



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

VIA EMAIL ONLY

September 27, 2019

Coky Kernodle
Coky\_foster@yahoo.com

Exempt from Review – Acquisition of Facility

Record #: 3058
Facility Name: Moyer's Assisted Living
Type of Facility: ACH
FID #: 920829
Acquisition by: Moyer's Assisted Living Compassionate "LLC"
Business #: 3102
County: Rockingham

Dear Ms. Kernodle:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that based on your representations, the above referenced proposal is exempt from certificate of need (CON) review in accordance with N.C. Gen. Stat. §131E-184(a)(8). Therefore, the above referenced business may proceed to acquire the health service facility identified above without first obtaining a CON. The Agency's determination is limited to the question of whether or not the above referenced business would have to obtain a CON if the current owners of the health service facility do in fact sell it to the business listed above. 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."

In the event that the business listed above does acquire the facility, you should contact the Agency's Adult Care Licensure Section to obtain instructions for changing ownership of the existing facility.

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 regarding whether or not a certificate of need would be required. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Celia C. Inman (handwritten signature)

Celia C. Inman
Project Analyst

Martha J. Frisone (handwritten signature)

Martha J. Frisone
Chief

cc: Adult Care Licensure Section, 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: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

## Inman, Celia C

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**From:** coky foster <coky\_foster@yahoo.com>  
**Sent:** Tuesday, September 24, 2019 9:17 AM  
**To:** Inman, Celia C  
**Subject:** [External] Letter of CON or exemption approval



**CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [report.spam@nc.gov](mailto:report.spam@nc.gov)**

Dear Mrs Celia Inman or to whom it may concern:

On October 31, 2019 Moyers Assisted Living Regal Legacy Group LLC (Judy Lawson) will no longer be the owners of 5767 HWY 135 Stoneville, NC. 27048. On November 1, 2019 Moyers Assisted Living Compassionate "LLC"( Coky Kernodle) will be the new owners at 5767 HWY 135 Stoneville, NC. 27048. I am writing this letter to request for certificate of need or exemption for the purpose of licensure for building from Raleigh NC. from my understanding we need this approval before the change of ownership can be approved. feel free to contact me if you need anymore information at (336)-327-9438.

Thanks  
Coky Kernodle  
09/24/2019