



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

July 7, 2020

Latisha Wilson
faithassisted1@yahoo.com

No Review

Record #: 3311
Facility Name: Faith Assisted Living
FID #: 921096
Business Name: K.R. KAM – Z II, LLC
Business #: 3236
Project Description: Change facility name from Alexander Assisted Living to Faith Assisted living
County: Alexander

Dear Ms. Wilson:

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.

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

Sincerely,

Ena Lightbourne
Project Analyst

Martha J. Frisone

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

From: [Latisha Watson](#)
To: [Lightbourne, Ena](#)
Subject: Re: [External] Re: Alexander Assisted Living-No Review Request
Date: Wednesday, July 1, 2020 8:07:02 AM

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Yes he still owns it

Sent from my iPhone

On Jul 1, 2020, at 7:53 AM, Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov> wrote:

Good Morning Ms. Watson,
Thank you for responding to my email. Based on what you stated in your response, this transaction is a change in the name of the facility and not a change in ownership. Is that correct? According to the most recent License Renewal Application submitted to the Agency, the facility is owned and licensed under K.R. RAM-Z II, LLC. Will that remain the same? If not who will be the new owners?
Thank you.

From: Latisha Watson <faithassisted1@yahoo.com>
Sent: Tuesday, June 30, 2020 4:58 PM
To: Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Subject: [External] Re: Alexander Assisted Living-No Review Request

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Hello
Alexander Assisted Living Facility will change Over to Faith Assisted Living this will take place by July 15, 2020 if you have any problems feel free to reach back out.
Thanks
Latisha Watson

Sent from my iPhone

On Jun 22, 2020, at 3:46 PM, Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov> wrote:

Request for Additional Information

Facility: Alexander Assisted Living
County: Alexander

FID: 921096

Dear Ms. Watson:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter dated May 1, 2020 regarding the above referenced facility. In order for the Agency to make a determination regarding your request, please submit the following additional information.

1. Name of the business entity that currently owns the facility and the business entity that will acquire the facility.
2. Estimate date when the change in ownership will take place.

Please provide this information by **July 2, 2020**. Upon receipt of the above information, the Agency will provide a response to your request. If have any questions regarding this matter, please do not hesitate to call me at 919-855-4610.

Sincerely,

Ena Lightbourne

Certificate of Need, Project Analyst

[Division of Health Service Regulation](#), Healthcare Planning and Certificate of Need Section

[NC Department of Health and Human Services](#)

Office: 919-855-4610

Ena.lightbourne@dhhs.nc.gov

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May 1, 2020

To: NC CON



From: Latisha Watson

3032 NC Highway 16 S

Taylorsville, NC 28681

Email: faithassisted1@yahoo.com



RE: CON Change of Ownership

Hello I am writing to inform CON that Alexander Assisted Living, License Number: HAL-002-004 change of ownership to Faith Assisted Living Facility. Please review and let me know what else is needed. You can reach me by phone or email. Number- 828-493-0744 email is listed above.

Thanks for all of your Help

Latisha Watson

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