



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

November 5, 2014

Douglas M. Hance  
Arnall, Golden, and Gregory, LLP  
171 17<sup>th</sup> Street NW, Suite 2100  
Atlanta GA 30363-1031

**No Review**

Facility: Carillon Assisted Living of Fuquay Varina  
Project Description: Change in the indirect owners, including the parent entity, of the real estate owner  
County: Wake  
FID #: 000461

Dear Mr. Hance:

The Certificate of Need Section (CON Section) received your letter of October 15, 2014 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 Adult Care Licensure Section 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 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.

**Certificate of Need Section**

[www.ncdhhs.gov](http://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

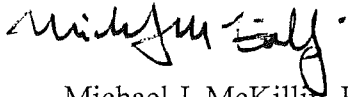
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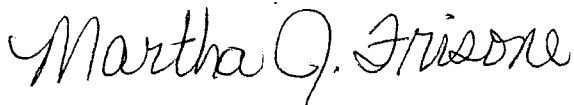
Mr. Hance  
November 5, 2014  
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Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Sincerely,



Michael J. McKillip, Project Analyst



Martha J. Frisone, Interim Chief  
Certificate of Need Section

cc: Adult Care Licensure Section, DHSR

**Arnall  
Golden  
Gregory LLP**

Atlanta Office  
171 17th Street NW, Suite 2100  
Atlanta, GA 30363-1031  
Direct phone: 404.873.8104  
Direct fax: 404.873.8105  
E-mail: doug.hance@agg.com

October 15, 2014

**VIA FEDERAL EXPRESS**

Mr. Craig Smith, Section Chief  
NC Division of Health Service Regulation  
Certificate of Need Section  
809 Ruggles Drive  
Raleigh, NC 27603

Received by  
the COOL Section  
OCT 17 2014

Re: North Carolina Adult Care Homes / Change of Indirect Ownership of Real Estate  
Owners

Dear Mr. Smith:

This letter is to notify you of a proposed change to certain indirect owners, including the parent entity, of the real estate owners for the facilities listed in Exhibit A (the "Facilities"). There will be no change to the real estate entities themselves. This real estate transaction is scheduled to occur in early November 2014.

There will be no change to the ownership of the operators/licensees. The operators' and real estate owners' federal tax identification numbers will not change. The real estate transaction will not impact the licensees or the Facilities' day-to-day operations. The current lease arrangements will remain in place.

It is our understanding that no additional filings are required prior to this real estate transaction, and that we may proceed with consummating the transaction. We are requesting the issuance of a "No Review Letter" confirming our understanding.

Thank you for your attention to this matter. If you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely,

ARNALL GOLDEN GREGORY LLP

  
Douglas M. Hance

Enclosure

cc: Ms. Karen Jones, Adult Care Licensure Section  
Joel Rush, Esq.  
Hedy S. Rubinger, Esq.

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**EXHIBIT A**

<b>Facility Name and Address</b>	
Carillon Assisted Living of Durham	100294
4713 Garret Road Durham, NC Durham County	
Carillon Assisted Living at Indian Trail	080125
5306 Secrest Short Cut Road Monroe, NC Union County	
Carillon Assisted Living of Lincolnton	000456
440 Salem Church Road Lincolnton, NC Lincoln County	
Carillon Assisted Living of Fuquay Varina	000461
6516 Johnson Pond Road Fuquay Varina, NC Wake County	
Carillon Assisted Living of Knightdale	000453
2408 Hodge Road Knightdale, NC Wake County	
Carillon Assisted Living of Fayetteville	080399
1164 71 <sup>st</sup> School Rd. Fayetteville, NC Cumberland County	