



**North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Certificate of Need Section**

2704 Mail Service Center • Raleigh, North Carolina 27699-2704  
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

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Albert A. Delia, Acting Secretary

Craig R. Smith, Section Chief  
Phone: (919) 855-3873  
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**RESPONSE REQUIRED**

October 19, 2012

Caroline Hendricks  
100 Grossman Drive  
Southern Pines, NC 28387

**Conditional Approval**

Project I.D. #: H-8841-12  
Facility: The Coventry  
Project Description: Relocate 10 adult care home beds from Southern Pines Manor to The Coventry which will be licensed for 60 adult care home beds upon project completion  
County: Moore  
FID #: 960429

Dear Ms. Hendricks:

The Certificate of Need (CON) Section, Division of Health Service Regulation, Department of Health and Human Services has conditionally approved the above referenced certificate of need application. This decision was made after a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, G.S. 131E-175 et. seq. and regulations promulgated thereunder, the State Medical Facilities Plan, and other applicable information. Attached to this letter are the required findings made with respect to your application. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, the Department shall not issue the certificate of need until all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. St. Joseph of the Pines, Inc. and RALM, Inc. shall materially comply with all representations made in the certificate of need application and in supplemental information. In those instances where representations conflict, St. Joseph of the Pines, Inc. and RALM, Inc. shall materially comply with the last-made representation.



2. St. Joseph of the Pines, Inc. and RALM, Inc. shall relocate the 10 adult care home beds from Southern Pines Manor to The Coventry, an existing 50-bed facility, for a total of 60 adult care home beds upon completion of the project.
3. For the first two years of operation following completion of the project, St. Joseph of the Pines, Inc. and RALM, Inc. shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application, without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
4. St. Joseph of the Pines, Inc. and RALM, Inc. shall submit all resident charges and resident admissions for each source of resident payment to the CON Section at year end for each of the first three operating years following licensure of the beds in the facility.
5. St. Joseph of the Pines, Inc. and RALM, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

**Response to the above conditions should be submitted to the CON Section no later than 35 days from the date of the decision. Failure to respond within this time period may result in the CON Section making a determination not to issue a certificate of need for the project referenced above.**

The conditional approval is valid only for a capital expenditure of \$165,000. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by G.S. 131E-176(16)(e).

The applicant should be aware that according to the Certificate of Need Law any affected person shall have thirty (30) days after the date of decision to file a petition for a contested case on this approval. Further, if you are aggrieved by the conditions of the decision you may file a petition for a contested case hearing in accordance with G.S. 150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the date of this decision. [Note: Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).]

G.S. 150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Emery Milliken  
Department of Health and Human Services,  
Office of Legal Affairs,  
Adams Building – Room 154  
2001 Mail Service Center  
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Certificate of Need Section.

The certificate of need will not be issued before the completion of this 30 day period ending November 19, 2012. If a contested case request is received within the thirty (30) day period, the certificate will not be issued until the appeal is resolved (10A NCAC 14C .0208).

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the CON Section because the review period was extended. The timetable for this project is as follows:

Occupancy/offering of services(s) \_\_\_\_\_ January 1, 2013  
Certification of facility \_\_\_\_\_ January 1, 2013

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the Certificate of Need is issued. Please contact us if any clarification of this decision is required.

Please refer to the Project I.D. # and Facility I.D. # (FID) in all correspondence.

Sincerely,

Les Brown, Project Analyst

Martha J. Frisone, Assistant Chief  
Certificate of Need Section

LB:MJF:se

Attachment

cc: Medical Facilities Planning Section, DHSR  
Adult Care Licensure Section, DHSR

**CERTIFICATE OF SERVICE**

I hereby certify that I have served the foregoing notice of **conditional approval** on the following person by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope addressed as follows:

Caroline Hendricks  
100 Grossman Drive  
Southern Pines, NC 28387

Project I.D. #H-8841-12

FID #960429

This the 19<sup>th</sup> day of October, 2012

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Les Brown, Project Analyst