



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 30, 2018

William Hyland  
2321 West Morehead Street  
Charlotte, NC 28208

**No Review – Home Hemodialysis Training**

**Record #:** 2668  
**Facility:** Mt. Olive Dialysis  
**Project Description:** Add home training and support for peritoneal dialysis  
**County:** Wayne  
**FID #:** 070222


Dear Mr. Hyland:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of July 21, 2018 regarding the above referenced proposal. The proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need provided that the addition of home dialysis training services does not result in the development of hemodialysis training stations that are in addition to the total number of authorized stations.

In addition, you should contact the Acute and Home Care Licensure and Certification Section to determine if they have any requirements for development of the proposed project. Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID).

Sincerely,

  
Jane Rhoe-Jones  
Project Analyst

  
Martha J. Frisone  
Chief, Healthcare Planning and  
Certificate of Need Section

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION  
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LO LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 2701 Mail Service Center, Raleigh, NC 27699-2701  
www.ncdhhs.gov/dhsr/ • TFI • 919-855-3750 • FAX • 919-733-2757

**rhoe-jones, jane e**

---

**From:** Bill Hyland <Bill.Hyland@davita.com>  
**Sent:** Saturday, July 21, 2018 11:01 AM  
**To:** Frisone, Martha  
**Cc:** Pittman, Lisa; Wilson, Fatimah; rhoe-jones, jane e; Bill Hyland  
**Subject:** [External] Mt. Olive Dialysis No Review - Add Peritoneal Dialysis  
**Attachments:** Mt. Olive Dialyais No Review - Add Peritoneal Dialysis.pdf

**Follow Up Flag:** Follow up  
**Due By:** Tuesday, July 24, 2018 8:30 AM  
**Flag Status:** Flagged

**CAUTION:** External email. Do not click links or open attachments unless verified. Send all suspicious email as an attachment to [Report Spam](#).

Martha:

I have attached a request for a No Review letter to add Peritoneal Dialysis to Mt. Olive Dialysis in Wayne County.

Bill Hyland  
Director of Healthcare Planning  
DaVita Inc.  
704-577-2853

CONFIDENTIALITY NOTICE: THIS MESSAGE IS CONFIDENTIAL, INTENDED FOR THE NAMED RECIPIENT(S) AND MAY CONTAIN INFORMATION THAT IS (I) PROPRIETARY TO THE SENDER, AND/OR, (II) PRIVILEGED, CONFIDENTIAL, AND/OR OTHERWISE EXEMPT FROM DISCLOSURE UNDER APPLICABLE STATE AND FEDERAL LAW, INCLUDING, BUT NOT LIMITED TO, PRIVACY STANDARDS IMPOSED PURSUANT TO THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA"). IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE (I) NOTIFY US IMMEDIATELY BY REPLY E-MAIL OR BY TELEPHONE AT (855.472.9822), (II) REMOVE IT FROM YOUR SYSTEM, AND (III) DESTROY THE ORIGINAL TRANSMISSION AND ITS ATTACHMENTS WITHOUT READING OR SAVING THEM. THANK YOU.

-DaVita Inc-



TOPCATS Division  
2321 West Morehead Street  
Charlotte, NC 28208

July 21, 2018

Ms. Martha Frisone, Chief  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
North Carolina Department of Health and Human Services  
809 Ruggles Drive  
Raleigh, North Carolina 27603

RE: Request for No Review Determination, Mt. Olive Dialysis, Add Peritoneal Dialysis Training and Support, ID #34-2573/Wayne County

Dear Ms. Frisone:

We are requesting a No Review Determination by the Certificate of Need Section which will allow the facility to add the Peritoneal Dialysis modality to Mt. Olive Dialysis. Mt. Olive Dialysis has identified two ESRD patients who want to change from their current modality to Peritoneal Dialysis. Based on conversations with the Nephrologists who admit patients to Mt. Olive Dialysis, additional patients choosing Peritoneal Dialysis are anticipated. Mt. Olive Dialysis has a Registered Nurse who has been trained in the Peritoneal Dialysis modality.

We are not seeking to add any additional dialysis stations to Mt. Olive Dialysis with this request. We have adequate space in the facility to add the Peritoneal Dialysis modality.

The facility will continue to offer in-center dialysis. This change will not adversely impact the patient population of the facility.

Please call me at 704-577-2853 if you need additional information or have any questions.

Sincerely,

William L. Hyland  
Director of Healthcare Planning

c: Lisa Pittman  
Fatimah Wilson  
Jane Rhoe-Jones