



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

May 20, 2015

Dana Smith
143 Rosedale Drive
Elizabeth City, NC 27909

No Review

Facility or Business: Green Manor Rest Home
Project Description: Change licensee and change name to Parkton Place
County: Pasquotank
FID #: 920467

Dear Ms. Smith:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of May 6, 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 Construction and Adult Care Licensure Sections 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 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

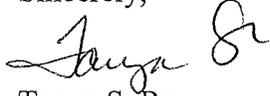
An Equal Opportunity/ Affirmative Action Employer



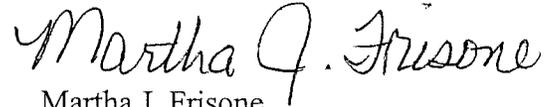
Dana Smith
May 20, 2015
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Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Tanya S. Rupp
Project Analyst



Martha J. Frisone
Assistant Chief, Certificate of Need

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

**Carolina Care and Management, LLC
dba Parkton Place
143 Rosedale Drive
Elizabeth City, NC 27909**

May 6, 2015
Certificate of Need Section
NC Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699



920467

Re: Green Manor Rest Home/Parkton Place HAL-078-003

To Whom It May Concern:

This letter is in regards to request to change operations and management of Green Manor Rest Home (HAL-078-003), located at 1165 Parkton Tobemory Road, Parkton, North Carolina. In accordance with licensing of home, 10A NCAC 13F .0207 (2), Carolina Care and Management, LLC is requesting exemption from review from your department to facilitate the change of license. We will be changing the name from Green Manor Rest Home to Parkton Place however, no further changes are requested. We will not be requesting addition of new beds nor requesting structural changes to the existing facility.

We would further request your immediate attention and response to the exemption requested due to the immediate need to change management of the business. Thank you for your time.

Sincerely,

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

Dana Smith

Cc: Josh Smith, President CCM, LLC
Danyelle Brown/ Libby Kinsey, Development Program Coordinator

FIRE AND BUILDING SAFETY INSPECTION REPORT
NORTH CAROLINA DIVISION OF SOCIAL SERVICES

INSTITUTIONAL BUILDING

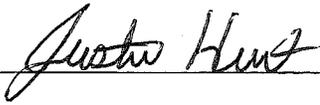
FOR: CHILD CARING INSTITUTION MATERNITY HOME HOME FOR THE AGED
NAME OF FACILITY: Green Manor Rest Home ADMINISTRATOR: Myra Sinclair
STREET ADDRESS: 1165 W. Parkton Tobemory Rd.
CITY: Parkton STATE: NC ZIP: 28371 PHONE: 910-858-3826
TYPE OF POPULATION ADMITTED: Aged & Adults AGE RANGE OF POPULATION: 18 & up
TYPE OF CONSTRUCTION: Stick Framed and Bricked NUMBER OF STORIES: 1
TYPE OF HEATING SYSTEM: Electric LOCATION: Each Room
NUMBER OF U/L APPROVED FIRE EXTINGUISHERS: 8 PROPERLY LOCATED: YES NO PROPERLY MAINTAINED: YES NO
PROPER TYPE FIRE EXTINGUISHERS: YES NO PERSONNEL FAMILIAR WITH USE: YES NO
SMOKE DETECTION SYSTEM: YES NO U/L APPROVED: YES NO MAINTENANCE CONTRACT: YES NO
MANUAL FIRE ALARM: YES NO TYPE: Pull Station IN WORKING ORDER: YES NO
EVACUATION PLAN POSTED: YES NO FIRE DRILLS: YES NO HOW OFTEN: As Required
NUMBER OF APPROVED TYPE FIRE ESCAPES: 8 PROPERLY LIGHTED: YES NO SPRINKLER SYSTEM: YES NO
FIRE RATING OF WALLS AND PARTITIONS: 1hr CEILINGS: 1hr FURNACE ROOM WALLS AND CEILINGS: 1hr
INTERIOR STAIRWELLS INCLOSED: YES NO EXIT DOORS SWING OUT: YES NO
DOORS UNLOCKED AND READILY OPENABLE FROM INSIDE: YES NO U/L EMERGENCY LIGHTING IN CORRIDORS: YES NO
TYPE OF EQUIPMENT PROVIDED FOR EMERGENCY POWER: Generator CONDITION: Good
CONDITION OF BASEMENT: N/A USE: None
CONDITION OF ATTIC: Good USE: None
CONDITION OF BUILDING: SATISFACTORY UNSATISFACTORY

TYPES OF HAZARDS (please check those which apply)

- | | | | |
|--|---|--|---|
| HEATING
<input type="checkbox"/> Defective Furnace
<input type="checkbox"/> Defective Flue
<input type="checkbox"/> Defective Smoke Pipe
<input type="checkbox"/> Unsatisfactory Storage of Ashes
<input type="checkbox"/> Portable Heaters Used | ELECTRICAL
<input type="checkbox"/> Defective Fixtures
<input type="checkbox"/> Defective Wiring
<input type="checkbox"/> Defective Fuses
<input type="checkbox"/> Defective Lighting in Stairways and Halls | EXITS
<input type="checkbox"/> Halls Blocked
<input type="checkbox"/> Exits Blocked
<input type="checkbox"/> Unsatisfactory Fire Exits
<input type="checkbox"/> Storage on Escapes
<input type="checkbox"/> Inadequate Exit Lighting | MISCELLANEOUS
<input type="checkbox"/> Rubbish and Trash
<input type="checkbox"/> Unsatisfactory Fire Extinguishers
<input type="checkbox"/> Improper Storage and Use of Flammable Materials
<input type="checkbox"/> Defective Water Heater
<input type="checkbox"/> Storage of Mower and Garden Tractor
<input type="checkbox"/> Unsupervised Smoking of Residents |
|--|---|--|---|

LOCATION OF HAZARDS FOUND: _____

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY: _____

INSPECTOR: Justin Hunt  TITLE: Fire Inspector

ADDRESS: 38 Legend Dr. Lumberton 28358 DATE OF INSPECTION: 5/4/2015

THIS FIRE INSPECTION IS VALID UNTIL (DATE): 5/4/2016