



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

May 9, 2022

Amy Erwin
aerwin@smithlaw.com

No Review
Record #: 3889
Date of Request: April 28, 2022
Facility Name: Burke Long Term Care
FID #: 920145
Business Name: Morganton Geriatric, LLC
Business #: 3543
Project Description: Change in operator
County: Burke

Dear Ms. Erwin:

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: Adult Care Licensure Section, DHS
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

SMITH, ANDERSON, BLOUNT,
DORSETT, MITCHELL, & JERNIGAN, L.L.P.

LAWYERS

April 27, 2022

Via email

Ms. Micheala Mitchell
Chief
NC Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
809 Ruggles Drive
Raleigh, NC 27603
micheala.mitchell@dhhs.nc.gov

Ms. Ena Lightbourne
Project Analyst
NC Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
809 Ruggles Drive
Raleigh, NC 27603
ena.lightbourne@dhhs.nc.gov

**Re: Burke Long Term Care
Burke Rest Home, Inc. (Operating Entity)
Haiyoung Kim Robertson and Kevin Lee Robertson (Real Property Owners)
125 Camellia Garden Street, Morganton, NC 28655
License Number: HAL-012-042**

Dear Ms. Mitchell and Ms. Lightbourne:

I am assisting Morganton Geriatric, LLC (“Morganton”) and KMC Morganton, LLC (“KMC”) with licensure and Certificate of Need matters. KMC proposes to acquire the real property constituting the existing health service facility licensed as an adult care home known as Burke Long Term Care from Haiyoung Kim Robertson and Kevin Lee Robertson and Morganton plans to acquire the operations of the facility from Burke Rest Home, Inc. (Licensee: Burke Rest Home, Inc.; Address: 125 Camellia Garden Street, NC 28655 (Burke County); License Number: HAL-012-042; Real Property Owners: Haiyoung Kim Robertson and Kevin Lee Robertson). After the acquisition, Morganton will operate the adult care home pursuant to a lease with KMC. After Morganton receives its license to operate the facility, the adult care home will continue to be known as Burke Long Term Care.

Pursuant to G.S. §131D-184(a)(8), I understand that this transaction is exempt from review and, as a result, we request that you confirm that understanding by providing us with a “no review” letter.

As always, thank you for your assistance.

Sincerely,

**SMITH, ANDERSON, BLOUNT, DORSETT,
MITCHELL & JERNIGAN, L.L.P**

A handwritten signature in black ink, appearing to read "James C. Wrenn, Jr.", with a long horizontal flourish extending to the right.

James C. Wrenn, Jr.

SMITH, ANDERSON, BLOUNT, DORSETT, MITCHELL, & JERNIGAN, L.L.P.