



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

July 31, 2017

James C. Wrenn, Jr.  
111 Gilliam Street  
Oxford, NC 27565

**Exempt from Review – Acquisition of Facility**

**Record #:** 2346  
**Facility Name:** Autumn Wind of Louisburg  
**Type of Facility:** Adult Care Home  
**FID #:** 920147  
**Acquisition by:** S&S Senior Housing of Louisburg, LLC  
**Business #:** 2694  
**County:** Franklin

Dear Mr. Wrenn:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that based on your letter of July 25, 2017, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(8). Therefore, S&S Senior Housing of Louisburg, 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 Adult Care Licensure Section to obtain instructions for changing ownership of the existing facility. Note that pursuant to N.C. Gen. Stat. §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,

Bernetta Thorne-Williams  
Project Analyst

Martha J. Frisone, Chief  
Healthcare Planning and Certificate of Need Section

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

**HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

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



LAW OFFICES OF  
**HOPPER, HICKS & WRENN, PLLC**

P.O. BOX 247, 111 GILLIAM STREET  
OXFORD, NORTH CAROLINA 27565

N. KYLE HICKS  
JAMES C. WRENN, JR.  
CINDY P. BOSTIC  
GERALD T. KOINIS  
C. GILL FRAZIER, II

TELEPHONE: 919-693-8161  
FACSIMILE: 919-693-9938  
www.hopperhickswrenn.com

Record# 2346  
FID# 920147  
Business# 2694

July 25, 2017

Ms. Martha Frisone  
Assistant Section Chief  
NC Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
809 Ruggles Drive  
Raleigh, NC 27603  
martha.frisone@dhhs.nc.gov

Ms. Bernetta Thorne-Williams  
Project Analyst  
NC Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
809 Ruggles Drive  
Raleigh, NC 27603  
Bernetta.Williams@dhhs.nc.gov

*Via email and overnight delivery*

Re: Acquisition of Autumn Wind of Louisburg  
361 Leonard Road; Louisburg  
Louisburg, NC 27549  
License Number: HAL-035-022

Dear Ms. Frisone and Ms. Thorne-Williams:

I represent Southern Living for Seniors of Louisburg, LLC ("Southern Living") and S&S Senior Housing of Louisburg, LLC ("S&S"). S&S proposes to acquire the real property constituting the existing health service facility licensed as an adult care home known as Autumn Wind of Louisburg from Autumn Wind, Inc. (Licensee: Autumn Wind, Inc.; Address: 361 Leonard Road; Louisburg, NC 27549; License Number: HAL-035-022; Real Property Owner: Autumn Wind,

{A0141660.DOCX}




Inc. and Ade Ganiyu). After the acquisition, Southern Living will operate the adult care home pursuant to a lease with S&S. After Southern Living receives its license to operate the facility, the adult care home will be known as Southern Living for Seniors of Louisburg.

Pursuant to G.S. §131D-184(a)(8), I understand that this transaction is exempt from review and, as a result, we request that you confirm that understanding by providing us with a "no review" letter.

As always, thank you for your assistance.

Sincerely,



James C. Wrenn, Jr.

JCWjr/aee



# State of North Carolina

## Department of Health and Human Services Division of Health Service Regulation

*Effective January 1, 2016, this license is issued to*

*Autumn Wind, Inc*

*to operate an Adult Care Home known as*

*Autumn Wind Assisted Living of Louisburg*

*located at 361 Leonard Road*

*Louisburg, NC, Franklin County.*

*This license is issued subject to the statutes of the State of North  
Carolina, is not transferable and shall expire*

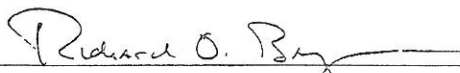
*December 31, 2016.*

*License Number: HAL-035-022*

*Capacity: 60*

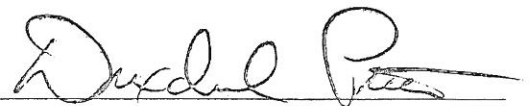
*Special Care Units:  Yes  No*

Authorized by:



Secretary, N.C. Department of Health and  
Human Services





Director, Division of Health Service Regulation

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July 25, 2017



Ms. Martha Frisone  
Assistant Section Chief  
NC Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
809 Ruggles Drive  
Raleigh, NC 27603  
[martha.frisone@dhhs.nc.gov](mailto:martha.frisone@dhhs.nc.gov)

Ms. Bernetta Thorne-Williams  
Project Analyst  
NC Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
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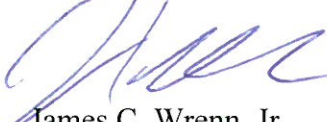
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As always, thank you for your assistance.

Sincerely,



James C. Wrenn, Jr.

JCWjr/aee

# Providence Healthcare of the Carolinas, LLC.

Post Office Box 464 Wendell, NC 27591

919.247.4760

July 27, 2017

Chief Frisone & Ms.Thorne-Williams,

This letter serves as notice to the NC DHSR Healthcare Planning and Certificate of Need Section that Providence Healthcare of the Carolinas, LLC. will be taking ownership of facility and certificate of need (CON) for Autumn Wind Assisted Living. This facility is located in Johnston County at 4302 NC-210, Smithfield, NC 27577. August 7, 2017 is the effective date of CON transfer. Below you will find facilities owner name, identification number and license number. If you require any additional information, please do not hesitate to contact me at phone number listed above.

Autumn Wind Assisted Living

Ade Ganiyu, Owner

Facility ID#: 920051

License #: HAL-051-037

Best regards,

Termaine Moore

Executive Director

