



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

RESPONSE REQUIRED

September 5, 2014

Hunter Diefes
2334 S. 41st Street
Wilmington, NC 28403

Conditional Approval

Project I.D. #: H-10297-14
Facility: The Inn at Quail Haven Village
Project Description: Convert 10 nursing facility beds to 10 adult care home beds pursuant to Policy LTC-1 in the 2014 SMFP
County: Moore
FID #: 960236

Dear Mr. Diefes:

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 there under, 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. Quail Haven Properties of Pinehurst, LLC and Quail Haven of Pinehurst, LLC shall materially comply with all representations made in their certificate of need application and the clarifying information received July 2, 2014, August 26, 2014 and August 29, 2014. In those instances where representations conflict, the applicants shall materially comply with the last made representation.



Certificate of Need Section

www.ncdhhs.gov

Telephone 919-855-3873 • Fax 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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2. Quail Haven Properties of Pinehurst, LLC and Quail Haven of Pinehurst, LLC shall develop no more than 10 adult care home beds for a total of 10 ACH beds upon completion of the project.
3. Quail Haven Properties of Pinehurst, LLC and Quail Haven of Pinehurst, LLC shall decertify 10 NF beds for a total of no more than 50 NF beds upon project completion.
4. The 10 ACH beds shall not be certified for participation in the Medicaid program or participate in the state or county special assistance programs.
5. The 10 new ACH beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
6. The 10 ACH beds shall be developed on the same site with the nursing facility beds.
7. Quail Haven Properties of Pinehurst, LLC and Quail Haven of Pinehurst, LLC 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 \$0. 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 **October 6, 2014**. 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:

Final Drawings Submitted to the Construction Section _____	March 1, 2015
Final Drawings Approved by the Construction Section _____	May 1, 2015
Final Drawings Approved by the Department of Insurance _____	July 1, 2015
Conversion Complete _____	October 1, 2015

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,

Jane Rhoe-Jones, Project Analyst

Lisa Pittman, Team Leader
Certificate of Need Section

JRJ:LP:ar

Attachment

cc: Nursing Home Licensure and Certification Section, DHSR
Medical Facilities Planning Branch, DHSR
Adult Care Licensure Section, DHSR
Construction 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:

Hunter Diefes
2334 S. 41st Street
Wilmington, NC 28403

Project I.D. #H-10297-14
FID #960236

This the 5th day of September, 2014.

Jane Rhoe-Jones, Project Analyst