



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**

February 25, 2020

Esther Fleming  
2321 W. Morehead Street  
Charlotte, NC 28208

**Conditional Approval**

Project ID #: B-11831-19  
Facility: Arden Dialysis  
Project Description: Change of Scope and Cost Overrun for Project ID# B-11037-15 ( Develop a new dialysis facility by relocating 10 stations from Swannanoa Dialysis Center to Arden Dialysis) relocate no more than 4 dialysis stations from Asheville Kidney Center to Arden Dialysis pursuant to Policy ESRD-2, for a total of no more than 14 stations upon completion of this project and Project ID# B-11037-15  
County: Buncombe  
FID #: 150248

Approved Capital Expenditure: \$641,681  
Conditions of Approval: See Attachment A  
Approved Timetable: See Attachment B  
Last Date to Appeal: March 26, 2020  
Required State Agency Findings: Enclosed

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 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 the capital cost will exceed the approved capital expenditure amount by more than 115%, the applicant must first obtain a new certificate of need.

**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  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**Note: The applicant shall not begin developing this project until after the certificate of need has been issued and the certificate of need will not be issued until the applicant has documented that all conditions that must be met prior to issuance of the certificate of need have been met. Furthermore, if the project requires that plans be submitted to the Construction Section, those plans will not be reviewed or approved until after the certificate of need has been issued.**

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,



Ena Lightbourne  
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, DHR

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

- 1. Total Renal Care of North Carolina, LLC shall materially comply with the representations made in this application and the representations made in Project I.D. B-11037-15. Where representations conflict, Total Renal Care of North Carolina, LLC shall materially comply with the last made representation.**
- 2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC shall relocate four dialysis stations from Asheville Kidney Center to Arden Dialysis.**
- 3. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify four dialysis stations at Asheville Kidney Center for a total of no more than 48 dialysis stations at Asheville Kidney Center.**
- 4. Total Renal Care of North Carolina, LLC 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. 50% of Construction / Renovation Completed \_\_\_\_\_ April 14, 2020
2. Construction / Renovation Completed \_\_\_\_\_ November 6, 2020
3. Building / Space Occupied \_\_\_\_\_ November 20, 2020
4. Services Offered (required) \_\_\_\_\_ January 1, 2021
5. Medicare and / or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2021