



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

August 26, 2022

Cheryl Mathews
cmathews@sbpierce.org

No Review

Record #: 4008
Date of Request: July 14, 2022
Facility Name: Stanberry Place
FID #: 970749
Business Name: Sophia B. Pierce & Associates, Inc.
Business #: 3345
Project Description: Change in service category designation
County: Cumberland

Dear Ms. Mathews:

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,

Tanya M. Saporito
Project Analyst

Micheala Mitchell
Chief

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

From: [Tanya Saporito](#)
To: [Waller, Martha K](#)
Subject: FW: [External] Issue No Review
Date: Thursday, July 14, 2022 4:48:18 PM

This is the lady you and I spoke with!!

Tanya Saporito, J.D.

Project Analyst

[Division of Health Service Regulation](#), Certificate of Need
[NC Department of Health and Human Services](#)



Help protect your family and neighbors from COVID-19.

[Know the 3 Ws. Wear. Wait. Wash.](#)

#StayStrongNC and get the latest at nc.gov/covid19

Office: 919-855-3873

Tanya.saporito@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704

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From: Cheryl Mathews <cmathews@sbpierce.org>

Sent: Thursday, July 14, 2022 4:46 PM

To: Tanya, Saporito <tanya.saporito@dhhs.nc.gov>

Subject: [External] Issue No Review

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Good afternoon Tanya Saporito,

It was good to talk with you today. The owner (Sophia B. Pierce) is interested in doing a Service Category change to one of our facilities. She will remain the owner and the only change is the service category. Please see the information below:

Current:
Stanberry Place
1909 Stanberry St.
Fayetteville, NC 28301

MHL-026-299
27G.5600A
FID: 970749
Owner: Sophia B. Pierce

Change to:
5600F (AFL-Alternative Family Living)

We are requesting an Issue No Review to go with our Change Licensure Application.

If anything else is needed please let me know.

Choose to have a great day!

Cheryl Mathews
Deputy Director
Sophia B. Pierce & Associates, Inc.
PO Box 2813
Fayetteville, NC 28302
(910) 488-8477 * Fax (910) 822-1951
cmathews@sbpierce.org
"Independence is our goal."

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