



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

August 25, 2021

Georgette Johnson
Harrisjohnson6656@yahoo.com

No Review

Record #: 3645
Date of Request: August 11, 2021
Facility Name: Green Haven Family Care
Business Name: CCJ Adult Care III
Business #: 3428
Project Description: Change in ownership
County: Cleveland

Dear Ms. Johnson:

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,

Ena Lightbourne

Micheala Mitchell
Chief

cc: Adult Care Licensure 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

HARRIS ENTERPRISES OF NC INC
DBA GREENE HAVEN FAMILY CARE
1833 STONEY POINT ROAD
SHELBY, NC 28150
LICENSE NUMBER: FCL-023-037
CLEVELAND COUNTY
6 BEDS
GEORGETTE JOHNSON 704-460-4072

August 11, 2021,

DEAR GREG YAKABOSKI (CON DIVISION)

THE ABOVE FACILITY IS COMPLETING A CHANGE OF OWNERSHIP EFFECTIVE JULY 1, 2021.

HARRIS ENTERPRISES OF NC INC DBA GREENE HAVEN FAMILY CARE IS RELINQUISHING 6 BED FACILITY TO CCJ ADULT CARE III DBA GREENE HAVEN FAMILY CARE, BERNICE HOSCH. THE CLOSING DATE WAS JULY 1, 2021 IN GASTON COUNTY AT GREY, LAYTON, & KERSCH, PLLC ATTORNEYS AT LAW. THERE ARE NO STRUCTURAL CHANGES OR CHANGES IN BED SIZES OR PROPERTY CHANGES.

CAN YOU PLEASE SEND EXEMPTION LETTER TO NCDHHS ADULT CARE LICENSURE SECTION SO THEY WILL PROCESS NEW LICENSE FOR NEW LICENSEE.

ANY QUESTIONS OR CONCERNS PLEASE CALL ME AT 704-460-4072.

SINCERELY,

GEORGETTE JOHNSON

A handwritten signature in cursive script that reads "Georgette Johnson". The signature is written in black ink and is positioned to the right of the printed name "GEORGETTE JOHNSON".

CC NORTH CAROLINA ADULT CARE LICENSURE

From: [Georgette Johnson](#)
To: [Waller, Martha K](#); [Yakaboski, Greg](#); [Bernice Hosch](#); [Zatari, Ibtisam](#)
Subject: [External] CON Exemption Letter
Date: Wednesday, August 11, 2021 10:46:22 AM
Attachments: [Harris Enterprises of NC INC DBA Greene Haven Family Care CON Letter.pdf](#)
[Harris Enterprises of NC INC DBA St Marks Road Care Home CON Letter.pdf](#)
[Harris Enterprises of NC INC DBA Walden Pond Care Home CON Letter.pdf](#)
[S&V Adult Care LLC DBA Openview Retirement Center CON Letter.pdf](#)

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Good Morning All,

Please see attachments below. We will be looking for exemption letters as soon as you have time so Adult Care Licensure Section can complete Change of Licensee Applications.

If you have any questions or concerns please contact me at 704-460-4072.

Sincerely,
Georgette Johnson