



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

**\*VIA EMAIL ONLY\***

October 27, 2017

John P. Barber  
jbarber@whiteoakmanor.com

**No Review**

**Record #:** 2424  
**Facility Name:** White Oak Manor – Tryon  
**FID #:** 923558  
**Business Name:** White Oak Management, Inc.  
**Business #:** 2735  
**Project Description:** Delicense 12 adult care home beds  
**County:** Polk

Dear Mr. Barber:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your email of October 23, 2017 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, as well as the CON law in effect as of the date of the transaction described, the transaction described in your correspondence was not governed by, and therefore, did not require and currently does not 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. Furthermore, this letter does not address whether or not the 12 adult care home beds would be available for acquisition by another entity.

However, you need to contact the Agency's Nursing Home Licensure and Certification Section 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 in your correspondence. 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 this office. 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

**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



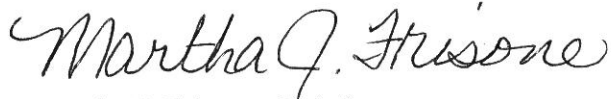
original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

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

Sincerely,



Julie Halatek  
Project Analyst



Martha J. Frisone, Chief  
Healthcare Planning and Certificate of Need Section

cc: Nursing Home Licensure and Certification Section, DHSR  
Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR



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October 27, 2017

John P. Barber  
jbarber@whiteoakmanor.com

**Relinquished Beds**

Facility: White Oak Manor - Tryon  
Project Description: Delicense 12 adult care home beds  
County: Polk  
FID #: 923558

Dear Mr. Barber:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), received your October 23, 2017 email which states that the facility has relinquished 12 adult care home beds. Please note that once the beds have been relinquished, they cannot be relicensed or reopened without applying for and receiving a new certificate of need.

If you have any questions regarding this letter, please feel free to call this office.

Sincerely,

Handwritten signature of Julie Halatek in cursive.

Julie Halatek  
Project Analyst

Handwritten signature of Martha J. Frisone in cursive.

Martha J. Frisone  
Chief, Healthcare Planning and  
Certificate of Need Section

cc: Nursing Home Licensure and Certification Section, DHSR  
Shareta Blackwell, Program Assistant Healthcare Planning, DHSR

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## Halatek, Julie F

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**From:** John Barber <jbarber@WhiteOakManor.com>  
**Sent:** Monday, October 23, 2017 10:36 AM  
**To:** Halatek, Julie F  
**Cc:** Harrison Cecil  
**Subject:** [External] Follow up to our phone conversation today

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you verify that the attachment and content are safe. Send all suspicious email as an attachment to report.spam@nc.gov.

Julie, please allow this email to serve as notification that effective April 17, 2015 we decertified 12 Adult Care Home (ACH) beds located at White Oak Manor-Tryon. This reduction resulted in a total of 18 licensed ACH beds, down from 30. It is my understand that this reduction did not require a formal CON review by your department at the time of the change. However, recently I have been instructed by DHSR to make you aware of this change.

As always, if you have any questions or require anything further, please let me know.

John

John P. Barber, CPA  
Executive Vice President & CFO  
White Oak Management, Inc.  
Direct 864-327-1132  
Office 864-573-0106 ext.212  
Fax 864-542-8751

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