



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

 Drexdal Pratt
Division Director

January 6, 2014

Charles E. Trefzger, Jr.
PO Box 2568
Hickory, NC 28603-2568

No Review

Facility or Business: Winchester House #1
Project Description: Change of licensee to Hendersonville AL Holdings, LLC
County: Henderson
FID #: 920329

Dear Mr. Trefzger:

The Certificate of Need Section (CON Section) received your letter of November 22, 2013 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that 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.

Moreover, you need to contact the Adult Care Licensure Section of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.



Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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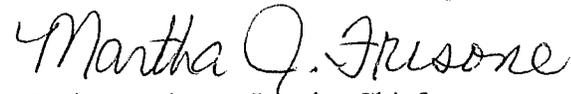
Charles E. Trefzger, Jr.
January 6, 2014
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Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Sincerely,



Julie Halatek
Project Analyst



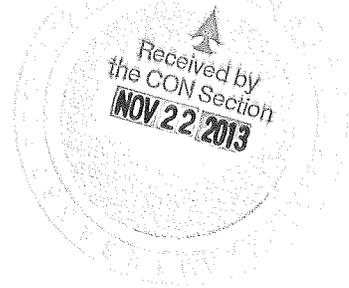
Martha J. Frisone, Interim Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DHSR
Barbara Ryan, Adult Care Licensure Section, DHSR

Hendersonville AL Holdings, LLC

***Post Office Box 2568
Hickory, North Carolina 28603-2568***

November 22, 2013



VIA FEDEX DELIVERY

Mr. Craig Smith, Chief
Certificate of Need Section
Division of Health Service Regulation
Department of Health & Human Services
2704 Mail Center Service
Raleigh, NC 27499-2704

Re: No Review Notice for Winchester House #1, a 30-bed adult care home located in Hendersonville, Henderson County, North Carolina

Dear Mr. Smith:

This letter is to notify you that Nana's Assisted Living Facility, LLC, the current licensee of the Hendersonville (Henderson County) facility, currently known as Nana's Assisted Living Facility #2 (hereafter "the Facility"), will be relinquishing its license, and Hendersonville AL Holdings, LLC has applied to replace Nana's Assisted Living Facility, LLC as the new licensee.

The purpose of this letter is to provide prior notice of this change, which does not fall under the purview of certificate of need ("CON") review. Although N.C. Gen. Stat. § 131E-184 does not explicitly exempt a change of licensee from review, it has been the opinion of the Certificate of Need Section ("the Agency") that such changes are not subject to review, garnering a "no-review" status.

Based on the foregoing information, we hereby request the Agency's confirmation that the proposal described above does not require CON review. If you require additional information to consider this request, please contact us at the number below as soon as possible. We thank you for your consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read "CET".

Charles E. Trefzger, Jr.
Manager

State of North Carolina

Department of Health and Human Services Division of Health Service Regulation

Effective March 21, 2013, this license is issued to

Nana's Assisted Living Facility, LLC

to operate an Adult Care Home known as

Nana's Assisted Living Facility # 2

*located at 1744 Meadowbrook Terrace
Hendersonville, NC, Henderson County.*

*This license is issued subject to the statutes of the State of North
Carolina, is not transferable and shall expire*

December 31, 2013.

License Number: HAL-045-116

Capacity: 30

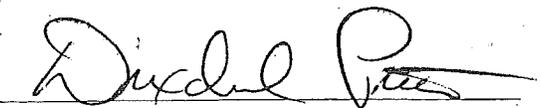
Special Care Units: Yes No

Authorized by:



Secretary, N.C. Department of Health and
Human Services





Director, Division of Health Service Regulation