until the appeal is resolved.

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,

  
Michael J. McKillip  
Project Analyst

  
Lisa Pittman  
Assistant Chief

Enclosures:

Attachment A: Conditions of Approval  
Attachment B: Approved Timetable  
Required State Agency Findings

cc: Acute & Home Care Licensure & Certification Section, DHHSR

**Attachment A**  
**Conditions of Approval**

- 1. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Policy ESRD-2, Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall relocate no more than four dialysis stations from High Point Kidney Center for a total of no more than 41 dialysis stations at Lexington Dialysis Center, which shall include any home hemodialysis training or isolation stations, upon project completion.**
- 3. Upon completion of this project, Wake Forest University Health Sciences shall take the necessary steps to decertify four dialysis stations at High Point Kidney Center for a total of no more than 41 dialysis stations upon completion of this project, Project I.D. # G-11587-18 (add seven stations) and Project I.D. # G-11651-19 (relocate three stations).**
- 4. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University 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.**



**Attachment B**  
**Approved Timetable**

1. Financing Obtained \_\_\_\_\_ September 2, 2018
2. Drawings Completed \_\_\_\_\_ November 1, 2018
3. Equipment Ordered \_\_\_\_\_ June 19, 2019
4. Equipment Installed \_\_\_\_\_ August 1, 2019
5. Equipment Operational \_\_\_\_\_ August 31, 2019
6. Services Offered \_\_\_\_\_ August 31, 2019
7. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ August 31, 2019

