

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 18, 2013

LaToya Thurston-Griggs 301 Wentworth Street Reidsville, NC 27320

No Review

Facility or Business: Moyer's Rest Home

Project Description: Change in Licensee to Abundance of Faith X 5

County:

Rockingham

FID #:

920829

Dear Ms. Thurston-Griggs:

The Certificate of Need Section (CON Section) received your letter of July 18, 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 Sections 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

Ms. Thurston-Griggs July 18, 2013 Page 2

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,

Celia C. Elmuau
Celia C. Inman, Project Analyst

Craig R. mith, Chief

Certificate of Need Section

cc: Barbara Ryan, Adult Care Licensure Section, DHSR

LaToya Thurston-Griggs 301 Wentworth Street Reidsville, NC 27320 07/18/2013

Certificate of Need Department DHSR 2704 Mail Service Center Raleigh, NC 27699-2704

Dear Certificate of Need Department:

I am applying to change ownership of Moyers Resthome located at 5767 HWY 135 Stoneville, NC 27408. The address will stay the same as well as the structure of the facility. We are asking that this change takes place on or before August 20, 2013. The new owner of the business and licensee will be Abundance of Faith X 5 the administrator is LaToya Thurston-Griggs. The owner of the building will not change.

Sincerely,

LaToya Thurston-Griggs