



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 30, 2025

James Wall

jwall@waldrepwall.com

No Review

Record #: 5026
Date of Request: December 4, 2026
Facility Name: See Attachment A
FID #: See Attachment A
Business Name: Hospice of Surry County, Inc.
Business #: 996
Project Description: Change in ownership interest
County: Surry

Dear Mr. Wall:

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 representation in your request and 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. **As a reminder, it is unlawful to offer or develop a new institutional health service without first obtaining a certificate of need. The Department reserves the right to impose sanctions, including civil penalties and the revocation of a license, upon any entity that offers or develops a new institutional health service without first obtaining a certificate of need.**

Please do not hesitate to contact this office if you have any questions.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 1915 Health Services Way, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Sincerely,

Yolanda W. Jackson

Yolanda W. Jackson
Project Analyst

Micheala Mitchell

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR

Attachment A

FID	Facility Name	Site Address
970347	Mountain Valley Hospice and Palliative Care	516 Hawthorne Ave Yadkinville, NC 27055
953888	Mountain Valley Hospice and Palliative Care	105 N Crutchfield Street, Unit 2, Dobson, NC 27017
943889	Mountain Valley	968 N Bridge Street Elkin, NC 28621
955725	Mountain Valley Hospice and Palliative Care	129 Veterans Drive Pilot Mountain, NC 27041
090256	Mountain Valley Hospice and Palliative Care	945 Zephyr Road Dobson, NC 27017
170371	Mountain Valley Hospice and Palliative Care	243 N. Lee Avenue Yadkinville, NC 27055

Jackson, Yolanda W

From: Jim Wall <jwall@waldrepwall.com>
Sent: Tuesday, December 16, 2025 3:23 PM
To: Jackson, Yolanda W
Subject: [External] RE: *External* No Review Request - Hospice of Surry County, Inc.

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.

Ms. Jackson – thank you for contacting me. Yes, the sites listed below are operated by Hospice of Surry County, Inc (d/b/a Mountain Valley Hospice and Palliative Care) (Company). It is accurate to state that proposed transaction implicates the Yadkin and Surry facilities in that the ownership of the Company is changing from 50% each owned by Hugh Chatham Memorial Hospital, Inc. and Northern Hospital District of Surry County to being 100% owned by Northern Hospital District of Surry County. Thank you.

James D. Wall
Partner



t: (336) 722-2900
e: jwall@waldrepwall.com

370 Knollwood St., Suite 600
Winston-Salem, NC 27103

[in](#) www.waldrepwall.com

From: Jackson, Yolanda W <yolanda.jackson@dhhs.nc.gov>
Sent: Tuesday, December 16, 2025 2:20 PM
To: Jim Wall <jwall@waldrepwall.com>
Subject: *External* No Review Request - Hospice of Surry County, Inc.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Mr. Wall,

We are reviewing the no review determination request submitted on behalf of your client. Will this transaction affect both the Surry and Yadkin county facilities listed below?

FID	County	Facility Name	Site Address
970347	Yadkin	Mountain Valley Hospice and Palliative Care	516 Hawthorne Ave Yadkinville, NC 27055
953888	Surry	Mountain Valley Hospice and Palliative Care	105 N Crutchfield Street, Unit 2, Dobson, NC 27017

943889	Surry	Mountain Valley	968 N Bridge Street Elkin, NC 28621
955725	Surry	Mountain Valley Hospice and Palliative Care	129 Veterans Drive Pilot Mountain, NC 27041
090256	Surry	Mountain Valley Hospice and Palliative Care	945 Zephyr Road Dobson, NC 27017
170371	Yadkin	Mountain Valley Hospice and Palliative Care	243 N. Lee Avenue Yadkinville, NC 27055

Yolanda Jackson, JD

Project Analyst

[Division of Health Service Regulation](#)

Healthcare Planning and Certificate of Need Section

[North Carolina Department of Health and Human Services](#)

(I am in the office Mondays and Tuesdays. I am working remotely on the other days, therefore email is typically the best way to reach me.)

Main: 919-855-3873

yolanda.jackson@dhhs.nc.gov

1915 Health Services Way, 2nd floor
2704 Mail Service Center
Raleigh, NC 27699-2704

NCDHHS provides essential services to improve the health, safety and well-being of all North Carolinians. Learn more about [NCDHHS initiatives and priorities](#).

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

December 4, 2025

Via Overnight Mail and Email to Micheala.Mitchell@dhhs.nc.gov

North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704
Attn: Micheala Mitchell

Re: Certificate of Need “No Review Determination” Request – Hospice of Surry County, Inc.

Dear Ms. Mitchell:

I am writing on behalf of Northern Hospital District of Surry County, a 50% owner of Hospice of Surry County, Inc. (“**Company**”). The Company provides hospice care in Surry County, North Carolina, doing business as Mountain Valley Hospice and Palliative Care. The Company holds a certificate of need that was granted by your Division (the “CON”).

Currently, Hugh Chatham Memorial Hospital, Inc. (“**Hugh Chatham**”) and Northern Hospital District of Surry County each hold an equal 50% ownership interest in the Company. It is anticipated that, effective as of January 3, 2026, Northern Hospital District of Surry County will acquire the entirety of Hugh Chatham’s member interest and become the sole owner of the Company (the “**Proposed Transaction**”). For avoidance of doubt, the Company will continue to operate and provide hospice care following the Proposed Transaction, and the Proposed Transaction will not result in a change in the name, locations, services, number of beds, federal tax identification number, or Medicare provider number of the Company.

As the Proposed Transaction will only result in a 50% owner of the Company becoming the 100% owner of the Company, the purpose of this letter is to request a “no review determination” by the Division in connection with the Proposed Transaction with respect to the CON.

Thank you for your attention to this matter. If you have any questions, or if you require any additional information, please do not hesitate to contact me at (336) 722-2900 or jwall@waldrepwall.com.



Respectfully,

WALDREP WALL BABCOCK & BAILEY PLLC

A handwritten signature in black ink that reads "James D. Wall". The signature is fluid and cursive, with the first name being the most prominent.

James D. Wall
Attorney

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] NOTICE: No Review Determination Request - Hospice of Surry County, Inc.
Date: Thursday, December 4, 2025 5:29:49 PM
Attachments: [image002.png](#)
[Letter - CON No Review Determination Request - Hospice of Surry County .docx](#)
[image003.png](#)

Tiffany- Would you mind logging this and assigning it to Yolanda tomorrow?

Thanks,

Micheala

Micheala Mitchell, JD

(she/her/hers)

Section Chief, Healthcare Planning and CON Section
Division of Health Service Regulation
North Carolina Department of Health and Human Services

Physical Address:

1915 Health Services Way, 2nd Floor
Raleigh, NC 27607



2704 Mail Service Center
Raleigh, NC 27699-2704

Office: 919 855 3879

Micheala.Mitchell@dhhs.nc.gov

-
Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties.

Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this e-mail in error, please notify the sender immediately and delete all records of this e-mail.

From: Bobby Decker <bdecker@waldrepwall.com>
Sent: Thursday, December 4, 2025 4:14 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: [External] NOTICE: No Review Determination Request - Hospice of Surry County, Inc.

You don't often get email from bdecker@waldrepwall.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.

Good afternoon,

Please see the attached document – a letter on behalf of Northern Hospital District of Surry County, requesting a “no review determination” by your Division for a proposed transaction relating to Hospice of Surry County, Inc., a provider holding a certificate of need granted by your Division. A copy of this letter has also been sent to your Division via overnight mail.

If you have any questions, or if you require any additional information, please do not hesitate to contact James D. Wall by phone at (336) 722-2900, or by email at jwall@waldrepwall.com. I greatly appreciate your time and all that you do on a daily basis.

Sincerely,

Bobby Decker

Associate



t: (919) 867-5682

f: (984) 263-0466

e: bdecker@waldrepwall.com

3600 Glenwood Ave., Ste. 210
Raleigh, NC 27612

in

www.waldrepwall.com