



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

June 3, 2021

Rita Burch
rburch@HOCF.org

No Review
Record #: 3587
Date of Request: May 27, 2021
Facility Name: Hospice of the Carolina Foothills
FID #: 953880
Business Name: Hospice of Rutherford County, Inc.
Business #: 993
Project Description: Add Transylvania County to service area
County: Polk

Dear Ms. Burch:

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
Project Analyst

Gloria C. Hale
for
Lisa Pittman
Acting Chief, Certificate of Need

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

**From:** [Lightbourne, Ena](#)  
**To:** [Waller, Martha K](#)  
**Subject:** FW: [External] request no review safe  
**Date:** Thursday, May 27, 2021 11:44:26 AM

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Hi Martha, can you log this request? Thanks.

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**From:** Rita Burch <[rburch@HOCF.org](mailto:rburch@HOCF.org)>  
**Sent:** Thursday, May 27, 2021 11:11 AM  
**To:** Lightbourne, Ena <[ena.lightbourne@dhhs.nc.gov](mailto:ena.lightbourne@dhhs.nc.gov)>  
**Subject:** [External] request no review safe

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

Dear Ms. Lightbourne:

We are Hospice of Rutherford County, Inc. DBA Hospice of the Carolina Foothills. We merged with Polk County Hospice in 2016 so therefore we have certificate of needs for Polk and Rutherford County. Rutherford County license number: HOS0400. Facility ID 933884. Polk County license number: HOS0396 Facility ID 953880. We currently serve the following contiguous counties: Rutherford, McDowell, Polk, Burke, Henderson, Buncombe and Cleveland Counties. We would like to serve Transylvania County and request a no review please. Thank you so much for your response.

Rita Burch, BSW, MBA, CFRE  
CEO/President

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