



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

July 1, 2024

Anthony Brett
Anthony.Brett@wbd-us.com

Exempt from Review – Acquisition of Facility

Record #: See Attachment A
Date of Request: June 17, 2024
Facility Name: See Attachment A
Type of Facility: Nursing Home
FID #: See Attachment A
Acquisition by: See Attachment A
Business #: See Attachment A
County: See Attachment A

Dear Mr. Brett:

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. 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 Nursing Home Licensure and Certification 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,

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

Attachment A					
Record #	Facility	FID	County	Buyer	Business #
4485	White Oak Manor-Burlington	953553	Alamance	NHC HealthCare/ Burlington, LLC	3834
4486	White Oak Manor-Charlotte	923554	Mecklenburg	NHC HealthCare/ Charlotte, LLC	3835
4487	White Oak Manor-Kings Mountain	923555	Cleveland	NHC HealthCare/ Kings Mountain, LLC	3836
4488	White Oak Manor-Shelby	943557	Cleveland	NHC HealthCare/ Shelby, LLC	3837
4489	White Oak Manor-Tryon	923558	Polk	NHC HealthCare/ Tryon, LLC	3838

June 13, 2024

Micheala Mitchell, Chief, Certificate of Need
Healthcare Planning and Certificate of Need
Division of Health Service Regulation
North Carolina Department of Health and Human Services
809 Ruggles Drive
Raleigh, NC 27603
micheala.mitchell@dhhs.nc.gov

Womble Bond Dickinson (US) LLP

One West Fourth Street
Winston-Salem, NC 27101

t: 336.721.3600
f: 336.721.3660

Via E-mail Only

Re: Notice of Exempt Acquisition pursuant to N.C.Gen.Stat. §131E-184(a)(8)-Acquisition of Existing Health Service Facilities (Skilled Nursing Homes)

Anthony Brett
Partner
Direct Dial: 336-721-3620
Direct Fax: 336-733-8331
E-mail: Anthony.Brett@wbd-us.com

and

Notice of Matter not subject to Certificate of Need Review

Dear Ms. Mitchell:

This correspondence is with respect to a transaction involving multiple facilities in more than one state which is occurring at a "parent entity" level for both parties, although for each facility there are individual selling, buying and leasing legal entities which are identified in the attachments to this correspondence (the "Transaction"). Six facilities in North Carolina are involved. Each of the six is a skilled nursing home (although one facility identified in Attachment A also has adult care home beds), and three of the skilled nursing facilities are a part of a continuing care retirement community (also as indicated on Attachment A).

Five of the facilities involved will be acquired, so they would be subject to exemption from certificate of need review upon provision of prior notice. These five facilities are identified in Attachment A. The sixth facility will be leased by virtue of the assignment of the existing lease to a new entity; the sixth facility is identified in Attachment B.

Notice of Exempt Acquisitions

This notice is with respect to five facilities that will be purchased by affiliated entities in the Transaction with the identifying information contained in Attachment A. For each facility, the Buyer will acquire, among other things, the land, buildings and fixtures of the five existing skilled nursing homes listed in Attachment A. Pursuant to N.C. Gen. Stat. §131E-184(a)(8), these transactions are exempt from certificate of need review. Therefore, I am requesting that you confirm my understanding by providing written confirmation to that effect.



Notice of Matter not Subject to Review

The facility identified in Attachment B shall be leased under an existing lease that will be assigned by the current Lessee – Assignor to the Assignee. The lease does not contain any provision that would transfer ownership from the Landlord to the Assignee. Therefore this notice is a request for the determination that the assignment of the lease is not subject to certificate of need review as it does not constitute a new institutional health service as defined by N.C. Gen. Stat. § 131E-176 (16).

If there are any questions, please let me know at your earliest convenience. Thank you for your cooperation.

Sincerely yours,

Anthony H. Brett

Enclosures: Attachment A and Attachment B

cc: Lisa.Pittman@dhhs.nc.gov (Assistant Chief, Certificate of Need)

Attachment A

Facility	FID	Address	County	Seller	Buyer	Buyer Bus #
White Oak Manor-Burlington ¹	953553	323 Baldwin Road Burlington, NC 27217	Alamance	White Oak Manor, Inc.	NHC HealthCare /Burlington, LLC	
White Oak Manor-Charlotte ²	923554	4009 Craig Avenue Charlotte, NC 28211	Mecklenburg	White Oak Manor, Inc.	NHC HealthCare /Charlotte, LLC	
White Oak Manor-Kings Mountain	923555	716 Sipes Street Kings Mountain, NC 28086	Cleveland	White Oak Manor, Inc.	NHC HealthCare /Kings Mountain, LLC	
White Oak Manor-Shelby	943557	401 North Morgan Street Shelby, NC 28150	Cleveland	White Oak Manor, Inc.	NHC HealthCare /Shelby, LLC	
White Oak Manor-Tryon ^{3 4}	923558	70 Oak Street Tryon, NC 28782	Polk	White Oak Manor, Inc.	NHC HealthCare /Tryon, LLC	

¹ In a continuing care retirement community.

² In a continuing care retirement community.

³ In a continuing care retirement community.

⁴ Also has adult care home beds.

Attachment B

Facility	FID	Address	County	Landlord	Lessee/ Assignor	Assignee	Assignee Bus #
White Oak of Waxhaw	061191	700 Howie Mine Road Waxhaw, NC 28173	Union	White Oak of Waxhaw, LLC	White Oak Manor, Inc.	NHC HealthCare /Waxhaw, LLC	

Attachment A

Facility	FID	Address	County	Seller	Buyer	Buyer Bus #
White Oak Manor-Burlington ¹	953553	323 Baldwin Road Burlington, NC 27217	Alamance	White Oak Manor, Inc.	NHC HealthCare /Burlington, LLC	
White Oak Manor-Charlotte ²	923554	4009 Craig Avenue Charlotte, NC 28211	Mecklenburg	White Oak Manor, Inc.	NHC HealthCare /Charlotte, LLC	
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Attachment B

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White Oak of Waxhaw	061191	700 Howie Mine Road Waxhaw, NC 28173	Union	White Oak of Waxhaw, LLC	White Oak Manor, Inc.	NHC HealthCare /Waxhaw, LLC	

From: [Pittman, Lisa](#)
To: [Stancil, Tiffany C](#)
Cc: [Mitchell, Micheala L](#)
Subject: FW: [External] FW: Please see the attachments and confirm their receipt.
Date: Monday, June 17, 2024 1:21:38 PM
Attachments: [image868733.png](#)
[image539604.png](#)
[image761824.png](#)
[image226747.png](#)
[WBD-Scan - 2024-06-13 14.33.47.pdf](#)
[CON Schedule \(4885-7109-7028.2\).docx](#)

Will you record this and assign it to Ena?

Lisa Pittman
Assistant Chief
Division of Health Service Regulation, Healthcare Planning & CON Section
NC Department of Health and Human Services

Office: 919-855-3989 *I work from home and in the office. Email is the best way to contact me.*
Lisa.Pittman@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704

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From: Brett, Anthony <Anthony.Brett@wbd-us.com>
Sent: Monday, June 17, 2024 12:52 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>; Pittman, Lisa <lisa.pittman@dhhs.nc.gov>
Subject: [External] FW: Please see the attachments and confirm their receipt.

Some people who received this message don't often get email from anthony.brett@wbd-us.com. [Learn why this is important](#)

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.

I just want to confirm that you received my earlier email.

From: Brett, Anthony <Anthony.Brett@wbd-us.com>

Sent: Thursday, June 13, 2024 3:29 PM

To: micheala.mitchell@dhhs.nc.gov

Cc: lisa.pittman@dhhs.nc.gov

Subject: Please see the attachments and confirm their receipt.

I have attached the Attachments A and B as a Word document so that you can use them (if you choose to do so) with the addition of the assigned Buyer/Assignee business numbers with your response.

If there are any questions, please let me know.

Anthony Brett

Partner

Womble Bond Dickinson (US) LLP

d: [336-721-3620](tel:336-721-3620)

e: Anthony.Brett@wbd-us.com

One West Fourth Street

Winston-Salem, NC 27101



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