



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

January 23, 2018

Christi Ocke
Accordius Health and Rehabilitation
38 Carters Road
Gatesville, North Carolina 27938

No Review

Record #: 2471
Facility Name: Accordius Health and Rehabilitation
FID #: 923158
Business Name: Down East, LLC
Business #: 2757
Project Description: Decertify 10 ACH beds
County: Gates

Dear Ms. Ocke:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of January 16, 2018 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. Furthermore, this letter does not address whether or not the 10 of Adult Care Home (ACH) beds to be delicensed would be available for acquisition by another entity.

However, you need to contact the Agency's Nursing Home Licensure and Certification 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

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION
WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

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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.

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,

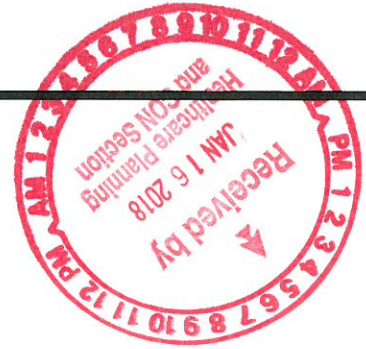

Jane Rhoe-Jones
Project Analyst


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

cc: Nursing Home Licensure and Certification Section, DHSR
Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR

rhoe-jones, jane e

From: Christi Ocke <cocke@accordiushealth.com>
Sent: Tuesday, January 16, 2018 8:41 AM
To: Wertz, Becky
Cc: rhoe-jones, jane e
Subject: [External] "No Review"



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Martha Frisone,

Accordius Health and Rehabilitation would like a "No Review" determination to decertify the 10 ALF beds in our facility. The facility was acquired with the 10 beds and as a company we would like to discontinue ALF services here. There is an Assisted Living Facility on the other side of town and it can accommodate the communities' needs accordingly. Our facility FID is 923158, and if there is any additional information that you need from us please let me know.

Thank you for your help in this matter,

Christi Ocke, LNHA

Accordius Health and Rehabilitation

38 Carters Rd

Gatesville, NC 27938

(252) 357-2124