



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

June 19, 2013

Lawanda Ray
P.O. Box 4094
Burlington, NC 27215

No Review

Facility or Business: Southern Seasons Retirement Home

Project Description: Change in Licensee/Name from Southern Seasons Retirement Home to Lane St. Retirement Home

County: Alamance

FID #: 931124

Dear Ms Ray:

The Certificate of Need Section (CON Section) received your letter of June 10, 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

An Equal Opportunity/ Affirmative Action Employer



Lawanda Ray
June 19, 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. Inman, Project Analyst



Craig R. Smith, Chief
Certificate of Need Section

cc: Barbara Ryan, Adult Care Licensure Section, DHSR

Celia

*Worship / Exemption
Request*

TO CERTIFICATE OF NEED WITH DHSR:

JUNE 10, 2013

THIS IS NOTIFICATION OF THE CHANGE OF LICENCEE FOR SOUTHERN SEASONS RETIREMENT HOME, EFFECTIVE DATE OF JULY 1, 2013. BUILDING WILL STILL BE OWNED BY JEAN EVANS.

THE NEW FACILITY NAME WILL BE LANE ST. RETIREMENT HOME.

FACILITY ADDRESS IS 625 LANE ST. BURLINGTON NC 27217.

MAILING ADDRESS IS PO BOX 4094 BURLINGTON, NC 27215.

ALL CORRESPONDENCE SHOULD BE TO THE ATTENTION OF LAWANDA RAY, PO BOX 4094 BURLINGTON, NC 27215 336-534-1416.

THANK YOU,

LAWANDA RAY

Lawanda Ray

