



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**

January 14, 2019

Jim Swann  
3390 Dunn Road  
Eastover, NC 28312

**Conditional Approval**

Project ID #: F-11637-18  
Facility: INS Charlotte  
Project Description: Relocate two dialysis stations from BMA Beatties Ford resulting in a freestanding kidney disease treatment center offering training and support exclusively for patients dialyzing at home upon project completion  
County: Mecklenburg  
FID #: 070499

Approved Capital Expenditure: \$0  
Conditions of Approval: See Attachment A  
Approved Timetable: See Attachment B  
Last Date to Appeal: February 13, 2019  
Required State Agency Findings: Enclosed

Dear Mr. Swann:

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.**

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

- 1. Independent Nephrology Services, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Independent Nephrology Services, Inc. shall materially comply with the last made representation.**
- 2. Pursuant to Policy ESRD-2, Independent Nephrology Services, Inc. shall relocate two dialysis stations from BMA Beatties Ford to INS Charlotte.**
- 3. Independent Nephrology Services, Inc. shall install plumbing and electrical wiring through the walls for no more than two dialysis stations which shall include any isolation stations.**
- 4. Upon completion of this project, Fresenius Medical Care Holdings, Inc. shall take the necessary steps to decertify two dialysis stations at BMA Beatties Ford for a total of no more than 39 dialysis stations at BMA Beatties Ford following completion of this project, Project I.D. #F-10259-14 (add seven stations), Project I.D. #F-11007-15 (add four stations), and Project I.D. #F-11638-18 (relocate two stations to INS Huntersville).**
- 5. Independent Nephrology Services, Inc. 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. Services Offered \_\_\_\_\_ December 31, 2019