

RV 2017-032



**D** Home  
Dialysis

of North Alabama, Inc.

RECEIVED

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STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

July 17, 2017

Alva M. Lambert (Karen McGuire)  
Executive Director of SHPDA  
P.O. Box 303025  
Montgomery, AL 36130-3025

Regarding: Reviewability Determination Request

Dear Mr. Lambert,

I am writing to request, pursuant to Rule 410-1-7-.02 of the Alabama Certificate of Need Program Rules and Regulations and the Alabama Code 22-21-260, your determination that Home Dialysis of North Alabama, located at 1216 Somerville Road, SE, Decatur, AL 35601, in Morgan County, AL, may increase from one (1) dialysis station/training room to four (4) dialysis stations/training rooms, which will be used for training and support of peritoneal dialysis patients, without requiring Certificate of Need ("CON") review.

Dr. Reginald Gladish will be the sole owner of the center. Our approximate financial breakdown for our center is as follows: Equipment-\$15,000.00; 1<sup>st</sup> Year Annual Operating Costs-\$506,000.00; and Capital Costs of \$12,000.00 for a total of \$533,000.00.

Please feel free to contact me or our Nurse Manager at 256-341-0012 or at the email addresses provided: [rgladish1@gmail.com](mailto:rgladish1@gmail.com), [cmiller@nnapc.net](mailto:cmiller@nnapc.net). Thank you for your assistance in this matter.

Sincerely,

Reginald D. Gladish, M.D.



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Attestation to Reviewability Determination Request

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he/she is (include position with entity requesting the determination), has knowledge of the facts in this request, and to the best of his/her/their information, knowledge and belief, such facts are true and correct.

Cassandra A. Miller, RN, MSN (Nurse Manager) Cassandra A. Miller 7/31/17

Affiant Kesha McRemore (SEAL)  
SUBSCRIBED AND SWORN to before me this July day of 31<sup>st</sup>  
2017

Notary Public

My commission expires:

**My Commission Expires April 17, 2021**

