



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

March 10, 2021

Sophia B. Pierce
Cmathews@sbpierce.org

No Review
Record #: 3496
Date of Request: February 26, 2021
Facility Name: Thomas S. Decatur Home
FID #: 922748
Business Name: Sophia B. Pierce & Associates, Inc.
Business #: 3345
Project Description: Change in licensee
County: Cumberland

Dear Ms. Pierce:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law in effect on the date of this response to your request, the project as described 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.

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,

[Handwritten signature of Tanya M. Saporito]

Tanya M. Saporito
Project Analyst

[Handwritten signature of Lisa Pittman]

Lisa Pittman
Assistant Chief, Certificate of Need

cc: Mental Health Licensure and Certification 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

Sophia B. Pierce & Associates, Inc.  
PO Box 2813  
Fayetteville, NC 28302  
(910) 488-8477 \* Fax: (910) 822-1951



VIA ELECTRONIC MAIL: [martha.frisone@dhhs.nc.gov](mailto:martha.frisone@dhhs.nc.gov)

Martha Frisone, Chief  
HPCON  
NCDHSR  
809 Ruggles Dr.  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Friday, February 26, 2021

Re: Request for Exemption from Review

Dear Ms. Frisone:

Please accept this letter as notification that I Sophia B. Pierce owner of Sophia B. Pierce and Associates, Inc. am requesting a letter for Exemption from Review. I am the current owner of the bricks and mortar of the two following ICF facilities that we plan to take ownership of including Licensee.

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|--|--|
| • Thomas S. Decatur Home                     | My Place                                   |
| • MHL-026-097                                | MHL-026-017                                |
| • Facility ID: 922748                        | Facility ID: 944879                        |
| • 7559 Decatur Dr.                           | 1050 Hogan St.                             |
| • Fayetteville, NC 28303-1989                | Fayetteville, NC 28311-2340                |
| • Cumberland County                          | Cumberland County                          |
| • Owner of Bricks & Mortar: Sophia B. Pierce | Owner of Bricks & Mortar: Sophia B. Pierce |

The current owners of the licensee are Sera Gilmore and George Gilmore. Prior to submitting a Change of Ownership (CHOW) we must request this letter from you. If anything else is needed, please feel free to contact me. Sera Gilmore has already submitted the Intent to Sale.

Sincerely,

*Sophia B. Pierce*

Sophia B. Pierce, President  
Sophia B. Pierce & Associates, Inc.  
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(910) 488-8477 \* Fax (910) 822-1951  
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Contact Person : Cheryl Mathews, Deputy Director