



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

December 22, 2021

Melissa Weaver  
Melissa.acfch@yahoo.com

**Exempt from Review – Acquisition of Facility**

**Record #:** 3766  
**Date of Request:** December 16, 2021  
**Facility Name:** Helping Hands Assisted Living  
**Type of Facility:** ACH  
**FID #:** 921366  
**Acquisition by:** Melissa and Michael Weaver  
**Business #:** 3496  
**County:** Wayne

Dear Ms. Weaver:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that the project described above is exempt from certificate of need (CON) review in accordance with G.S. 131E-184(a)(8). Therefore, the above referenced business may proceed to acquire the health service facility formerly known as Woodard Care without first obtaining a CON. In addition, the new operator will be Helping Hands Assisted Living, LLC. 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 G.S. 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,

Gregory F. Yakaboski, Project Analyst

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

**From:** [Melissa Weaver](#)  
**To:** [Yakaboski, Greg](#)  
**Subject:** [External] Exemption Letter for Certificate of Need  
**Date:** Tuesday, December 21, 2021 9:22:20 AM

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

This is letter requesting exemption for Certificate of Need.

1. Melissa and Mike Weaver will be new owners of land, bed and facility.

Address: 2967 Nahunta Rd, Pikeville NC 27863

2. Operator will be Helping Hands Assisted Living, LLC

Address: 2052 W US 70 Highway, Goldsboro, NC 27530

3. Name of facility (DBA) will be Helping Hands Assisted Living

My contact number is (919) 738-8239.

Thank you,

Melissa Weaver

Sent from [Mail](#) for Windows

**From:** [Melissa Weaver](#)  
**To:** [Yakaboski, Greg](#)  
**Cc:** [Waller, Martha K](#)  
**Subject:** [External] Exemption for certificate of need  
**Date:** Thursday, December 16, 2021 2:39:11 PM

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My name is Melissa Weaver. I am possibly purchasing an assisted living facility in Wayne County, North Carolina. I am requesting an exemption for Certificate of Need for the facility. I will be purchasing the land, building and business.

Name of current business: Woodard Care  
Address of business: 2052 W 70 Hwy, Goldsboro, NC 27530  
Facility ID#: 921366  
Seller's Name: Charles Woodard  
Seller's email: [cdwoodard27@yahoo.com](mailto:cdwoodard27@yahoo.com)  
Seller's phone number: 919-921-1499

I am buying all real property and beds.  
My name: Melissa Weaver  
I will be sole owner of new business.  
New business name: Helping Hands Assisted Living, LLC  
Business address: Same as above  
My email address: [melissa.acfch@yahoo.com](mailto:melissa.acfch@yahoo.com)  
My phone number: 919-738-8239

Thank you for your time. Please let me know you have received this email and if this is sufficient.

Melissa Weaver

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