



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

April 5, 2015

Terrill Johnson Harris
300 N. Greene Street
Suite 1400
Greensboro, NC 27401

No Review

Record #: 1911
Facility Name: Pacifica Senior Living Wilmington
FID #: 970703
Business Name: SNH AL Wilmington Tenant, Inc.
Business #: 2371
Project Description: Change licensee
County: Wilmington

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of March 14, 2016 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.

However, you need to contact the Agency's Adult Care Licensure Section 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



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


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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 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
Kelli Fisk, Program Assistant, Healthcare Planning, DHSR

SMITH MOORE
LEATHERWOOD
ATTORNEYS AT LAW



300 N. Greene Street
Suite 1400
Greensboro, NC 27401

March 14, 2016

Martha Frisone, Assistant Chief of CON
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

Via E-Mail and U.S. Mail

Re: Notice of Change of Licensee
Pacifica Senior Living Wilmington
Facility ID: 970703

Bus id 2371
NR 1d 1911

Dear Martha:

As you may be aware, SNH Wilmington LLC currently owns the adult care home located at 2744 South 17th Street, Wilmington, NC 28412 (the "Facility"). It leases the Facility to Pacifica Wilmington LLC d/b/a Pacifica Senior Living Wilmington, which currently holds a license to operate an adult care home. This letter provides notice that SNH Wilmington LLC plans to terminate its lease with Pacifica Wilmington LLC and lease the Facility to SNH AL Wilmington Tenant, Inc. SNH Wilmington LLC will remain the owner of the Facility, and ownership of the bricks and mortar will not change. The facility's bed capacity also will not change.

SNH AL Wilmington Tenant, Inc. will be submitting a license application to the Adult Care Licensure Section. Pacifica Wilmington LLC intends to remain the licensee of the facility until such time as SNH AL Wilmington Tenant, Inc.'s license application is processed and approved and a license is issued to SNH AL Wilmington Tenant, Inc.

We request that you confirm in writing that this change of licensee is exempt from or not subject to certificate of need review. Please let me know if you have questions or need any additional information.

Direct: 336.378.5383 | Fax: 336.433.7438 | terri.harris@smithmoorelaw.com | www.smithmoorelaw.com

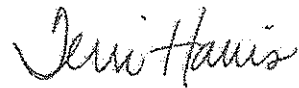
ATLANTA | CHARLESTON | CHARLOTTE | GREENSBORO | GREENVILLE | RALEIGH | WILMINGTON

Martha Frisone, Assistant Chief of CON
March 14, 2016
Page 2

With kindest regards, I am

Very truly yours,

SMITH MOORE LEATHERWOOD LLP

A handwritten signature in cursive script that reads "Terrill Harris".

Terrill Johnson Harris