



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

December 17, 2012

Denise M. Gunter
Nelson Mullins Riley & Scarborough LLP
380 Knollwood Street, Suite 530
Winston-Salem, NC 27103

No Review

Facility or Business: Carrolton Home Care, Inc. d/b/a Community Home Care and Hospice
Project Description: Relocate hospice branch office
County: Montgomery

Dear Ms. Gunter:

The Certificate of Need Section (CON Section) received your letter of November 29, 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.

Moreover, you need to contact the Construction and Acute and Home Care Licensure and Certification Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

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

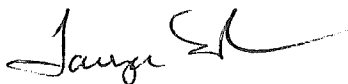


Denise M. Gunter
December 17, 2012
Page 2

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.

Please 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,



Tanya S. Rupp, Project Analyst



Craig R. Smith, Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

Nelson Mullins

Sample

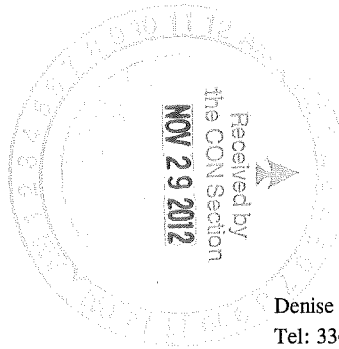
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November 29, 2012

VIA HAND DELIVERY

Craig R. Smith, Chief

Certificate of Need Section

North Carolina Department of Health and Human Services

Division of Health Service Regulation

809 Ruggles Drive

Raleigh, North Carolina 27603

Re: No Review for Carrolton Home Care, Inc. d/b/a Community Home Care and Hospice, Troy, North Carolina; HOS3199 (Montgomery County/Health Service Area V)

Dear Craig:

Pursuant to N.C. Gen. Stat. § 131E-184(a), I am writing to advise that the Carrolton Home Care, Inc. d/b/a Community Home Care and Hospice branch location at 1340 Albemarle Rd, Unit A, Troy, NC 27371 (the "Current Location") will be relocating its office to 344 North Main Street, Suite #2, Troy, NC 27371 (the "New Location") effective February 1, 2013. The New Location is approximately 2.74 miles and 5 minutes from the Current Location. See Exhibit A. A September 30, 2005 letter from the CON Section confirming that the establishment of this branch office does not require a CON is attached as Exhibit B. This relocation does not involve any activities that would implicate the definition of "new institutional health service" as that term is defined in N.C. Gen. Stat. § 131E-176(16).

In advance of the planned February 1, 2013 move date, I would appreciate your written confirmation that the proposed relocation does not require a CON.

Thank you for your time, and if you have any questions, please do not hesitate to let me know.

With best personal regards.

Sincerely,

Denise M. Gunter

Denise M. Gunter



Notes



Trip to:

344 N Main St Ste 2

Troy, NC 27371-3018

2.74 miles / 5 minutes



1340 Albemarle Rd, Troy, NC 27371-8696



1. Start out going **northeast** on **Albemarle Rd / NC-109 / NC-27 / NC-24** toward **Alexander Rd**. Continue to follow **NC-27 / NC-24**. [Map](#)

2.5 Mi

2.5 Mi Total



2. Turn **left** onto **NC-134 / NC-109-BR / N Main St**. [Map](#)

0.3 Mi

NC-134 is just past N Liberty St

If you reach N Pearl St you've gone a little too far

2.7 Mi Total



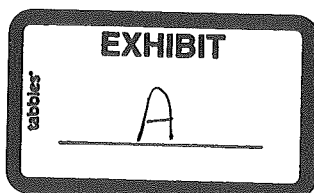
3. **344 N MAIN ST STE 2** is on the **right**. [Map](#)

Your destination is just past Blair St

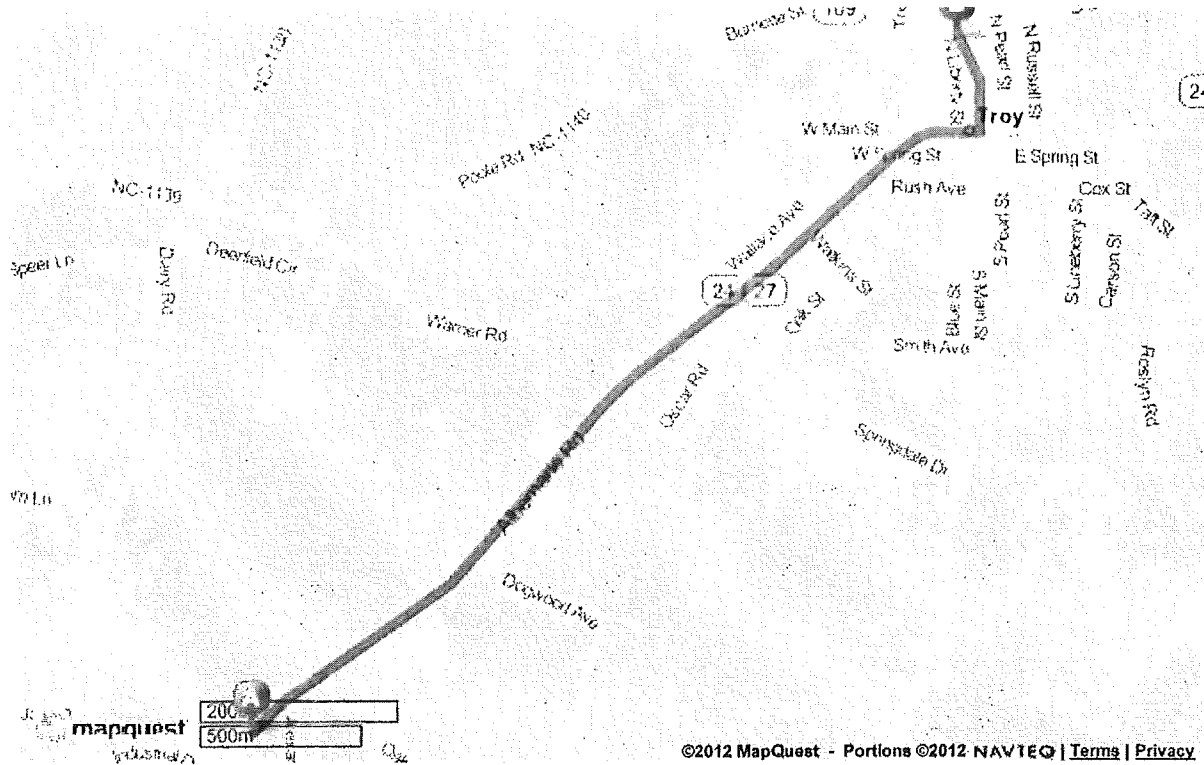
If you reach NC-109-BR you've gone a little too far



344 N Main St Ste 2, Troy, NC 27371-3018



Total Travel Estimate: 2.74 miles - about 5 minutes



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North Carolina Department of Health and Human Services
 Division of Facility Services
 Certificate of Need Section
 2704 Mail Service Center • Raleigh, North Carolina 27699-2704

Troy

Michael F. Easley, Governor
 Carmen Hooker Odom, Secretary

<http://facility-services.state.nc.us>

Lee Hoffmann, Section Chief
 Phone: 919-855-3873
 Fax: 919-733-8139

September 30, 2005

Michael C. Hale, JD, RN
 Vice-President of Legal Services
 Community Health, Inc.
 P.O. Box 8109
 Rocky Mount, North Carolina 27804-1109

RE: No Review / Carrolton Home Care, Inc. d/b/a Community Home Care and Hospice / Open a hospice branch office of the Cumberland County certified hospice office to be located in Montgomery County
 Provider # 34-1576

Dear Mr. Hale:

The Certificate of Need Section (CON Section) received your letter of September 22 regarding the above referenced proposal on September 27, 2005. Based on the CON law in effect on the date of this letter, 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.

Further, 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 the 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 Acute and Home Care Branch of the Licensure and Certification Section of the Division of Facility Services to determine if they have any requirements for development of the proposed project.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility I.D.# (FID) if the facility is licensed.

Sincerely,

Andrea C. Phillips
 Andrea C. Phillips, Project Analyst

Lee B. Hoffmann
 Lee B. Hoffmann, Chief
 Certificate of Need Section

ACP:LBH

cc: Acute and Home Care Branch, Licensure and Certification Section, DFS
 Medical Facilities Planning Section, DFS

Handwritten initials

Location: 701 Barbour Drive • Dorothea Dix Hospital Campus • Raleigh, N.C. 27603
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