



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 29, 2021

Greg Gaylis
Greg.gaylis@agg.com

No Review

Record #: 3539, 3540, 3541, 3542, 3543, 3544, 3545
Date of Request: April 23, 2021
Facility Name: See Attachment A
FID #: See Attachment A
Business Name: See Attachment A
Business #: See Attachment A
Project Description: Change in indirect ownership
County: Multiple See Attachment A

Dear Mr. Gaylis:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law **in effect on the date of this response to your request**, the project as described 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.

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

for
Lisa Pittman
Acting Chief, Certificate of Need

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

Attachment A

Facility	FID	Business Owner	Bus. ID	County
Abbotts Creek Center	923045	SunBridge Regency-North Carolina, LLC	3364	Davidson
Alleghany Care and Rehabilitation Center	923249	SunBridge Regency-North Carolina, LLC	3364	Alleghany
Meridian Center	923288	SunBridge Regency-North Carolina, LLC	3364	Guilford
Mount Olive Center	923344	SunBridge Regency-North Carolina, LLC	3364	Wayne
Pembroke Center	923393	SunBridge Retirement Care Associates, LLC	3367	Robeson
Siler City Center	923120	SunBridge Regency-North Carolina, LLC	3364	Chatham
Woodland Hill Center	923365	400 Vision Drive Operations, LLC	3368	Randolph



April 19, 2021

VIA FEDERAL EXPRESS

Ms. Martha Frisone
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
809 Ruggles Drive
Raleigh, NC 27603

Re: North Carolina – Skilled Nursing Facilities / Proposed Indirect Minority
Ownership Changes

Dear Ms. Frisone:

This letter is to inform you of changes to indirect minority ownership (the “Indirect Ownership Changes”) for the facility operators listed in Attachment A (the “Operators”). The Indirect Ownership Changes are scheduled to no earlier than July 1, 2021. There will be no change to the Operators as the licensees or Medicare/Medicaid providers. The Indirect Ownership Changes will occur multiple levels above the Operators in the corporate structure. The Operators’ federal tax identification numbers will not change, the Medicare and Medicaid provider agreements will remain the same and there will be no change to the day-to-day operations as a result of the Indirect Ownership Changes.


The Indirect Ownership Changes may occur in multiple stages over a period of time as the new indirect minority owners acquire indirect ownership interests; **note that the ownership held by these owners will remain under 50 percent in the aggregate.** The existing owners will continue to hold a majority ownership interest in the Operators.

It is our understanding that the Indirect Ownership Changes do not require certificate of need review or approval, **therefore we respectfully request the issuance of a “No Review Letter” confirming our understanding.**

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

Sincerely,

ARNALL GOLDEN GREGORY LLP



Greg M. Gaylis

Enclosures

cc: Teresa Salamon, Esq.
Hedy S. Rubinger, Esq.

ATTACHMENT A

Facility Name and Address	Facility Operator	License Number
Abbotts Creek Center 877 Hill Everhart Road Lexington, NC 27295	SunBridge Regency-North Carolina, LLC	NH0099
Alleghany Center 179 Combs Street Sparta, NC 28675	SunBridge Regency-North Carolina, LLC	NH0413
Meridian Center 707 North Elm Street High Point, NC 27262	SunBridge Regency-North Carolina, LLC	NH0389
Mount Olive Center 228 Smith Chapel Road Mount Olive, NC 28365	SunBridge Regency-North Carolina, LLC	NH0401
Pembroke Center 310 East Wardell Drive Pembroke, NC 28372	SunBridge Retirement Care Associates, LLC	NH0518
Siler City Center 900 West Dolphin Street Siler City, NC 27344	SunBridge Regency-North Carolina, LLC	NH0395
Woodland Hill Center 400 Vision Drive Asheboro, NC 27203	400 Vision Drive Operations, LLC	NH0448