



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

June 20, 2013

Rodney Johnson  
709 Hay Street  
Fayetteville, NC 28301

**Exempt from Review – Acquisition of Facility – Corrected**

Facility: Crest Road Group Home  
FID #: 955486  
Acquisition by: Greater Image Healthcare, Corp.  
County: Moore

Dear Mr. Johnson:

In response to your letter of May 21, 2013, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(8). Therefore, Greater Image Healthcare Corp. may proceed to acquire the above referenced health service facility without first obtaining a certificate of need. However, you need to contact the Mental Health Licensure and Certification Section of the Division of Health Service Regulation to obtain instructions for changing ownership of the existing facility. Note that pursuant to N.C.G.S. §131E-181(b): *“A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.”*

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

*Martha J. Hisone for*  
Tanya S. Rupp  
Project Analyst

*Craig R. Smith*  
Craig R. Smith, Chief  
Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR  
Mental Health Licensure and Certification Section, DHSR



**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

An Equal Opportunity/ Affirmative Action Employer



**Rupp, Tanya**

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**From:** Rodney Johnson [greaterimagehc@yahoo.com]  
**Sent:** Tuesday, May 21, 2013 3:05 PM  
**To:** Rupp, Tanya  
**Subject:** Fwd: Request for No Review from Greater Image Healthcare, corp.  
**Attachments:** Greater Image docs.pdf

--- On Tue, 5/21/13, Gloria <gloriaj.1201@gmail.com> wrote:

From: Gloria <gloriaj.1201@gmail.com>  
Subject: Fwd: Request for No Review from Greater Image Healthcare, corp.  
To: "Greater Image Health Care" <greaterimagehc@yahoo.com>  
Date: Tuesday, May 21, 2013, 6:06 PM

Respectfully yours  
Gloria Johnson

Begin forwarded message:

**From:** Gloria Johnson <gloriaj.1201@gmail.com>  
**Date:** May 15, 2013, 10:59:31 AM EDT  
**To:** tanya.rupp@dhhs.nc.gov  
**Subject:** Fwd: Request for No Review from Greater Image Healthcare, corp.

Ms. Rupp,  
Please disregard the change of licensure applications for mh/dd/sas facilities forms. We had to get those signed as well to send to dhsr, and it was included in this attachment. If you have any questions or we need to submit any additional information, please do not hesitate to contact me, (Gloria Johnson), at (910) 476-7977.

Thank you,  
Gloria Johnson  
Admin Asst.

----- Forwarded message -----

From: Louise Colbourne <lcolbourne@mccoywiggins.com>  
Date: Tue, 14 May 2013 14:23:38 -0400  
Subject: Documents on Greenhouse Lane & Devonshire Trail  
To: "gloriaj.1201@gmail.com" <gloriaj.1201@gmail.com>

Good Day Ms. Johnson,

Annexed hereto are copies of the Change of Licensure Application as well as other documents regarding the aforementioned. Please advise as to whether you would like to come to our office to pick up these documents or would you like for us to overnight them to you via Federal Express.

I look forward to your response.

Thank you.

Louise M. Colbourne  
Paralegal to James A. McLean, III and Daniel S. Harrison  
McCoy Wiggins Cleveland & O'Connor, PLLC  
202 Fairway Drive  
P.O. Box 87009  
Fayetteville, NC 28305  
Telephone: (910) 483-8104 ext. 223  
Facsimile: (910) 483-0094  
[lcolbourne@mccoywiggins.com](mailto:lcolbourne@mccoywiggins.com)

**PRIVILEGED AND CONFIDENTIAL:**

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709 HAY STREET  
FAYETTEVILLE, NC. 28301

Craig R. Smith, Chief  
Certificate of Need  
Mail Service Center  
Raleigh, NC. 27699

REQUEST FOR EXEMPTION FROM REVIEW

Mr. Smith,

Greater Image Healthcare, Corp. is requesting a change of ownership of the Certificate of Need for the following ICF/MR facilities of Peterkin and Associates, currently owned by Alice Smith:

1. Crest Road Group Home  
114 Greenhouse Lane; Southern Pines, NC 28387  
Ph: 910.496-0661; MHL-063-017      CON License # 932244
2. Moore County Home For Autistic Adults  
1112 Devonshire Trail; Aberdeen, NC 28315  
Ph: 910.944-1047; MHL-063-016      CON License # 955486

Greater Image Healthcare Corporation, located at 709 Hay Street, Fayetteville NC, is prepared to assume full responsibility of the operations of the two facilities to include staff and key personnel.

Greater Image Healthcare Corporation was incorporated in 2009 and was endorsed for several basic and enhanced benefit services going into the 2010 fiscal year that included Community Support Services for Adults and Children, intensive In Home Services, and Community Support Team services. The agency as a whole has served over 250 consumers during that endorsement period.

Greater Image received National Accreditation as required by the state for all providers in 2010 for 36 months through the Joint Commission and attained more enhanced benefit endorsements through Cumberland County LME that included Mobile Crisis Team services, Assertive Engagement, and Outpatient Therapy (MH/SA) as well as Physician Services to include Medication Management (MH/SA/IDD).

Since the development of the Local Management of healthcare services and delivery through the MCO's, Greater Image has executed a contract with Durham Alliance MCO effective 2/1/2013 and Sandhills MCO effective 12/1/2012.

Greater Image currently has 3 Medicaid provider numbers (83022847, 6008694, 5919267) for the current credentialed services and have NOT been under a payback status through audits conducted by leading authorities such as NC DMA or the LME. Greater Image is also under contract with BC/BS, AETNA, and other HMO's with a pending application with Medicare.



We have been able to achieve each of these milestones due to our diligent and dedicated Senior management team that consists of comprehensively trained and licensed professionals that include the LCSW who is the Clinical Director, Registered Nurse; Director of Nursing, LCAS; SA Program Supervisor, and a Medical Director who is a Board Certified Psychiatrist. The Support staff is comprised of Qualified Professionals with decades of ICF/MR experience with multiple populations such as Autistic adolescents and adults, medically fragile children and IDD adults.

If there are additional questions or concerns please do not hesitate to contact Gloria Johnson, General Manager, at (910) 321-0069 or (910) 476-7977.

Respectfully,

*Rodney Johnson, 4-1-2013*  
New Owner, Rodney Johnson, CEO

*[Signature]*  
Current Owner, Alice Smith

**N.C. Department of Health and Human Services**  
 Division of Health Service Regulation  
 Mental Health Licensure and Certification Section  
 2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

**CHANGE LICENSURE APPLICATION FOR MH/DD/SAS FACILITIES**

**TYPE OF LICENSURE APPLICATION**

FACILITY MHL# 063 - 017

Change of Facility Name       Change of Capacity       Service Category   
 Change of Licensee/Ownership\*       Other  (specify): \_\_\_\_\_  
 Change of Location -same county       different county

**Note:** Change in Ownership requires a license fee to accompany this application. Change of Location & Change of Capacity require a Construction Fee. You will be invoiced for these fees. Do not send money for Construction Section when submitting this application.

**CURRENT LICENSE INFORMATION (complete requested change/s on following pages)**

1. CURRENT FACILITY NAME: Crest Road Group Home

2. CURRENT FACILITY SITE ADDRESS: (NO P.O. BOXES)

Street: 114 Greenhouse Lane  
 City Southern Pines Zip Code 28387 County Moore  
 \*Facility Telephone Number (910) 496-0661 Fax Number ( )  
 \*must be installed and operable prior to licensing-no cell phones.

3. CURRENT LEGAL IDENTITY OF OWNERSHIP/LICENSEE:

Name of Owner: Peterkin + Associates Inc., Alice Smith  
 Address: 131 Hay Street Ste. 201 City Fayetteville State: NC Zip Code 28301  
 Business Phone # of Applicant/Licensee: (910) 323-1817 Fax (910)

4. SIGNATURE OF CURRENT LICENSEE: The undersigned, representing the governing authority, submits information for the above named facility and certifies the accuracy of this information in accordance with 10A NCAC 27G. \* if partnership or equal shareholders

Name: Georg M. Oliver Title: Chapter 7 Trustee, Peterkin + Associates, Inc.  
 Signature: [Signature] Date: 5-13-13  
 \*Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. SIGNATURE OF REQUESTED NEW LICENSEE (if applicable): The undersigned, representing the governing authority, submits information for the above named facility and certifies the accuracy of this information in accordance with 10A NCAC 27G.

Name: Rodney L. Johnson Title: CEO  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL APPLICATIONS MUST BE MAILED TO ABOVE ADDRESS AND MUST HAVE AN ORIGINAL SIGNATURE**

OFFICIAL USE ONLY: DHSR Form 4080

Licensure Categories: \_\_\_\_\_  
 Licensure Recommendation: \_\_\_\_\_ DHSR Consultant: \_\_\_\_\_

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2013, this license is issued to*

*Peterkin and Associates, Inc.*

*to operate a mental health facility known as*

**Crest Road Group Home**

*located at 114 Greenhouse Lane*

*Southern Pines, North Carolina County: Moore*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2013.*

Facility ID: 955486

License Number: **MHL-063-017**

Capacity: 6

Services:

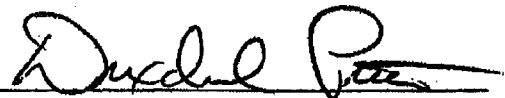
27G.5600B Supervised Living DD Minor

ICF/MR

Authorized by:



Acting Secretary, N.C. Department of Health and  
Human Services

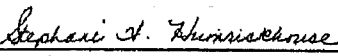


Director, Division of Health Service Regulation



SO ORDERED.

SIGNED this 07 day of June, 2012.

  
Stephani W. Humrickhouse  
United States Bankruptcy Judge

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UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA  
FAYETTEVILLE DIVISION

IN RE:

CASE NUMBER: 10-10442-8-SWH

PETERKIN & ASSOCIATES, INC.,

DEBTOR

CHAPTER 11

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**CONSENT ORDER APPOINTING CHAPTER 11 TRUSTEE**

This matter came before the Court, on the Bankruptcy Administrator's Motion to Dismiss or Convert the Debtor's Chapter 11 case, and the Debtor's Response in Opposition to the Motion on May 24, 2012, in Raleigh, North Carolina. The parties in attendance were Mr. Stephon J. Bowens on behalf of the Debtor, Mr. Neal Fowler on behalf of the Internal Revenue Service (IRS), Mr. Rich Votta on behalf of the North Carolina Division of Medical Assistance (DMA), and the Bankruptcy Administrator. The Court finds that prior to the commencement of the hearing; the parties reached a consensus and agreed to the appointment of a Chapter 11 Trustee in this case. The Court further finds that the appointment of a Chapter 11 Trustee is in the best interest of the creditors in this case.



NOW THEREFORE, IT IS ORDER THAT:

1. Upon the recommendation of the Bankruptcy Administrator, and the consent of the parties, as evidenced below, the Court finds that the appointment of a Trustee is contemplated in the Order Confirming the Debtor's Plan in the event of a material and uncured default, prior to substantial consummation.
2. The court finds that it is in the best interest of the Debtor and Creditors for the appointment of a Trustee pursuant to 11 U.S.C. §1104. .
3. The Bankruptcy Administrator recommends and the court hereby appoints Mr. George M. Oliver as Chapter 11 trustee. Mr. Oliver shall exercise all the powers and duties of a Chapter 11 Trustee as allowed by the Bankruptcy Code, pursuant to 11 U.S.C. § 1106(a).

WE CONSENT:

Date: June 4, 2012

/s/Parker M. Worth  
Parker M. Worth  
Staff Attorney  
434 Fayetteville Street, Suite 620  
Raleigh, North Carolina 27601  
N.C. Bar No.: 40189

Date: June 4, 2012

/s/ Stephon Bowens  
Stephon J. Bowens  
Attorney for the Debtor  
3434 Edwards Mill Road, Suite 112-254  
Raleigh, North Carolina 27612  
N.C. Bar No.: 26587

Date: June 4, 2012

/s/Neal I. Fowler  
Neal I. Fowler  
Attorney for the IRS  
310 New Bern Avenue, Suite 800  
Raleigh, North Carolina 27601  
N.C. Bar No.: 27371

Date: June 4, 2012

/s/Richard J. Votta  
Richard J. Votta  
Assistant Attorney General  
North Carolina Department of Justice  
P. O. Box 629  
Raleigh, North Carolina 27602  
N.C. Bar No.: 11131

**“END OF DOCUMENT”**