



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

Pat McCrory
Governor

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Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

May 30, 2013

Stacy Massey
952 South Fayetteville Street
Asheboro, NC 27204

No Review

Facility or Business: Creekside Assisted Living – HAL 026-059
Project Description: Change of Name on License
County: Cumberland
FID #: 920670

Dear Ms. Massey:

The Certificate of Need Section (CON Section) received your letter of April 29, 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.

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,


Gregory F. Yakaboski, Project Analyst


Craig R. Smith, Chief
Certificate of Need Section

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



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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952 South Fayetteville Street ♦ Asheboro, NC 27204
Phone: (336) 626-1780 ♦ Fax: (336) 626-1796

April 29, 2013

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Creekside Assisted Living, HAL 026-059

Dear Mr. Smith

Please be advised of a pending licensee change for the above referenced licensed adult care home facility.

The change is scheduled for June 1, 2013 and impacts the licensee only. Ownership of the building remains the same, thus, we are requesting an exemption letter stating exemption from review by the Certificate of Need Section. The new license will be Village of Cumberland Assisted Living, LLC.

Please let me know if you need further information. You may email the exemption to stacym@myvschome.com, send by US mail at 952 South Fayetteville Street Asheboro, NC 27203 or fax to 336-626-1796.

Respectfully,

Stacy Massey

Stacy Massey
Vice President of Residential Services

Cc: Lisa Pittman, Project Analyst