



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

November 7, 2013

Alina Rippy
50 Country Walk Lane
Sanford, NC 27332

No Review—Change of Licensee

Facility or Business: Hope Rest Home
Project Description: Change of licensee to Nana's Assisted Living Facility
County: Cumberland
FID #: 920568

Dear Ms. Rippy:

The Certificate of Need Section (CON Section) received your letter of October 16, 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.

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,

Julie Halatek
Project Analyst

Craig R. Smith, Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DHSR
Barbara Ryan, 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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419-733-8139

To: Craig Smith

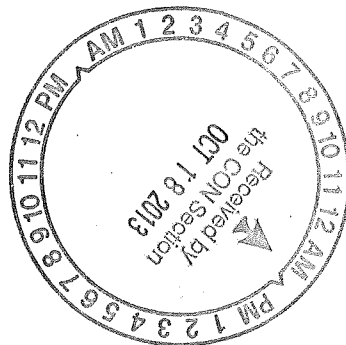
From: Alina Ruppy

Regarding: Exempt or No Review

If you have any questions please
feel free to contact me at 910-527-
6006

Thanks,

Alina Ruppy



Mr. Craig Smith, Chief
Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2709

October 16, 2013

Re-Certificate of Needs Application 20 Beds License Facility Need to change over Licensee and asking for no review or exempt from review..

I am asking for exempt from review for Nana's Assisted Living Facility. I am requesting to change over licensee from Hope Rest Home located at 2967 Dunn Rd. Eastover NC 28312 and the County is Cumberland. *The Current License Number is HAL-026-042. The new licensee would be Nana's Assisted Living Facility. The transition will take place on October 16, 2013. I am hoping you will consider please. If you should have any question please call me at 910-527-*

6606.

Thanks,

Alina Rippy

Alina Rippy

