



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

Pat McCrory
Governor

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

Drexdal Pratt
Division Director

RESPONSE REQUIRED

April 29, 2015

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

Conditional Approval

Project ID #: M-10367-14
Facility: Cumberland County Rehabilitation Center
Project Description: Relocate the 58 nursing facility beds from Golden Years Nursing Home and the 36 adult care home beds from Mann Street Residential Care Facility to develop a new combination nursing facility
County: Cumberland
FID #: 140467

Dear Mr. Diefes:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) 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 Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. Liberty Healthcare Services of Golden Years Nursing Center, LLC, and Liberty Healthcare Properties of Cumberland County, LLC shall materially comply with all representations made in the certificate of need application.
2. Liberty Healthcare Services of Golden Years Nursing Center, LLC, and Liberty Healthcare Properties of Cumberland County, LLC shall relocate no more than 58 NF beds from Golden Years Nursing Facility and 36 ACH beds from Mann St Residential Care Facility to the proposed Cumberland County Rehabilitation Center.



Healthcare Planning and 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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3. For the first two years of operation following completion of the project, Liberty Healthcare Services of Golden Years Nursing Center, LLC, and Liberty Healthcare Properties of Cumberland County, LLC 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 Agency that the proposed increase is in material compliance with the representations in the certificate of need application.
4. Liberty Healthcare Services of Golden Years Nursing Center, LLC, and Liberty Healthcare Properties of Cumberland County, LLC shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in Section VI. 2.
5. Liberty Healthcare Services of Golden Years Nursing Center, LLC and Liberty Healthcare Properties of Cumberland County, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. Liberty Healthcare Services of Golden Years Nursing Center, LLC, and Liberty Healthcare Properties of Cumberland County, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

Response to the above conditions should be submitted to the Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency 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 \$15,022,507. 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 Agency.

The certificate of need will not be issued before the completion of this 30 day period ending May 29, 2015. 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 Agency because the review period was extended. The timetable for this project is as follows:

Preliminary Drawings submitted to the Construction Section, DHSR	_____	November 1, 2015
Final Drawings Approved by the Construction Section, DHSR	_____	September 1, 2016
Site Purchased	_____	March 15, 2017
Construction Contract Awarded	_____	June 1, 2017
Site Preparation	_____	January 1, 2018
25% Completion of Construction	_____	August 1, 2018
50% Completion of Construction	_____	December 1, 2018
75% Completion of Construction	_____	April 1, 2019
Completion of Construction	_____	August 1, 2019
Licensure of Facility	_____	October 1, 2019

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 this office if any clarification of this decision is required.

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

Sincerely,

Tanya S. Rupp
Project Analyst

Martha J. Frisone
Assistant Chief, Certificate of Need

Attachment

cc: Nursing Home Licensure & Certification Section, DHSR
Adult Care Licensure Section, DHSR
Construction Section, DHSR
Assistant Chief, Healthcare Planning

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 ID #: M-10367-14
FID #: 140467

This the 29th day of April, 2015.

Tanya S. Rupp
Project Analyst, Certificate of Need