



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

December 20, 2022

William R. McCracken Jr.  
[billymac453@yahoo.com](mailto:billymac453@yahoo.com)

**No Review**

**Record #:** 4096  
**Date of Request:** December 8, 2022  
**Facility Name:** McCracken Rest Home  
**FID #:** 920745  
**Business Name:** McCracken Rest Home  
**Business #:** 3649  
**Project Description:** Change in management of the facility  
**County:** Haywood

Dear Mr. McCracken:

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,

Ena Lightbourne, Project Analyst

Micheala Mitchell, 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  
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<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**From:** [Mitchell, Micheala L](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] McCracken Rest Home Assisted Living Management Change/CON clarification request  
**Date:** Friday, December 9, 2022 12:07:23 PM

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Tiffany would you mind logging this as an exemption request? I think it goes to Ena.

Thank you,

**Micheala Mitchell, JD**

*(she/her/hers)*

Section Chief, Healthcare Planning and CON Section

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

[Division of Health Service Regulation](#)

809 Ruggles Drive, Edgerton Building

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[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

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**From:** william mccracken <billymac453@yahoo.com>

**Sent:** Friday, December 9, 2022 11:51 AM

**To:** Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>

**Subject:** [External] McCracken Rest Home Assisted Living Management Change/CON clarification request

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Good morning, Michaela. My name is Bill McCracken, and I am the building/land owner of McCracken Rest Home in Waynesville, NC. (HAL - 044 - 046) and have been for 14 years. As of January 1st, 2023, I will also become the business manager of the facility, as my licensed administrator/manager team of Connie and Dennis Seely, are retiring. My management change packet is currently under review, and I am being asked to clarify the status of the business CON. I am writing, at this time, to

ask that your office provide a statement to satisfy the Licensure Dept. that there shouldn't be any need to change the ownership of the CON, as it has always remained in my name and will continue to be so. If anything has previously been filed in error, claiming otherwise, then myself or my current Administrator, Connie Seely (828-342-2136), will be happy to clarify the situation. Thank you for your time and please let me know if you have any questions.

William R. McCracken Jr  
McCracken Rest Home, AL  
410-925-5200c