



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

October 12, 2023

Marlene Harrison

Marlene@harrisonscaringhands.com

No Review

Record #: 4282
Date of Request: September 27, 2023
Facility Name: Devoted Assisted Living
FID #: 920829
Business Name: Moyer's Assisted Living Compassionate "LLC"
Business #: 3102
Project Description: Change licensed operator to Devoted Assisted Living, LLC and change name of facility to Devoted Assisted Living, formerly known as Moyer's Agape Assisted Living
County: Rockingham

Dear Ms. Harrison:

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,

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: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] Change of Licensee
Date: Wednesday, September 27, 2023 10:21:28 AM

Morning Tiffany,

I hope you are well.

Would you mind logging this as a no review and assigning to Greg? The actual request is highlighted below.

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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From: Marlene Harrison <marlene@harrisonscaringhands.com>
Sent: Wednesday, September 27, 2023 10:20 AM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: Re: [External] Change of Licensee

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good morning. Yes I would like a review and issue a determination regarding this change.

On Wed, Sep 27, 2023 at 9:38 AM Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov> wrote:

Good morning Ms. Harrison.

I see that Moyer's Agape Assisted Living is an adult care home in Rockingham County. The Adult Care Home Licensure Section handles changes of ownership of adult care home facilities (CHOW).

To start the process, you will need documentation from our office that a Certificate of Need is not required for the CHOW. Please be advised that it generally takes between 10-15 business days to receive a determination from us.

Let me know if you would like us to review and issue a determination regarding this change. In the interim, please contact the Adult Care Home Licensure Section to see if there are additional requirements that must be met from a licensure standpoint. Their contact information and a link to the steps that must be taken to change ownership of adult care home facilities follows:

Contact Info:

<https://info.ncdhhs.gov/dhsr/acls/adultcarestaff.html>

Link to steps to change ownership of adult care homes:

<https://info.ncdhhs.gov/dhsr/acls/changeacowner.html>

Best,

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
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From: Marlene Harrison <marlene@harrisonscaringhands.com>
Sent: Tuesday, September 26, 2023 6:45 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: [External] Change of Licensee

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Good evening. I have been trying to find out who I should contact to send a notice of intent to change licensees. I have called the numbers and they have said it is not them.

Marlene Harrison owner of Harrisons Caring Hands, Harrisons Caring Hands 2, Harrisons Caring Hands 3, Harrisons Caring Hands 4 would like to become the licensee of Moyer's Agape Assisted Living, effective on Nov 1 2023. The new name will be Devoted Assisted Living.

From: [Marlene Harrison](#)
To: [Yakaboski, Greg](#)
Subject: [External] Re: Change in licensed operator of Moyer's Assisted Living- Letter Request
Date: Wednesday, October 4, 2023 6:18:47 PM

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good Evening.

Marlene Harrison Contact Phone: 336.280.1358 Fax: 336.347.0248

1. Yes the name will be changed to Devoted Assisted Living. Also we the owners of Harrison's Caring Hands will be taking ownership of Moyer's name change to Devoted Assisted Living.
2. It's also correct that we are not buying Moyer's or the land. We are only leasing it.
3. The other companies were just references. Devoted Assisted Living is its own company with its own Articles of Organization and EIN number. Same owners different business name. Mailing address is 814 Lindsey Street, Reidsville, NC, 27320

Harrison's Caring Hands, 814 Lindsey Street, Reidsville NC, 27320
Harrison's Caring Hands 2, 538 Warriner Street, Reidsville, NC, 27320
Harrison's Caring Hands 3, 915 Irving Ave, Eden, NC, 27288
Harrison's Caring Hands 4, 109 Roanoke Street, Reidsville, NC, 27320

On Wed, Oct 4, 2023 at 1:24 PM Yakaboski, Greg <greg.yakaboski@dhhs.nc.gov> wrote:

Ms. Harrison,

I am the CON Project Analyst assigned to help you with a No Review Letter.

It is my understanding that 2 things will be happening with Moyer's Assisted Living in Rockingham:

#1) The Name of the Facility will be changed to Devoted Assisted Living; AND

#2) One of your companies will be taking over as the licensed operator of the facility.

Also- it is my understanding from your email to Ms. Mitchell that you will NOT be buying Moyer's Assisted Living facility or the land.

You listed several companies that you own. What I need in order to be able to send you the letter is which of your companies (the Name and Address of the company) will be the new licensed operator of Moyer's Assisted Living.

Also- when you reply please include a good contact phone number.

Thank you,

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

809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, NC 27699-2704

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From: [Marlene Harrison](#)
To: [Yakaboski, Greg](#)
Subject: [External] Re: Change in licensed operator of Moyer's Assisted Living- Letter Request
Date: Tuesday, October 10, 2023 12:53:15 PM

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1. The new license operator will be Devoted Assisted Living LLC.
2. Additionally the name of the facility will change to Devoted Assisted Living.

On Wed, Oct 4, 2023 at 6:18 PM Marlene Harrison <marlene@harrisonscaringhands.com> wrote:

Good Evening.

Marlene Harrison Contact Phone: 336.280.1358 Fax: 336.347.0248

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Greg

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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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