



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

July 21, 2016

David J. Coster
VIA EMAIL ONLY

No Review

Record #: 1987
Facility Name: Mars Hill Retirement Community
FID #: 980237
Business Name: Western North Carolina Retirement, Inc.
Business #: 2430
Project Description: Change of licensee
County: Madison

Dear Mr. Coster:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your email on June 30, 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 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.



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

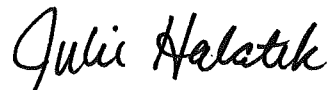
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer

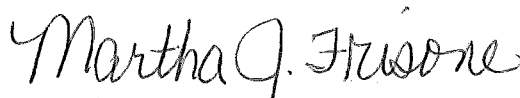


Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Julie Halatek
Project Analyst

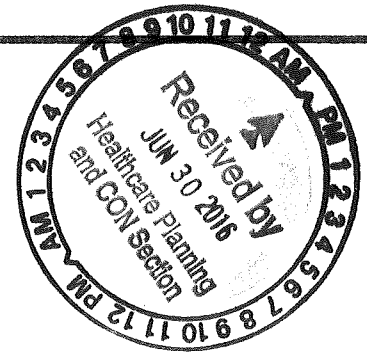


Martha J. Frisone,
Assistant Chief, Certificate of Need

cc: Adult Care Licensure Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

Waller, Martha K

From: Frisone, Martha
Sent: Thursday, June 30, 2016 9:44 AM
To: Waller, Martha K
Cc: Halatek, Julie F
Subject: FW: Notice of Intent to Change Licensee



Martha, please log, print and give to Julie. Thanks.

Martha J. Frisone

Assistant Chief Certificate of Need
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

919-855-3873 office
Martha.Frisone@dhhs.nc.gov

809 Ruggles Drive
2704 Mail Service Center
Raleigh, NC 27699-2704



Nothing Compares

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties.

[Twitter](#) [YouTube](#)

Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this e-mail in error, please notify the sender immediately and delete all records of this e-mail.

From: David Coster [mailto:David.Coster@rlainc.com]
Sent: Thursday, June 30, 2016 9:32 AM
To: Halatek, Julie F
Cc: Frisone, Martha
Subject: Notice of Intent to Change Licensee

Good afternoon Ms. Halatek—

On behalf of Western North Carolina Retirement, Inc. which currently owns and operates an Adult Care facility in Mars Hill, NC (Madison County) that does business as Mars Hill Retirement Community, I am writing to inform the Certificate of Need Section of the intent to change the licensee. As part of an effort to refinance the entire property, the lender has requested a division between the entity that owns the property and that which operates the assisted living facility. Mars Hill Retirement Living, Inc. the current management company will also become the licensee, and will lease the facility

from Western North Carolina Retirement, Inc. Both entities are owned 100% by David W. Ammons. No addition of beds or construction is involved with this change.

Please let me know if further information is required.

Thank you.



David J. Coster
Vice President Community Development
Office: 919-783-0735 x3
Mobile: 919-559-2171

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.