



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

August 2, 2022

Esther Fleming
Esther.Fleming@davita.com

No Review

Record #: 3992
Date of Request: July 28, 2022
Facility Name: Huntersville Dialysis
FID #: 130490
Business Name: DVA Healthcare Renal Care, Inc.
Business #: 663
Project Description: Offer home hemodialysis training and support
County: Mecklenburg

Dear Ms. Fleming:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law in effect on the date of this response to your request, the project as described is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Handwritten signature of Julie M. Faenza

Julie M. Faenza
Project Analyst

Handwritten signature of Micheala Mitchell

Micheala Mitchell
Chief

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

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: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873



TOPCATS Division
2321 West Morehead Street
Charlotte, NC 28208

July 28, 2022

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

No Review Request – Add HHD Modality to Existing In-Center Facility

Facility: Huntersville Dialysis
County: Mecklenburg
FID#: 130490

Dear Ms. Faenza:

We are requesting a No Review Determination which will allow Huntersville Dialysis to add the Home Hemodialysis (HHD) modality to the facility. Huntersville Dialysis has identified two ESRD patients who want to change from their current modality to HHD. Based on conversations with the nephrologists who admit patients to Huntersville Dialysis, additional HHD patients choosing HHD are anticipated.

We are not seeking to add any additional dialysis stations to Huntersville Dialysis with this request. Huntersville Dialysis has a Registered Nurse who has been trained in the HHD modality. We have adequate space in the facility to add the HHD modality.

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

The facility would like to be offer these services as soon as possible, so we appreciate your prompt review of this request. You can contact me at 704-323-8384 if you have any questions or need more information.

Sincerely,

A handwritten signature in black ink that reads "Esther N. Fleming".

Esther N. Fleming
Director, Healthcare Planning

From: [Faenza, Julie M](#)
To: [Waller, Martha K](#)
Subject: FW: [External] No Review Request - HUNTERSVILLE / FID# 130490
Date: Thursday, July 28, 2022 8:13:33 AM
Attachments: [image003.png](#)
[image004.png](#)
[Huntersville Letter of No Review \(add HHD\) - 2022.07.28.pdf](#)

Julie M. Faenza, Esq.

Project Analyst, Certificate of Need

[Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section](#)
[NC Department of Health and Human Services](#)

Office: 919-855-3873 (*I am working remotely most of the time; email is the best way to reach me.*)

Julie.Faenza@dhhs.nc.gov

Pronouns: She/her/hers

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at [MySpot.nc.gov](https://www.myspot.nc.gov).

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From: Esther Fleming <Esther.Fleming@davita.com>
Sent: Thursday, July 28, 2022 8:07 AM
To: Faenza, Julie M <Julie.Faenza@dhhs.nc.gov>
Cc: Stancil, Tiffany C <Tiffany.Stancil@dhhs.nc.gov>
Subject: [External] No Review Request - HUNTERSVILLE / FID# 130490

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Good morning Julie,

Attached is a request for a No Review determination for Huntersville Dialysis (FID# 130490), where we'd like to add home hemodialysis (HHD) services.

Please let me know if you have any problem with the file.

Best,
Esther

Esther N. Fleming
Director, Healthcare Planning
TOPCATS & Carolina Waves Divisions

DaVita Kidney Care

2321 W. Morehead Street | Charlotte, NC 28208
Mobile: (704) 323-8384 | Fax: (866) 602-7580

WebEx: <https://village.webex.com/meet/esther.fleming>



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-DaVita Inc-

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