



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 18, 2018

Gray Angell
142 Bermuda Village Drive
Bermuda Run, NC 27006

No Review

Record #: 2817
Facility Name: Stage Coach Manor
FID #: 921142
Business Name: AOM of Angier, LLC
Business #: 2985
Project Description: Change in licensee
County: Harnett

Dear Mr. Angell

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence 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 that correspondence is not governed by, and therefore, does not currently require a certificate of need. 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.

You may need to contact the Agency's Adult Care Licensure Section, DHSR to determine if they have any requirements for development of the proposed project.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Fatimah Wilson
Team Leader

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

cc: Adult Care Licensure Section, DHSR
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

FID# 921142
POC# 1408
Business# 2985



December 13, 2018

North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

To Whom It May Concern:

I am writing this letter to request a CON waiver for the following property:

Stage Coach Manor
6828 Old Stage Road North
Angier, NC 27501

Current License number is HAL-042-020

AOM of Angier, LLC, LLC is the owner of the property. The property was damaged by fire and we have chosen not to repair the building, and anticipate filing a CON to relocate the beds. The current licensee, Senior management Inc. desires to change the license to the property owner, AOM of Angier, LLC. A change of licensure application is being filed.

The contact information for the change of license is:

Gray Angell
142 Bermuda Village Dr
Bermuda Run, NC 27006

My cell phone number is 336-345-7118 and my email is gray.angell@yahoo.com.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Gray Angell".

Gray Angell