



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 2, 2019

Sara Beth Fulford Rhodes
P.O. Box 253
Farmville, NC 27828

No Review

Record #: 2925
Facility Name: Snow Hill Assisted Living
FID #: 960866
Business Name: Greene Opco, LLC
Business #: 3026
Project Description: Change in licensee
County: Greene

Dear Ms. Fulford Rhodes:

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 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.

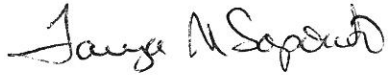
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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

Sincerely,



Tanya M. Saporito
Project Analyst



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

cc: Adult Care Licensure Section, DHSR

Greene Opco, LLC

Post Office Box 253
Farmville, North Carolina 27828

May 1, 2019

VIA HAND DELIVERY

Martha Frisone, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
North Carolina Department of Health and Human Services
809 Ruggles Drive
Raleigh, North Carolina 27603



NR 2925
FID 960866
Bus 3026
Ind Id 1438

Re: **Change of Licensure for Snow Hill Assisted Living**
1328 S.E. Second Street, Snow Hill, NC 28580
License No. HAL-040-008

Dear Ms. Frisone:

I am writing on behalf of Greene Opco, LLC, a North Carolina limited liability company (the "New Licensee"), to notify you of New Licensee's intent to change the license holder of the adult care home known as *Snow Hill Assisted Living* located at 1328 S.E. Second Street, Snow Hill, Greene County, NC 28580 (the "Facility"). The Facility currently operates under License Number HAL-040-008. The current license holder for the Facility is Snow Hill Healthcare, LLC (the "Current Licensee").

New Licensee plans to begin operating the Facility effective June 1, 2019. The ownership of the Facility will not change as part of this transaction. Rather, Current Licensee plans to stop operating the Facility, therefore giving rise to the need for the New Licensee. New Licensee plans to enter into a management agreement for the Facility with Affinity Living Group, LLC ("Affinity"), a well-known assisted living management company based in Hickory, NC. Affinity plans to begin management of the Facility on June 1, 2019. New Licensee and Affinity plan to continue to operate the Facility in accordance with the provisions of N.C. Gen. Stat. § 131D *et seq.* and 10A NCAC 13F *et seq.*

The proposed change only relates to the entity that holds the license for the Facility. No transfer of the Facility's Certificate of Need is contemplated by this transaction. In accordance with N.C. Gen. Stat. § 131E-189(c), please allow this letter to serve as prior written notice to the Agency of the proposed change of licensee for the Facility. Furthermore, please consider this letter as a formal request that the Agency find good cause for the proposed change, and conclude that the Facility's Certificate of Need will not be withdrawn as a result of such change.

Greene Opco, LLC

*Post Office Box 253
Farmville, North Carolina 27828*

If you have any questions during your review of the application, please contact me directly at 252-531-9038.

Sincerely,



Sara Beth Fulford Rhodes
Manager
Greene Opco, LLC

Enclosures