



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

December 21, 2023

Felista Njoroge  
[felistag@yahoo.com](mailto:felistag@yahoo.com)

**Exempt from Review – Acquisition of Facility**

**Record #:** 4327  
**Date of Request:** November 29, 2023  
**Facility Name:** Caring Hands Assisted Living  
**Type of Facility:** Adult Care Home  
**FID #:** 921366  
**Acquisition by:** Caring Hands Assisted Living, LLC  
**Business #:** 3766  
**County:** Wayne

Dear Ms. Njoroge:

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 identified above without first obtaining a CON. Caring Hands Assisted Living will be the new licensee/operator of the facility. 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:** [Waller, Martha K](#)  
**To:** [Ashley DeMarco](#); [Stancil, Tiffany C](#)  
**Subject:** RE: [External] Helping Hands CON Waiver Letter  
**Date:** Wednesday, November 29, 2023 2:32:16 PM

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Ms. DeMarco,

I have forwarded your request below to be logged and processed to the correct county Analyst, the facility is in. Once they have received your email request & information, they will make a completed response. I have highlighted the request for whom the letter should be directed to, when making our response. The Analyst for Goldsboro, will be Greg Yakaboski, for the County of Wayne.

### *Martha Waller*

Administrative Specialist 1

Division of Health Service Regulation, Certificate of Need Section North Carolina Department of Health and Human Services

Main: 919-855-3873

Office: 919-855-3885

[martha.waller@dhhs.nc.gov](mailto:martha.waller@dhhs.nc.gov)

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809 Ruggles Drive, Edgerton Building

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Raleigh, NC 27699-2704

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**From:** Ashley DeMarco <[ademarco@shinvestments.net](mailto:ademarco@shinvestments.net)>

**Sent:** Wednesday, November 29, 2023 2:26 PM

**To:** Waller, Martha K <[martha.waller@dhhs.nc.gov](mailto:martha.waller@dhhs.nc.gov)>

**Subject:** [External] Helping Hands CON Waiver Letter

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Hello Martha,

Hope all is well. Can you please provide a CON Waiver letter for an operating assisted living facility? The purchaser is in agreement to purchase all the assets of the facility including the Real Estate, business/operations and all CON rights of:

Helping Hands Assisted Living  
2052 US 70 West Hwy  
Goldsboro, NC 27530

The purchaser contact information is as follows:

Caring Hands Assisted Living, LLC  
1033 Dresser Ct.  
Raleigh, NC 27609

**Name of facility After Closing will be Caring Hands Assisted Living. If you can please make the letter to Felista Njoroge.**

Please let me know what else you need to provide CON Waiver Letter.

Ashley DeMarco  
President  
Seniors Housing Investments  
PO. Box 211003  
Columbus, OH 43221  
614-595-1843 Phone  
888-301-9217 Fax  
[ademarco@SHinvestments.net](mailto:ademarco@SHinvestments.net)

**From:** [Ashley DeMarco](#)  
**To:** [Yakaboski, Greg](#)  
**Subject:** [External] RE: Exemption Letter to Acquire Helping Hands Assisted Living  
**Date:** Tuesday, December 5, 2023 8:42:21 AM

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Hi Greg,

1. Caring Hands Assisted Living
2. [felistag@yahoo.com](mailto:felistag@yahoo.com)

Thank you,

Ashley DeMarco

President

Seniors Housing Investments

PO. Box 211003

Columbus, OH 43221

614-595-1843 Phone

888-301-9217 Fax

[ademarco@SHinvestments.net](mailto:ademarco@SHinvestments.net)

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**From:** Yakaboski, Greg <[greg.yakaboski@dhhs.nc.gov](mailto:greg.yakaboski@dhhs.nc.gov)>

**Sent:** Tuesday, December 5, 2023 8:01 AM

**To:** Ashley DeMarco <[ademarco@shinvestments.net](mailto:ademarco@shinvestments.net)>

**Subject:** Exemption Letter to Acquire Helping Hands Assisted Living

Morning Ashley,

Just need two additional pieces of information:

#1) The name of the entity that will be operating the facility (new name of the facility- Caring Hands Assisted Living); and

#2) the email address for Felista Njoroge (the person to whom you requested the Exemption Letter be sent).

Thanks,

Greg

Sincerely,

*Gregory F. Yakaboski*

**Gregory F. Yakaboski**

Project Analyst

[Division of Health Service Regulation](#), Certificate of Need

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

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Office: 919-855-3873

[Greg.Yakaboski@dhhs.nc.gov](mailto:Greg.Yakaboski@dhhs.nc.gov)

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