



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

September 6, 2024

Robert A. Leandro
robbleandro@parkerpoe.com

Exempt from Review – Acquisition of Facility

Record #: 4540
Date of Request: August 6, 2024
Facility Name: Marion Assisted Living (formerly McDowell Assisted Living)
Type of Facility: Adult Care Home
FID #: 921030
Acquisition by: AMCC Health Land Holdings, LLC
Business #: 3862
County: McDowell

Dear Mr. Leandro:

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 facility will be licensed and operated by AMCC Health, LLC. 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,

Ena Lightbourne, 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



Robert A. Leandro

Partner

t: 919.835.4636

f: 919.834.4564

robbleandro@parkerpoe.com

Atlanta, GA
Charleston, SC
Charlotte, NC
Columbia, SC
Greenville, SC
Raleigh, NC
Spartanburg, SC
Washington, DC

August 6, 2024

Via E-mail [micheala.mitchell@dhhs.nc.gov]

Michaela Mitchell
Chief, Healthcare Planning and Certificate of
Need Section

Re: No Review Request for

Dear Ms. Mitchell:

Our firm represents AMCC Health, LLC (“Prospective Operator”) and AMCC Health Land Holdings, LLC., (“Prospective Building Owner”), hereby referred to collectively as (“Clients”). Clients are in the process of acquiring the license and the bricks and mortar of an adult care home facility located at 523 NC 226 South, Marion, North Carolina 28752. The facility is currently owned and operated by McDowell Assisted Living, LLC (HAL-059-017).

A proposed new licensee, Prospective Operator has submitted an application to the Adult Care Licensure Section to change the licensee of McDowell Assisted Living, LLC to AMCC Health, LLC and which time the facility will be known as Marion Assisted Living. Prospective Building Owner, AMCC Health Land Holdings, LLC., is in the process of entering into a contract to purchase the property and building where the facility is located.

By this letter, Clients’ request written confirmation from the Certificate of Need Section that the proposed change of licensee of the adult care home and the acquisition of the bricks and mortar of the facility are not subject to Certificate of Need review pursuant to Article 9 of N.C. Gen. Stat. § 131E.

Thank you for your consideration. If you have any questions please feel free to reach out to us directly.

Sincerely,

A handwritten signature in black ink that reads 'Robb A. Leandro'.

Robb A. Leandro
Parker Poe Adams & Bernstein

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] Marion Assisted Living No Review Letter 08062024.pdf - AMC Health, LLC 39374-1
Date: Tuesday, August 6, 2024 2:06:48 PM
Attachments: [Marion Assisted Living No Review Letter 08062024.pdf](#)

Tiffany,

Would you mind logging this no review? It goes to Ena.

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

From: Lamm, Gloria Y. <glorialamm@parkerpoe.com>
Sent: Tuesday, August 6, 2024 1:57 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Cc: Leandro, Robert A. <robbleandro@parkerpoe.com>
Subject: [External] Marion Assisted Living No Review Letter 08062024.pdf - AMC Health, LLC 39374-1

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Good Afternoon Ms. Mitchell:

I hope this email finds you well.

Please find attached a letter from Mr. Leandro regarding the above-referenced matter.

Thank you and have a wonderful day.

Gloria Lamm
Legal Professional Assistant



PNC Plaza | 301 Fayetteville Street | Suite 1400 | Raleigh, NC 27601
Office: 919.835.4601 | Fax: 919.834.4564 | [map](#)

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