



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

March 4, 2022

Teddie Simmons
TSimmons@WillowRidgeRehab.com

No Review

Record #: 3819
Date of Request: February 9, 2022
Facility Name: Willow Ridge Rehabilitation and Living Center
FID #: 923507
Business Name: Willow Ridge Healthcare, LLC
Business #: 2400
Project Description: Change four private rooms in the memory care unit to semi-private and change four semi-private rooms outside of the memory care unit to private
County: Rutherford

Dear Ms. Simmons:

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

Micheala Mitchell
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

From: [Teddie Simmons](#)
To: [Lightbourne, Ena](#)
Subject: [External] RE: Willow Ridge Rehabilitation exemption request
Date: Tuesday, March 1, 2022 11:47:39 AM

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Good Morning Ena,

I reviewed the request. Room 219 is to be changed from semi-private to private also. That's where the discrepancy is. That would keep us at 136.

From: Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Sent: Tuesday, March 1, 2022 9:47 AM
To: Teddie Simmons <TSimmons@WillowRidgeRehab.com>
Subject: Willow Ridge Rehabilitation exemption request

Teddie Simmons,

Good Morning, this is regarding the exemption request on the facility listed above. I wanted to confirm that the request involves converting four private room beds to eight semi-private room beds and six semi-private room beds to three private room beds. If that is the case, that would result in one additional bed, which would require a CON. Please let me know if this is correct.

Thanks,

Ena,

Ena Lightbourne

Certificate of Need, Project Analyst

[Division of Health Service Regulation](#), Healthcare Planning and Certificate of Need Section *(Currently, I am in the office on Wednesdays, and Thursdays. On Mondays, Tuesdays and Fridays I can be reached by email.)*

[NC Department of Health and Human Services](#)

Office: 919-855-4610

Ena.lightbourne@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, North Carolina 27699-2704

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WILLOW RIDGE

REHABILITATION & LIVING CENTER

February 9, 2022

Micheala Mitchell, JD
NCDHHS Division of Health Service Regulation
Section Chief Health Care Planning and CON Section
809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699

RE: Willow Ridge Rehabilitation and Living Center Reallocation of SNF beds

Willow Ridge Rehabilitation and Living Center is a 136 dually certified bed facility in Rutherfordton, NC. The facility has a 36 bed memory care facility. We are requesting the following changes to our current bed allocation:

Add Rooms 307 : switch from Private to Semi-Private
306 : switch from Private to Semi – Private
305 : Private to Semi-Private
304 : Private to Semi Private

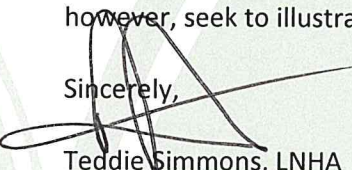
Making the above changes will bring our total beds for the memory care distinct unit from 36 to 44.

The following changes will be made to our dually certified skilled beds outside of our Memory Care. In addition to the above we request the following changes:

Change Room: 215 from semi private to private
216 : semi private to private
217 : semi private to private

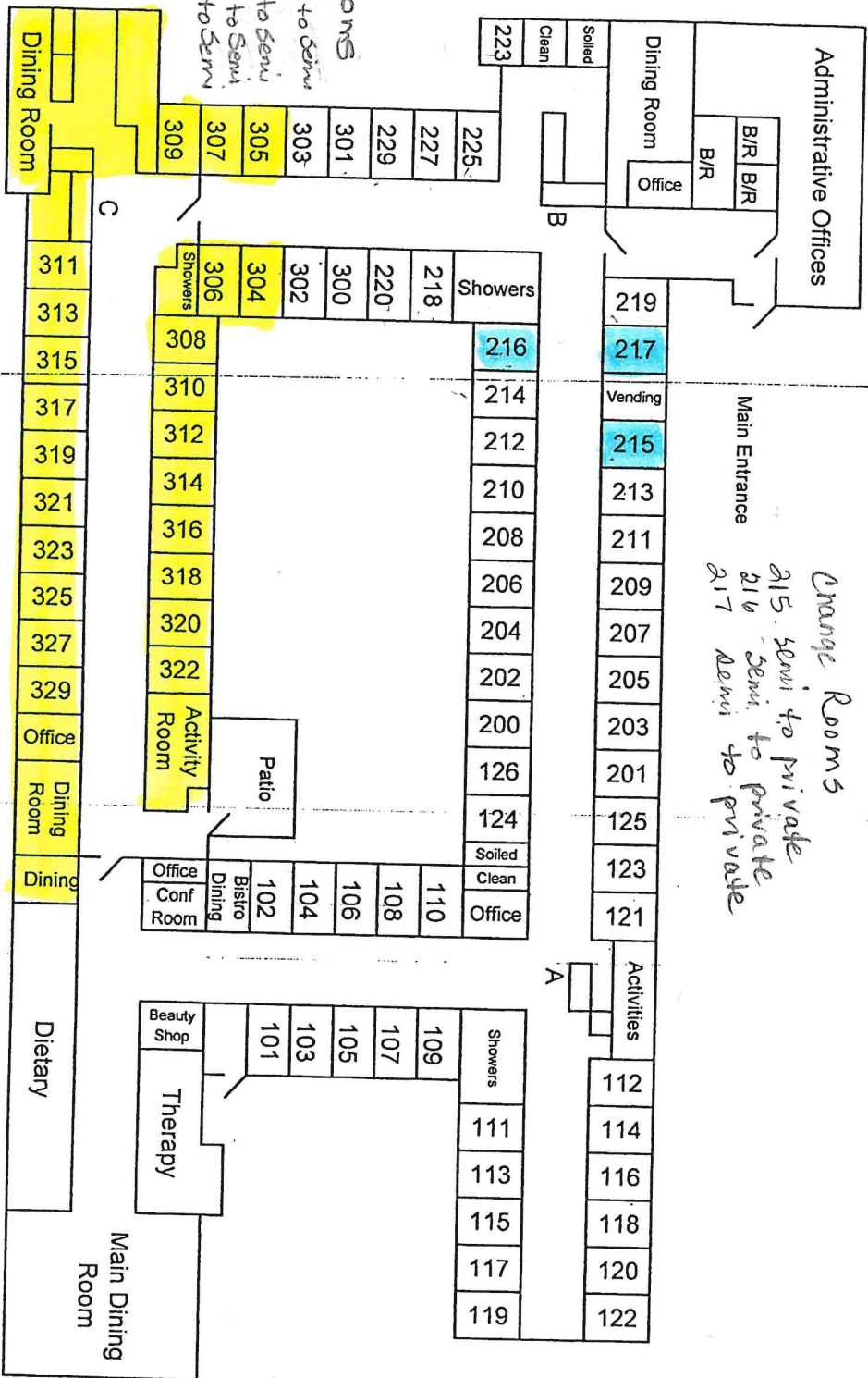
I am attaching a 4504 form that will show the breakdown of room numbers and beds within the rooms. In addition, I am adding our current floor plan with a description of the room layout. I am also including a proposed lay out. This request does not change the total bed capacity for Willow Ridge. It does however, seek to illustrate the reallocation of the existing beds within the current memory care unit.

Sincerely,


Teddie Simmons, LNHA
828-286-7200

Proposed

Willowridge Rehabilitation & Living Center



Add Rooms

307 = Private to Semi
 306 = Private to Semi
 305 = Private to Semi
 304 = Private to Semi

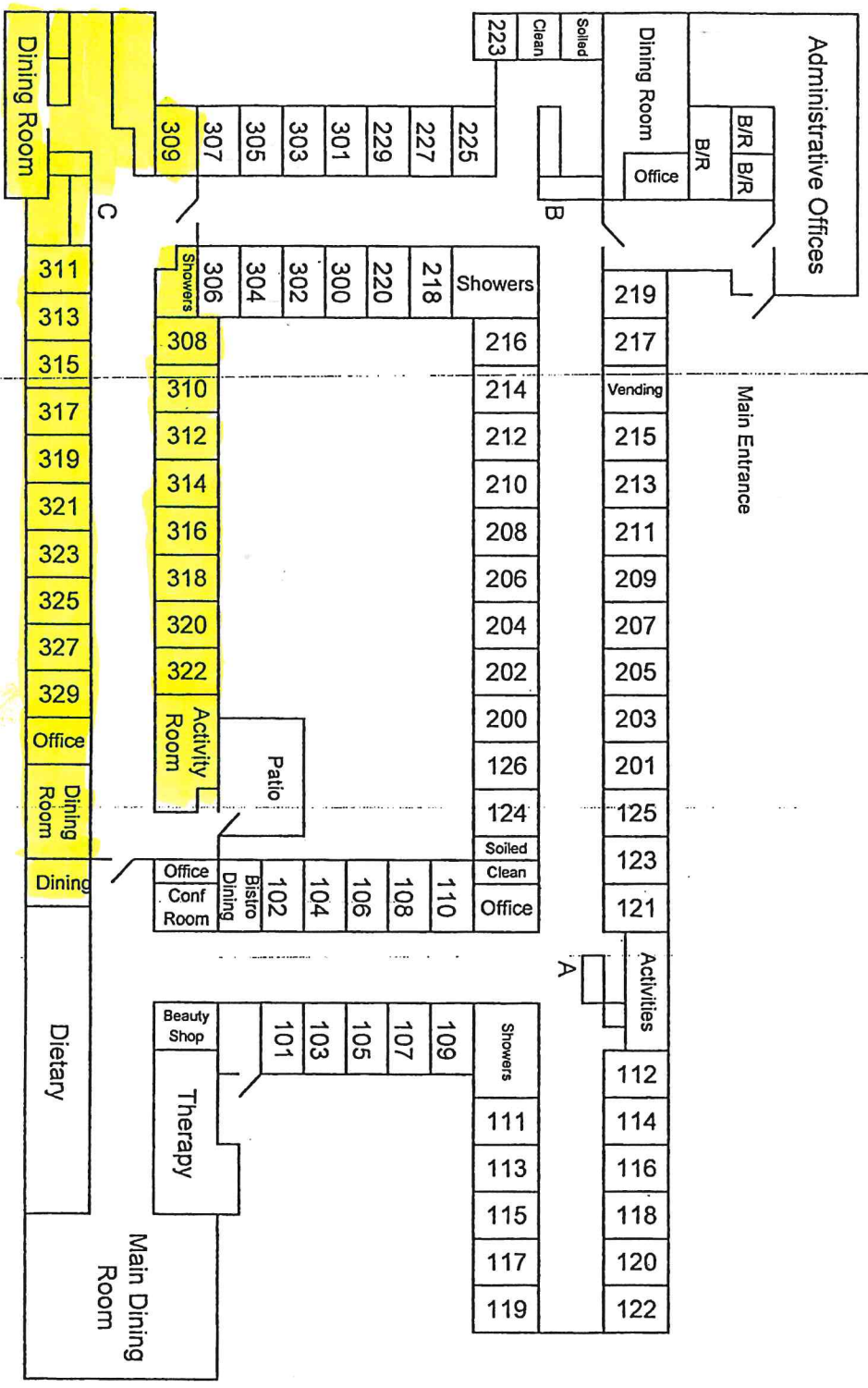
Med Room



6 Med casts

Willowridge Rehabilitation & Living Center

current: Memory Care Unit
highlighted 2/19/22



STAFF ROOM 219
Memory Care Unit

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Willowridge Rehabilitation & Living Center TOWN: Rutherfordton PROVIDER NUMBER: _____

If change in beds or room numbers the effective date of the change: January 1, 2022

Room Number	# of Beds within Room	CHECK ONLY ONE				Room Number	# of Beds within Room	CHECK ONLY ONE			
		Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only			Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only
101	2	✓				200	2				
102	2	✓				201	2				
103	2	✓				202	2				
104	2	✓				203	2				
105	2	✓				204	2				
106	2	✓				205	2				
107	2	✓				206	2				
108	2	✓				207	2				
109	1	✓				208	2				
110	2	✓				209	2				
111	2	✓				210	2				
112	1	✓				211	2				
113	2	✓				212	2				
114	2	✓				213	2				
115	2	✓				214	2				
116	2	✓				215	1				
117	2	✓				216	1				
118	2	✓				217	1				
119	2	✓				218	1				
120	2	✓				219	1				
121	2	✓				220	1		41		
122	2	✓				225	1				
123	2	✓				227	1				
124	2	✓				229	1				
125	2	✓				300	1				
126	2	✓				301	1				
									50		

INSTRUCTIONS: Complete and mail to appropriate Regional Office of the Division of Health Service Regulation, NC Department of Human & Human Services. Total the beds for the different classifications (Medicare, Medicaid, etc.) at the bottom of the continuation sheet. The administrator must sign and date the form on the back since copies of these forms are sent to the appropriate certifying agency(ies) for reimbursement purposes.

*Identify type of beds (Nursing or Adult Care Home)

DHSR-Form 4504 (03/09) - Formerly 4103

Page 1

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Willowridge Rehabilitation & Living Center TOWN: Rutherfordton PROVIDER NUMBER: _____

If change in beds or room numbers the effective date of the change: _____

Room Number	# of Beds within Room	CHECK ONLY ONE					CHECK ONLY ONE																				
		Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only	Room Number	# of Beds within Room	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only																
302	1																										
303	1																										
304	2																										
305	2																										
306	2																										
307	2																										
308	1																										
309	1																										
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318	2																										
319	2																										
320	2																										
321	2																										
322	2																										
323	2																										
325	2																										
327	2																										
329	2																										
TOTAL																											

Medicare/Medicaid = 136 (Beds)
 Medicare Only = _____ (Beds)
 Medicaid Only = _____ (Beds)
 Licensed Only = _____ (Beds)

FOR YOUR INFORMATION: Adult Care Home beds cannot be certified in Medicare nor Medicaid
 *Identify type of beds (Nursing or Adult Care Home)
 Administrator's Signature: _____ Date: _____

From: [Mitchell, Micheala L](#)
To: [Waller, Martha K](#)
Subject: FW: [External] 4504
Date: Wednesday, February 9, 2022 4:37:15 PM
Attachments: [WILLOWRIDGE BED REALLOCATION REQUEST.pdf](#)

For you Martha. Thank you!

-----Original Message-----

From: Teddie Simmons <TSimmons@WillowRidgeRehab.com>
Sent: Wednesday, February 9, 2022 3:17 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: RE: [External] 4504

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Micheala,

Thanks so much for your assistance this morning in discussing the bed allotment for Willow Ridge. I am attaching the information that is needed to complete our request for the reallocation of our Memory Care Unit.

Teddie

-----Original Message-----

From: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Sent: Tuesday, February 8, 2022 5:27 PM
To: Teddie Simmons <TSimmons@WillowRidgeRehab.com>
Subject: RE: [External] 4504

Perfect. I've got you on my calendar for a call then!

Talk soon.

Micheala

-----Original Message-----

From: Teddie Simmons <TSimmons@WillowRidgeRehab.com>
Sent: Tuesday, February 8, 2022 5:26 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: RE: [External] 4504

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Thanks so much Micheala. 10:00 in the am works for me.

-----Original Message-----

From: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Sent: Tuesday, February 8, 2022 4:45 PM
To: Teddie Simmons <TSimmons@WillowRidgeRehab.com>
Subject: RE: [External] 4504

Good afternoon Teddie,

Thanks for reaching out to the HPCON Section. I am sorry that I missed your call; I have been tied up for a majority of the day.

Can we schedule a call for 10:00 a.m. tomorrow? If that time doesn't work for you, let me know if you're available between 1-3. I'm open then as well.

Thanks,

Micheala Mitchell, JD
NC Department of Health and Human Services Division of Health Service Regulation Section Chief, Healthcare Planning and CON Section
809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704
Office: 919 855 3879
Micheala.Mitchell@dhhs.nc.gov

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-----Original Message-----

From: Teddie Simmons <TSimmons@WillowRidgeRehab.com>
Sent: Tuesday, February 8, 2022 10:58 AM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: FW: [External] 4504

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Good morning Micheala,

I called this morning to touch base with you in regard to the process required to reallocate our current bed status for Willow Ridge Rehabilitation Center in Rutherfordton, NC.
I forwarded the 4504 to Ms. Lawrence back a couple of weeks ago.

Honestly if you would assist me with navigating the process for this I would appreciate your help. I'm uncertain as to what my next step should be apart from the submission of the 4504.

My phone number at Willow Ridge is 828-286-7200.

Thanks again,
Teddie

-----Original Message-----

From: Lawrence, Virginia C <virginia.lawrence@dhhs.nc.gov>

Sent: Friday, February 4, 2022 11:23 AM
To: Teddie Simmons <TSimmons@WillowRidgeRehab.com>
Subject: RE: [External] 4504

Good morning Ms. Simmons,

The person that you will need to speak with in the Certificate of Need Section is Micheala Mitchell. Her phone number is 919-855-3873 and her email is micheala.mitchell@dhhs.nc.gov. You will need to inform Ms. Mitchell of your plans and she can tell you what will be required. We need both current & proposed 4504s and facility maps for comparison on the project.

And, yes ma'am, this is only for Willow Ridge of NC.

Thanks.

-----Original Message-----

From: Teddie Simmons <TSimmons@WillowRidgeRehab.com>
Sent: Friday, February 4, 2022 11:05 AM
To: Lawrence, Virginia C <virginia.lawrence@dhhs.nc.gov>; John Becker <jbecker@cchhealthcare.com>
Subject: [External] 4504

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Hi Virginia,

I received your email regarding our 4504 form which I already submitted. This forms shows the intended changes.

What specifically do I need to get you from the Certificate of need section and is there some specifically to speak with?

I will forward you the floor plan on Monday. I just want to clarify that this is for Willow Ridge Rehabilitation Center in Rutherfordton, NC. This has nothing to do with Windsor Run.

Thanks
Sent from my iPhone

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