



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

July 1, 2015

J. Melvin Deaton
PO Box 2568
Hickory, NC 28603-2568

No Review

Record #: 1623
Facility Name: Nana's Assisted Living Facility
FID #: 920322
Business Name: Black Mountain Opco Holdings, LLC
Business #: 2212
Project Description: Change of licensee of facility
County: Buncombe

Dear Mr. Deaton:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter on May 21, 2015 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 Agency's Adult Care Licensure Section to determine if it has any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented in your correspondence. 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 this office. 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.



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

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

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

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J. Melvin Deaton
July 1, 2015
Page 2

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Julie Halatek
Project Analyst



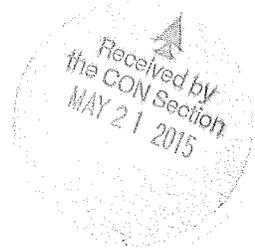
Martha J. Frisone
Assistant Chief, Certificate of Need

cc: Adult Care Licensure Section, DHR
Assistant Chief, Healthcare Planning

Black Mountain Opco Holdings, LLC

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

May 20, 2015



Ms. Martha Frisone, Assistant Chief
Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
North Carolina Department of Health & Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704
Via Email: Martha.Frisone@dhhs.nc.gov and FedEx Delivery

Re: Notice of Exempt Transfer of Operations of Nana's Assisted Living Facility, a 49-bed adult care home located at 1114 Montreat Road, Black Mountain, Buncombe County, North Carolina (FID: 920322)

Dear Ms. Frisone:

This letter is to notify you that Nana's Assisted Living Facility, LLC, the current Licensee of the Black Mountain (Buncombe County) facility, currently known as Nana's Assisted Living Facility (hereafter "the Facility"), will be relinquishing its license. Black Mountain Opco Holdings, LLC, is currently completing the licensure application necessary to become the new Licensee. Subsequent to this transaction, the Facility will operate under the name Black Mountain Assisted Living.

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. You have previously approved the transfer of ownership (of the property) as being exempt from review (copy attached).

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 that appears to read "J. Melvin Deaton".

J. Melvin Deaton

Enclosure

Corporate Office

1270 25th Street Place, SE Hickory, North Carolina 28602-9613
Tel: 828.322.5535 • Fax: 828.322.3897



MAY 04 2015

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

Pat McCrory
Governor

Aldona Z. Wos, M.D.
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Secretary DHHS

Drexdal Pratt
Division Director

April 28, 2015

J. Melvin Deaton
PO Box 2568
Hickory, NC 28603-2568

Exempt from Review – Acquisition of Facility

Facility: Nana's Assisted Living Facility
Type of Facility: Adult Care Home
Acquisition by: Black Mountain Property Holdings, LLC
County: Buncombe
FID #: 920322

Dear Mr. Deaton:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that based on your letter of March 26, 2015, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(a)(8). Therefore, Black Mountain Property Holdings, LLC may proceed to acquire the above referenced health service facility without first obtaining a certificate of need. However, you need to contact the Agency's Adult Care Licensure Section to obtain instructions for changing ownership of the existing facility. Note that pursuant to G.S. 131E-181(b): "*A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.*"

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Julie Halatek
Project Analyst

Martha J. Frisone
Assistant Chief, Certificate of Need

cc: Adult Care Licensure Section, DHHS
Assistant Chief, Healthcare Planning



Healthcare Planning and Certificate of Need Section

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