



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 7, 2019

Esther Fleming
2321 W. Morehead Street
Charlotte, NC 28208

Conditional Approval

Project ID #: O-11642-18
Facility: Wrightsville Beach Dialysis
Project Description: Develop a new 10-station facility by relocating 8 stations from Cape Fear Dialysis and 2 stations from Southeastern Dialysis Center-Wilmington
County: New Hanover
FID #: 180569

Dear Ms. Fleming:

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 a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, N.C. Gen. Stat. §131E-175 et. seq. and regulations promulgated there under, the State Medical Facilities Plan, and other applicable information. Attached to this letter are the required findings made with respect to your application. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, 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). The conditions are as follows:

- 1. Total Renal Care of North Carolina, LLC d/b/a Wrightsville Beach Dialysis shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC shall develop a new 10-station kidney disease treatment center to be known as Wrightsville Beach Dialysis by relocating eight dialysis stations from Cape Fear Dialysis and two dialysis stations from Southeastern Dialysis Center - Wilmington.**

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: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhstr • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 3. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify eight dialysis stations at Cape Fear Dialysis for a total of no more than 32 dialysis stations at Cape Fear Dialysis, following completion of this project and Project ID #O-11260-16 (add eight stations).**
- 4. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify two dialysis stations at Southeastern Dialysis Center-Wilmington for a total of no more than 30 dialysis stations at Southeastern Dialysis Center-Wilmington following completion of this project, Project ID #O-11257-16 (add four stations) and Project ID #O-11548-18 (relocate six stations).**
- 5. Total Renal Care of North Carolina, LLC d/b/a Wrightsville Beach Dialysis shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations, which shall include any home training and isolation stations.**
- 6. Total Renal Care of North Carolina, LLC d/b/a Wrightsville Beach Dialysis 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.**

Response to the above conditions 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 conditional approval is valid only for a capital expenditure of **\$1,801,834**. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by N.C. Gen. Stat. §131E-176(16)(e).

The applicant should be aware that according to the Certificate of Need law any affected person shall have thirty (30) days after the date of decision to file a petition for a contested case on this approval. Further, if you are aggrieved by the conditions of the decision you may file a petition for a contested case hearing in accordance with N.C. Gen. Stat. §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 date of this 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).]

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 this 30 day period ending February 6, 2019. If a contested case request is received within the thirty (30) day period, the certificate will not be issued until the appeal is resolved (10A NCAC 14C .0208).

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 timetable for this project is as follows:

1. 50% of Construction/Renovation Completed _____ July 15, 2020
2. Construction/Renovation Completed _____ October 15, 2020
3. Building/Space Occupied _____ December 1, 2020
4. Services Offered _____ January 1, 2021
5. Medicare and/or Medicaid Certification Obtained _____ January 1, 2021

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,



Celia C. Inman
Project Analyst



Lisa Pittman
Assistant Chief

Attachment

cc: Acute & Home Care Licensure & Certification Section, DHSR
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this day served the foregoing **Conditional Approval** upon the following by depositing a copy hereof, postage prepaid, in the United States mail, addressed as follows:

Esther Fleming
2321 W. Morehead Street
Charlotte, NC 28208
Project ID #: O-11642-18

This the 7th day of January, 2019.



Celia C. Inman, Project Analyst