



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

May 8, 2023

James C. Wrenn
jwrenn@smithlaw.com

No Review

Record #: 4193
Date of Request: May 2, 2023
Facility Name: Cumberland Creek Assisted Living, Inc.
FID #: 920670
Business Name: Len Care Rest Home, Inc.
Business #: 3707
Project Description: Change in licensee from Cumberland Village Assisted Living, LLC to Cumberland Creek Assisted Living, Inc.
County: Cumberland

Dear Mr. Wrenn:

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, J.D.
Project Analyst

[Handwritten signature of Micheala Mitchell]

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
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
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SMITH, ANDERSON, BLOUNT,
DORSETT, MITCHELL, & JERNIGAN, L.L.P.

LAWYERS

OFFICES

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May 2, 2023

Via email only

Ms. Micheala Mitchell
Chief
NC Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
809 Ruggles Drive
Raleigh, NC 27603
micheala.mitchell@dhhs.nc.gov

Ms. Tanya Saporito
Project Analyst
NC Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
809 Ruggles Drive
Raleigh, NC 27603
Tanya.Rupp@dhhs.nc.gov

**Re: Cumberland Village Assisted Living
Cumberland Village Assisted Living LLC (Operating Entity)
Len Care Rest Home, Inc. (Real Estate Entity)
1124 Cedar Creek Rd., Fayetteville, NC 28301
License Number: HAL-026-062**

Dear Ms. Mitchell and Ms. Saporito:

I represent Cumberland Creek Assisted Living Inc. (“Cumberland Creek”) and Len Care Rest Home Inc. (“Len Care”) with respect to licensure matters. Len Care currently owns the real property constituting the existing health service facility licensed as an adult care home known as Cumberland Village Assisted Living. Cumberland Creek plans to take over the operations of the facility from Cumberland Village Assisted Living LLC upon the expiration of Cumberland Village’s lease on or about June 1, 2023 (Licensee: Cumberland Village Assisted Living LLC; Address: 1124 Cedar Creek Rd., Fayetteville, NC 28301 (Cumberland County); License Number: HAL-026-062; Real Property Owner: Len Care Rest Home, Inc.). Upon assuming operations,

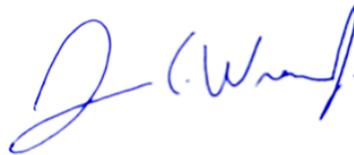
Ms. Micheala Mitchell
Chief
NC Division of Health Service Regulation
Ms. Tanya Saporito
Project Analyst
NC Division of Health Service Regulation
May 2, 2023
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Cumberland Creek will operate the adult care home pursuant to a lease with Len Care. After Cumberland Creek receives its license to operate the facility, the adult care home will be known as Cumberland Creek Assisted Living Inc.

Pursuant to G.S. §131D-184(a)(8), I understand that this transaction is exempt from review and, as a result, we request that you confirm that understanding by providing us with a “no review” letter.

As always, thank you for your assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. C. Wrenn, Jr.", with a stylized flourish at the end.

James C. Wrenn, Jr.

From: [Tanya, Saporito](#)
To: [Stancil, Tiffany C](#)
Cc: [Mitchell, Micheala L](#)
Subject: FW: [External] Cumberland Creek Assisted Living - no review letter to CON Section(11143623.1)
Date: Tuesday, May 2, 2023 11:44:10 AM
Attachments: [Cumberland Creek Assisted Living - no review letter to CON Section\(11143623.1\).pdf](#)

Good morning,

Please will you log this?

I'll save the letter in my folder and begin the response.

Thank you!!

Tanya M. Saporito, J.D. *I work from home and in the office. Email is the best way to contact me.*

Project Analyst

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

Office: 919-855-3873

Tanya.saporito@dhhs.nc.gov

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From: Amy Erwin <aerwin@smithlaw.com>

Sent: Tuesday, May 2, 2023 11:31 AM

To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>; Tanya, Saporito <tanya.saporito@dhhs.nc.gov>

Subject: [External] Cumberland Creek Assisted Living - no review letter to CON Section(11143623.1)

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Please find attached a no review letter for your review.

If you have any questions or concerns just let me know.

THANKS!

Amy

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