



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**

March 10, 2025

Paula Podgurski  
[ppodgurski@bayada.com](mailto:ppodgurski@bayada.com)

**No Review**

**Record #:** 4715

Date of Request: February 14, 2025

Facility Name: BAYADA Home Health Care, Inc.

FID #: 933837

Business Name: BAYADA Home Health Care, Inc.

Business #: 2662

Project Description: Provide services to patients in Halifax County

County: Person

Dear Ms. Podgurski:

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.

Sincerely,

Cynthia Bradford, Project Analyst

Micheala Mitchell, Chief

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

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

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, NC 27699-2701  
www.ncdhhs.gov/dhsr • TEL: 919-855-3750 • FAX: 919-733-2757

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4300 Haddonfield Rd.  
Pennsauken, NJ 08109

973-909-5159  
973-909-5026 fax  
www.bayada.com

February 14, 2025

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Licensure/Certification/Acute/Home Care Section  
2712 Mail Service Center  
Raleigh, North Carolina 27699

RE: No-review Letter Request

To Whom it May Concern:

I represent BAYADA Home Health Care, Inc. Our Medicare-Certified Home Health Agency located at 807 North Madison Blvd., Roxboro, NC, is located in Person County. We request a no-review letter for this location to serve clients in Halifax County. We are not opening a new office.

The Facility ID # is: 933837  
License #: HC0354

Please forward confirmation of this change via email to [ppodgurski@bayada.com](mailto:ppodgurski@bayada.com). Should you have any questions please do not hesitate to contact me at 973-909-5159.

Sincerely,

*Paula Podgurski*

Paula Podgurski  
Senior Associate, Licensing and Enrollment

*Compassion. Excellence. Reliability.*

# State of North Carolina

## Department of Health and Human Services Division of Health Service Regulation

*Effective January 1, 2025, this license is issued to*

***BAYADA Home Health Care, Inc.***

*to operate an agency known as*

***BAYADA Home Health Care, Inc.***

*located at 807 North Madison Blvd.*

*Roxboro, NC 27573*

*County: Person*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2025*

***Facility ID: 933837***

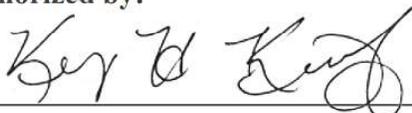
***License Number: HC0354***

***Home Care Services:***

*Companion, Sitter and Respite, In-Home Aide, Infusion Nursing, Medical Social Services, Nursing Care, Occupational Therapy, Physical Therapy, Speech Therapy.*

*This agency is authorized to provide Medicare-certified home health services.*

Authorized by:



Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation

**From:** [Podgurski, Paula](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** [External] Request for no review letter for BAYADA - Halifax County  
**Date:** Friday, February 14, 2025 1:11:29 PM  
**Attachments:** [Halifax County.pdf](#)  
[PRV 1-1-25 to 12-31-25.pdf](#)

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Hello Tiffany,

Please see the letter and license which describes our intent to serve clients in Halifax County from our office in the town of Roxboro and the county of Person.

We are not moving our office and all information on this office remains the same. We are simply confirming that we are allowed to serve clients in Halifax County from this location.

Please let me know if you have any questions or concerns.

Thank you,  
Paula

**Paula Podgurski**

Senior Associate, Licensing & Enrollment (LEO) | BAYADA Home Health Care  
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