



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

October 1, 2020

Pamela Fox
pfox@twinlakescomm.org

No Review

Record #: 3361
Facility Name: Twin Lakes Community Memory Care
FID #: 061418
Business Name: Lutheran Retirement Ministries of Alamance County, North Carolina
Business #: 1163
Project Description: Renovation and expansion of kitchen for approximately \$300,000
County: Alamance

Dear Ms. Fox:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence 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 that correspondence is not governed by, and therefore, does not currently require a certificate of need. 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.

You may need to contact the Agency's Nursing Home Licensure and Certificate Section to determine if they have any requirements for development of the proposed project.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Celia C. Inman

Project Analyst

Martha J. Frisone

Martha J. Frisone
Chief

cc: Nursing Home 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
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



September 8, 2020

Martha Frisone, Chief
Healthcare Planning and Certificate of Need
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Email: Martha.Frisone@ddhs.nc.gov

Re: Exemption from Review Notification for Expansion and Renovation of Existing
Nursing Home Kitchen Pursuant to NC Gen. Stat. 131E-184(e)

Facility Name: Twin Lakes Community Memory Care

Facility ID: 061418

License Number: NH0621

Dear Ms. Frisone:

Lutheran Retirement Ministries of Alamance County, North Carolina d.b.a Twin Lakes Community, a continuing care retirement community, is currently in the design and planning phase of an expansion and renovation of the kitchen in Moneta Springs Memory Care. A copy of the floorplan for the project is enclosed for your reference.

We anticipate the project will cost between \$250,000 and \$300,000. Our goal with the project is to enhance the dining experience for our residents in Moneta Springs. The expansion will enable us to prepare all meals on site, and thus the quality of the food and the dining experience will be improved.

The purpose of this letter is to provide formal notification to the North Carolina Department of Health and Human Services, Division of Health Service Regulation, CON Section of this replacement and expansion under the CON law's exemption provisions set forth under NC General Statute 131 E-184(e).

Our project team includes Twin Lakes Community staff and TFF Architects & Planners, LLP.

We respectfully request that the Division confirm that the expansion and renovation described herein is exempt from the Certificate of Need review.

Thank you for your attention to this matter. If you have any questions or require any additional information to consider this request, please do not hesitate to contact me at (336) 538-1500.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela S. Fox". The signature is fluid and cursive, with a large initial "P" and "F".

Pamela S. Fox

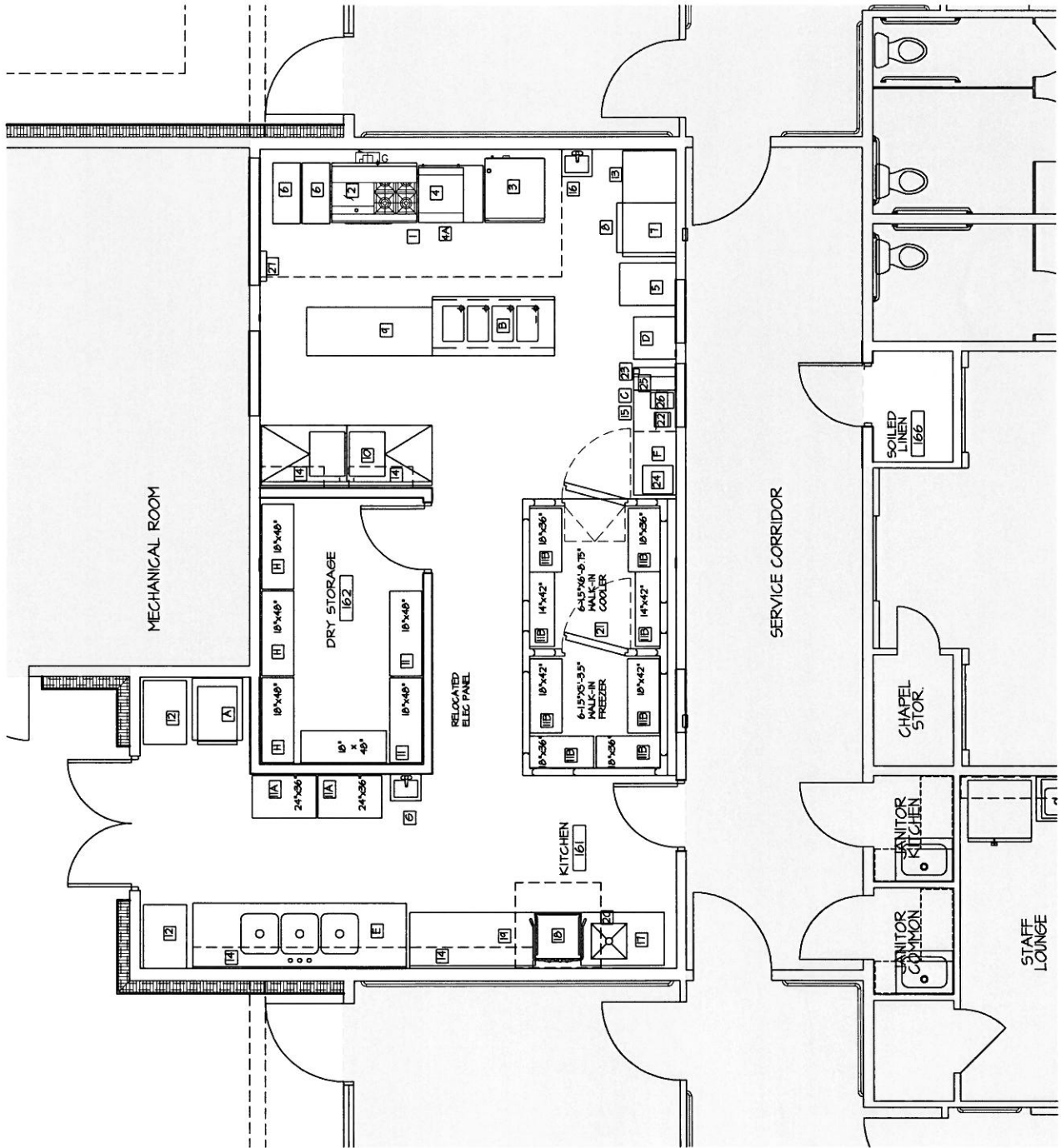
President /CEO

NEW EQUIPMENT LEGEND
(PURCHASED BY OWNER AND SET BY VENDOR)

- 1 EXHAUST HOOD (SEE E60 SHEETS)
- 2 4 BURNER RANGE
- 3 COMBI STEAMER
- 4 SMALL CHAR GRILL
- 5 CHIEF BASE REFRIGERATOR
- 6 HOLD OVEN
- 7 FRYERS
- 8 HOT CABINET (UNDERCOUNTER)
- 9 COUNTERTOP FREEZER
- 10 UNDERCOUNTER FRIDGE/FREEZER
- 11 PREP SINK
- 12 SUPER ERRECTA WIRE SHELF
- 13 DRYING RACKS
- 14 SUPER ERRECTA PRO SHELF
- 15 SHELVING ON WHEELS - WIRE
- 16 WORK TABLE
- 17 HALL SHELF
- 18 MICROWAVE SHELF
- 19 HAND SINK
- 20 DISH TABLE W/ PRE-RINSE SINK
- 21 DISHWASHER
- 22 DISH TABLE
- 23 DISPOSER
- 24 MILK-IN FREEZER/ COOLER
- 25 BLIXER
- 26 CAN OPENER
- 27 BEIKU MIXER
- 28 HANDHELD POWER MIXER
- 29 VITA-PRF BLENDER
- 30 KNIFE RACK

EXISTING EQUIPMENT LEGEND

- A SINGLE DOOR FRIDGE (TO BE RELOCATED FROM DEACON POINT)
-CONTRACTOR TO COORDINATE AND PROVIDE THIS RELOCATION.
- B SANDWICH REFRIGERATOR
- C MICROWAVE
- D ICE MACHINE
- E TRIPLE POT SINK
- F UTILITY TABLE
- G HAND SINK
- H 18 X 48 WIRE RACK SHELVING



**TWIN LAKES COMMUNITY
MONETA SPRINGS MEMORY CARE
KITCHEN EXPANSION**

NOT TO SCALE