



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

February 28, 2024

Timothy Walsh
TWalsh@libertyseniorliving.com

No Review

Record #: 4378
Date of Request: January 29, 2024
Facility Name: Briar Creek Health Center
FID #: 170065
Business Name: Charlotte SP Senior Housing Opco, LLC
Business #: 3067
Project Description: Move 16 nursing facility beds to non-operational status with no change in the total number of licensed beds
County: Mecklenburg

Dear Timothy Walsh:

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,

Crystal Kearney
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



January 29, 2024

VIA EMAIL ONLY

Gloria Hale, Team Leader
Mike McKillip, Team Leader
NC Department of Health and Human Services
Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center Raleigh, NC 27699-2704

**RE: REQUEST OF NO REVIEW - NOTIFICATION OF NON-OPERATIONAL STATUS
OF NURSING HOME BEDS**

Dear Gloria, Mike,

Briar Creek Health Center (“Briar Creek”) is a combination assisted living and skilled nursing facility and is part of the CCRC known as The Barclay at SouthPark. Briar Creek is currently licensed for 22-skilled nursing and 108-adult care home beds, located in Charlotte, NC.

I am writing to formally notify the Healthcare Planning and Certificate of Need Section of the Division of Health Service Regulation (the “Agency”) that Swift Creek intends to maintain 16 nursing home beds as non-operational on our license. The 16 nursing home beds will be removed from participating in the Medicare program. The remaining 6 nursing home beds will remain operational and certified to participate in the Medicare program.

After careful consideration and evaluation of our operational needs and community requirements, we have determined that temporarily maintaining these beds in a non-operational status is in the best interest of our organization and aligns with our strategic planning objectives. This decision has been made with the intent to optimize resource allocation, ensure efficient operations, and meet the evolving healthcare needs of our community.

We want to assure the Agency that, while these nursing home beds will remain non-operational, we remain fully committed to providing high-quality care and services to our community. The decision to keep these beds in a non-operational status is based on a thorough assessment of our organization's capacity, current patient demand, and strategic goals.

We understand and acknowledge our responsibility to promptly notify the Agency of any changes in the operational status of these beds in the future. Swift Creek is dedicated to maintaining transparency and compliance with all regulatory requirements.



If additional information is required or if there are specific procedures to follow in this process, kindly advise us at your earliest convenience.

Thank you for your attention to this matter. We appreciate your understanding and cooperation as we continue to provide essential healthcare services to our community.

Best Regards,

A handwritten signature in black ink that reads "Timothy Walsh". The signature is fluid and cursive.

Timothy Walsh
Director of Business Development
Liberty Senior Living
TWalsh@libertyseniorliving.com
(910) 332-1982

From: [Timothy J. Walsh](#)
To: [Hale, Gloria](#); [Mckillip, Mike](#)
Cc: [Stancil, Tiffany C](#); [Waller, Martha K](#)
Subject: [External] Briar Creek Health Center - Letter of No Review
Date: Monday, January 29, 2024 12:51:33 PM
Attachments: [Briar Creek Health Center - Letter of No Review \(Non-operational NF beds\).pdf](#)
Importance: High

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Good afternoon Gloria, Mike:

Please find attached a Letter of No Review regarding Briar Creek Health Center based on our conversation from the prior week. We will need a letter of no review for the nursing home bed change request.

Please let me know if you need any further information. Thanks so much!

Regards,

Timothy J. Walsh

Director of Business Development

Liberty Senior Living

Office: 910-332-1982

Mobile: 910-512-9191

TWalsh@libertyseniorliving.com

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Visit our website at www.LibertySeniorLiving.com



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