



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 13, 2017

Max Mason
Britthaven, Inc.
P.O. Box 1010
Garner, NC 27529

Exempt from Review

Record #: 2188
Facility Name: Piney Grove Nursing and Rehabilitation Center
FID #: 923023
Business Name: Britthaven, Inc.
Business #: 275
Project Description: Expand and renovate existing NF to improve resident experience and quality of life, incorporating a homelike environment
County: Forsyth

Dear Mr. Mason:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of & (date), the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(e). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and Nursing Home Licensure and Certification Sections 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 Agency. 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;

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

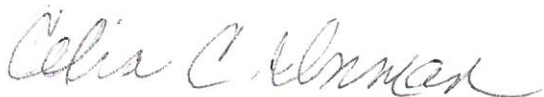
AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



(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.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Celia C. Inman
Project Analyst
Need



Martha J. Frisone
Assistant Chief Certificate of

cc: Construction Section, DHSR
Nursing Home Licensure and Certification Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

Britthaven, Inc.

Post Office Box 1010
Garner, NC 27529
P: (919)-779-5095
F: (919)-779-9587

March 8, 2017

Via Hand-Delivery

Martha J. Frisone, Assistant Chief
Healthcare Planning & Certificate of Need Section
North Carolina Department of Health & Human Services
Division of Health Service Regulation



Re: Addition to Piney Grove Nursing & Rehabilitation Center (Forsyth County)
CON Exemption Request

Dear Ms. Frisone,

This letter is sent to inform you that Britthaven, Inc. intends to incur a capital expense in excess of \$2,000,000 at its Piney Grove Nursing & Rehabilitation Center in Forsyth County. We are specifically requesting confirmation that this project is exempt from CON review pursuant to NCGS 131E-184(e), which provides that:

(e) The Department shall exempt from certificate of need review a capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

- (1) The proposed capital expenditure would:*
 - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding an existing:*
 - 1. Nursing home facility,*
 - 2. Adult care home facility, or*
 - 3. Intermediate care facility for the mentally retarded;*

and

 - b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.*
- (2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:*
 - a. Conversion of semiprivate resident rooms to private rooms.*

b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.

c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents

The specific purpose of this expenditure is for construction of an addition to the existing nursing facility to improve resident experience and quality of life. The addition will be a homelike environment and include:

- Construction of additional private rooms (which will also allow for similar use of existing semi-private rooms);
- Addition of shower facilities in patient rooms;
- Renovation of central bathing areas;
- Expansion and upgrade of therapy facilities;
- Development of two new dining areas with indoor and outdoor seating options;
- Development of a family dining room;
- Removal of institutional staffing stations (thus opening up space for additional common areas);
- Updated and refreshed floor coverings and paint;
- New furniture;
- Installation of new courtyards (and updates to existing);
- Two new porte-cocheres; and
- Expanded parking.

In summary, this project does not include any change in the current bed capacity of the facility, nor does any aspect of the project constitute the addition of any health service facility or new institutional health services. We would appreciate your confirmation of CON exemption at your earliest convenience.

Sincerely,

A handwritten signature in blue ink, appearing to be 'Max Mason', written over a horizontal line.

Max Mason
Director of Planning & Development