

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

March 24, 2020

Kimberly Clark
P.O. Box 7710
Tifton, GA 31793

Conditional Approval

Project ID #: G-11844-20
Facility: North Davidson Dialysis Center of Wake Forest University
Project Description: Develop a new 12-station dialysis facility by relocating no more than 12 in-center and home hemodialysis stations from Thomasville Dialysis Center
County: Davidson
FID #: 200036

Approved Capital Expenditure: \$4,364,407
Conditions of Approval: See Attachment A
Approved Timetable: See Attachment B
Last Date to Appeal: April 23, 2020
Required State Agency Findings: Enclosed

Dear Ms. Clark:

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 attached to emails addressed to the Project Analyst and the Co-signer no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency determining 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.

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,


Celia C. Inman
Project Analyst
celia.inman@dhhs.nc.gov


Fatimah Wilson
Team Leader
fatimah.wilson@dhhs.nc.gov

Enclosures:

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

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

Attachment A
Conditions of Approval

- 1. Wake Forest University Health Sciences and North Davidson 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 North Davidson Dialysis Center of Wake Forest University shall develop a new kidney disease treatment center to be known as North Davidson Dialysis Center of Wake Forest University by relocating no more than 12 in-center and home hemodialysis stations from Thomasville Dialysis Center of Wake Forest University.**
- 3. Upon completion of this project, Wake Forest University Health Sciences shall take the necessary steps to decertify 12 stations at Thomasville Dialysis Center for a total of no more than 23 in-center and home hemodialysis stations upon completion of this project and Project ID #G-11651-19.**
- 4. Wake Forest University Health Sciences and North Davidson Dialysis Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 12 in-center and home hemodialysis stations.**
- 5. Wake Forest University Health Sciences and North Davidson 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. Drawings Completed _____ October 18, 2020
2. Land Acquired _____ September 18, 2020
3. Construction / Renovation Contract(s) Executed _____ November 2, 2020
4. 25% of Construction / Renovation Completed (25% of the cost is in place) _____ April 3, 2021
5. 50% of Construction / Renovation Completed _____ August 31, 2021
6. 75% of Construction / Renovation Completed _____ January 31, 2022
7. Construction / Renovation Completed _____ July 2, 2022
8. Equipment Ordered _____ May 31, 2022
9. Equipment Installed _____ October 1, 2022
10. Equipment Operational _____ November 1, 2022
11. Building / Space Occupied _____ August 1, 2022
12. Licensure Obtained _____ August 4, 2022
13. Services Offered (required) _____ December 31, 2022
14. Medicare and / or Medicaid Certification Obtained _____ December 31, 2022