



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

July 9, 2025

Esther N. Fleming
Esther.Fleming@davita.com

No Review

Record #: 4810
Date of Request: May 28, 2025
Facility Name: South Charlotte Dialysis
FID #: 170127
Project Description: Add home hemodialysis (HHD) modality to the facility
County: Mecklenburg

Dear Esther N. 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 representation in your request and 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. **As a reminder, it is unlawful to offer or develop a new institutional health service without first obtaining a certificate of need. The Department reserves the right to impose sanctions, including civil penalties and the revocation of a license, upon any entity that offers or develops a new institutional health service without first obtaining a certificate of need.**

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

Sincerely,

Chalice L. Moore
Project Analyst

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Micheala Mitchell

Micheala Mitchell
Chief

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



TOPCATS Division
2321 West Morehead Street
Charlotte, NC 28208

May 28, 2025

Ms. Chalice Moore, Project Analyst
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: South Charlotte Dialysis
County: Mecklenburg
FID#: 170127

Dear Ms. Moore:

We are requesting a No Review Determination which will allow South Charlotte Dialysis to add the home hemodialysis (HHD) modality to the facility. South Charlotte 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 the facility, additional patients choosing HHD are anticipated.

We are not seeking to add any additional dialysis stations to the facility with this request. South Charlotte Dialysis has a Registered Nurse who has been trained in the HHD modality and there is adequate space in the facility to accommodate HHD training and support services.

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

The facility would like to be able to 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, appearing to read "Esther N. Fleming". The signature is fluid and cursive, written over the printed name.

Esther N. Fleming
Director, Healthcare Planning

From: [Esther Fleming](#)
To: [Moore, Chalice L](#)
Cc: [Stancil, Tiffany C](#)
Subject: [External] REQUEST: No Review Determination - MECKLENBURG / South Charlotte / FID# 170127
Date: Wednesday, May 28, 2025 11:27:48 AM
Attachments: [image002.png](#)
[image003.png](#)
[South Charlotte - No Review Request Add HHD - 2025.05.28.pdf](#)

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Good morning,

Attached is a request for a No Review determination to add HHD services at our South Charlotte Dialysis facility.

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

Best,
Esther

Esther N. Fleming (she/her)
Director, Healthcare Planning
TOPCATS & Carolina Waves Divisions



DaVita Kidney Care

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-DaVita Inc-