



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

Beverly Eaves Perdue, Governor  
Albert A. Delia, Acting Secretary

Craig R. Smith, Section Chief  
Phone: (919) 855-3873  
Fax: (919) 733-8139

August 22, 2012

Darrelle E. Green  
Green Manor Rest Home, Inc.  
DEG Healthcare Associates  
Post Office Box 597  
Parkton, NC 28371

**No Review**

Facility or Business: Green Manor Rest Home, Inc. HAL-078-003  
Project Description: Change in Licensee  
County: Robeson  
FID #: 92047

Dear Ms. Green:

The Certificate of Need Section (CON Section) received your letter of August 19, 2012 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that 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.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

In addition, you should contact the NC Division of Health Service Regulation Adult Care Licensure Section to determine if they have any requirements for development of the proposed project. Please



Location: 809 Ruggles Drive, Dorothea Dix Hospital Campus, Raleigh, N.C. 27603  
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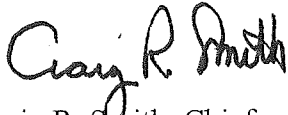
Ms. Green  
August 22, 2012  
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contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Sincerely,



Celia C. Inman, Project Analyst



Craig R. Smith, Chief  
Certificate of Need Section

cc: Barbara Ryan, Chief, Adult Care Licensure Section, DHSR

*Celia*

# DEG Healthcare Associates

1165 West Parkton Tobermory Rd  
Parkton, NC 28371  
Phone: 910-858-3822 Fax: 910-858-3005  
E-Mail: deg.hca@gmail.com

Date: August 19, 2012

Send To: Craig R. Smith, Chief

Attention: Mr. Smith

Office Location: Certificate of Need Section  
North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704

From: DEG Healthcare Associates

Office Location: 1165 West Parkton Tobermory Road  
Post Office Box 597  
Parkton, NC 28371

Phone Number: 910-858-3822



Total Pages Including Cover: 2

# Fax

Urgent   
  Reply ASAP   
  Please Confirm   
  Needs Review   
  For Your Information

Comments: Mr. Smith,

Please find included in this fax the review exemption request for Green Manor Rest Home, Inc. HAL-078-003 to change ownership. We request your immediate attention and review by your designated staff on or before August 24, 2012, prior to the expiration of the current licensee's provisional license. Thank you in advance for your prompt consideration in this matter.

**DEG Healthcare Associates**

Post Office Box 597  
Parkton, NC 28371  
910-858-3698 - Voice

August 20, 2012

VIA FACSIMILE 919-733-8139

Craig R. Smith, Chief  
Certificate of Need Section  
North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704



**Re: Green Manor Rest Home, Inc. HAL-078-003**

Dear Mr. Smith:

This letter is in regards to the current change in operations and management of the above mentioned adult group home facility. In accordance with Licensing of Homes for the Aged and Infirm, 10A NCAC 13F .0207 (2), I am writing to request an exemption from review from your department to facilitate the change of license. We will be adding no new beds to the State nor do we intend to in the future.

**I further request your immediate attention and response to this exemption request prior to the facility's license expiration date, August 28, 2012.** Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Darrelle E. Green".

Darrelle E. Green  
Owner

cc

Ms. Barbara Ryan, Chief - NC Division of Health Service Regulation