



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

April 30, 2020

James C. Wrenn, Jr.
P.O. Box 247
Oxford, NC 27565

Exempt from Review – Acquisition of Facility

Record #: 3269
Facility Name: Pine Valley Adult Care Home
Type of Facility: Adult Care Home
FID #: 920393
Acquisition by: Fayetteville Senior Care, LLC
Business #: 3215
County: Cumberland

Dear Mr. Wrenn:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that based on your representations, the above referenced proposal is exempt from certificate of need (CON) review in accordance with N.C. Gen. Stat. §131E-184(a)(8). Therefore, the above referenced business may proceed to acquire the health service facility identified above without first obtaining a CON. The Agency’s determination is limited to the question of whether the above referenced business would have to obtain a CON if the current owners of the health service facility do in fact sell it to the business listed above. Note that pursuant to N.C. Gen. Stat. §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.”

If the business listed above does acquire the facility, you should contact the Agency’s Adult Care Licensure Section to obtain instructions for changing ownership of the existing facility.

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 regarding whether a certificate of need would be required. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

[Handwritten signature of Tanya M. Saporito]

Tanya M. Saporito
Project Analyst

[Handwritten signature of Martha J. Frisone]

Martha J. Frisone
Chief

cc: Construction Section, DHSR
Adult Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
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N. Kyle Hicks
James C. Wrenn, Jr.
Gerald T. Koinis
Jeffrey G. Stovall

PO Box 247
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Oxford, North Carolina 27565

April 29, 2020

Via email and overnight delivery

Ms. Martha Frisone
Assistant Section Chief
NC Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
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Ms. Tanya Saporito
Project Analyst
NC Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
809 Ruggles Drive
Raleigh, NC 27603
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**Re: Pine Valley Adult Care Home
Pine Valley Care, Inc.
3522 Camden Road, Fayetteville, NC 28306 (Cumberland County)
License Number: HAL-026-068**

Dear Ms. Frisone and Ms. Saporito:

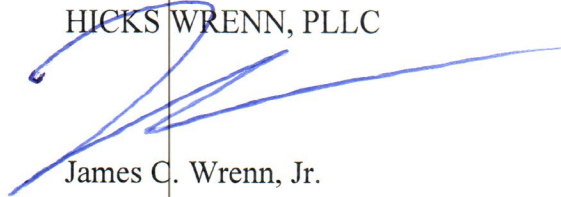
I represent Fayetteville Senior Care, LLC (“FSC”). FSC proposes to acquire the real property constituting the existing health service facility licensed as a forty (40) bed adult care home known as Pine Valley Adult Care Home from Magnolia Lane, LLC. The real property is owned by Magnolia Lane, LLC and the operations of the facility are leased to Pine Valley Care, Inc. (Licensee: Pine Valley Care, Inc.; Address: Pine Valley Care, Inc. (Cumberland County); License Number: HAL-026-068). After the acquisition of the real property, Pine Valley Care, Inc. will continue to operate the adult care home pursuant to a lease with FSC.

Pursuant to G.S. §131D-184(a)(8), I understand that this transaction is exempt from review and, as a result, we request that you confirm that understanding by providing us with a “no review” letter.

As always, thank you for your assistance.

Sincerely,

HICKS WRENN, PLLC

A handwritten signature in blue ink, appearing to read "James C. Wrenn, Jr.", is written over the typed name. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

James C. Wrenn, Jr.