



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

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Mark Payne, Director  
Health Service Regulation

December 21, 2016

Ruth C. Schwartz  
Kindred at Home  
12900 Foster, Suite 400  
Overland Park, KS 66213

**Exempt from Review – Acquisition of Facility**


**Record #:** 2117  
**Facility Name:** Pioneer Home Health of Stokes  
**Type of Facility:** HC  
**FID #:** 954141  
**Acquisition by:** Capital Care Resources, LLC  
**Business #:** 336  
**County:** Stokes

Dear Ms. Schwartz:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that based on your letter of December 19, 2016, the above referenced proposal is exempt from certificate of need review in accordance with G.S. 131E-184(a)(8). Therefore, Capital Care Resources, LLC may proceed to acquire the above referenced health service facility without first obtaining a certificate of need. However, you need to contact the Agency's Acute and Home Care Licensure and Certification Section to obtain instructions for changing ownership of the existing facility. Note that pursuant to G.S. 131E-181(b): "*A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.*"

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

  
Celia C. Inman  
Project Analyst

  
Martha J. Frisone  
Assistant Chief, Certificate of Need

cc: Acute and Home Care Licensure and Certification Section, DHSR  
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR



**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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*CI  
rec'd by email  
12/19/16*

December 19, 2016

**Via Email Address: [celia.inman@dhhs.nc.gov](mailto:celia.inman@dhhs.nc.gov)**

Ms. Celia Inman, CON Project Analyst

Ms. Martha Waller, Support Staff [martha.waller@dhhs.nc.gov](mailto:martha.waller@dhhs.nc.gov)

North Carolina Department of Human Resources

Division of facility Services – Certificate of Need

809 Ruggles Drive, Edgerton Building

Raleigh, NC 27603

RE: Transfer of Ownership Notice –  
Pioneer Home Health of Stokes, LLC – Danbury  
1111 Hospice Drive  
Danbury, NC 27016  
Facility ID: 954141  
License #: HC0517

Dear Ms. Inman:

Good afternoon Celia. It has been a while since our last communication and I hope this finds you doing well. According to the State's Web Page, I see that you cover Stokes County; therefore, please accept this written request for a determination of exemption from certificate-of-need review in accordance with N.C.G.S. 131E-184(a)(8) for the acquisition of an existing health care facility providing home health care services.

Pioneer Home Health of Stokes, LLC ("Seller") owns and operates a state-licensed and Medicare-approved home health agency located at the above address. Through a limited asset purchase transaction, Capital Care Resources, LLC ("Buyer") will assume ownership and file all applicable state license change of ownership forms with the Department's Acute & Home Care Licensure & Certification Section.

Pending execution of an asset purchase agreement and receipt of the required regulatory approvals, the Buyer will continue operating the health care facility in Stokes County. The proposed transfer of ownership is expected to be completed in the near future.

Whereas the proposed transfer of ownership will not constitute the development of a new institutional health service or in any way materially affect the State Health Plan Services to issue an exemption from certificate-of-need based on the facts represented in this letter. Please forward the Division of Facility Services' response to the undersigned at your earliest convenience via email or fax.

Thank you for your time and assistance in this matter.

Best Regards,



for: Ruth C. Schwartz  
Assistant Vice President, Licensing & Certification  
Kindred at Home  
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