



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

November 25, 2025

Aniya Bradsher  
[aniya@ljhomesinc.org](mailto:aniya@ljhomesinc.org)

**No Review**

**Record #:** 4996  
**Date of Request:** November 10, 2025  
**Facility Name:** L&J Day  
**Business Name:** L&J Homes, Inc.  
**Business #:** 4018  
**Project Description:** Develop an adult developmental and vocational day program  
**County:** Alamance

Dear Ms. Bradsher:

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

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

Sincerely,

*Yolanda W. Jackson*

Yolanda W. Jackson  
Project Analyst

*Micheala Mitchell*

Micheala Mitchell  
Chief

cc: Mental Health Licensure Section, DHSR

## Jackson, Yolanda W

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**From:** Aniya Bradsher <aniya@ljhomesinc.org>  
**Sent:** Wednesday, November 12, 2025 12:23 PM  
**To:** Jackson, Yolanda W  
**Subject:** [External] Re: CON No Review Request

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Good afternoon Yolanda,

Thank you for reaching out. The name of the non-residential facility is **L&J Day**, a day program operated under **L&J Homes, Inc.**

Please let me know if anything further is needed.

Kind regards,

**Aniya L. Bradsher**

On Wed, Nov 12, 2025 at 9:14 AM Jackson, Yolanda W <[yolanda.jackson@dhhs.nc.gov](mailto:yolanda.jackson@dhhs.nc.gov)> wrote:

Good morning,

I have been assigned your request for written confirmation that a CON is not required for the non-residential program you are planning in Burlington. I need additional information. What is the name for the non-residential facility?

**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](mailto:yolanda.jackson@dhhs.nc.gov)

1915 Health Services Way, 2nd floor

2704 Mail Service Center

Raleigh, NC 27699-2704

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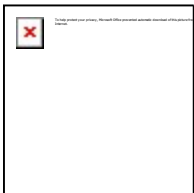
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**Aniya L. Bradsher**

Quality Assurance / Quality Improvement Specialist | Associate Professional

*L&J Homes, Inc.* – Licensed 5600C IDD Residential Provider | CARF Accredited



📍 1355 North Church Street, Burlington, NC 27217

 (336) 227-8030

 [aniya@ljhomesinc.org](mailto:aniya@ljhomesinc.org)

<https://www.ljhomesinc.org/>



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**Legal name:** L & J Homes, Inc.

**Secretary of State Identification Number (SOSID):** 0733017

**Status:** Current-Active

**Citizenship:** Domestic

**Date formed:** 7/2/2004

**Fiscal month:** June

**Registered agent:** [Larry A. Leath](#)

#### mailing address

1355 North Church Street  
Burlington, NC 27217-2803

#### Principal office address

1355 North Church Street  
Burlington, NC 27217-2803

#### Registered office address

1355 North Church Street  
Burlington, NC 27217-2803

**Registered mailing address**

1355 North Church Street  
Burlington, NC 27217-2803

**Officers**

- **President**

[Larry Alvin Leath](#)

P.O. Box 2273

Burlington NC 27216

**Stock:**

- **Class:** Common

**Shares:** 100000

**No par value:** Yes

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Hours of Operation Monday - Friday 8:00 am - 5:00 pm



## Contact Us

[919-814-5400](tel:919-814-5400) [Support](#) [Division Directory](#)

## North Carolina Secretary of State's Office

**From:** [Mitchell, Micheala L](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] Day Program Certificate of Need-Burlington, NC  
**Date:** Monday, November 10, 2025 3:35:52 PM

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Good afternoon Tiffany,

I hope you are well.

Would you mind logging this as a no review and assigning it to Yolanda?

Thank you,

Micheala

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](mailto:Micheala.Mitchell@dhhs.nc.gov)

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**From:** Aniya Bradsher <[aniya@ljhomesinc.org](mailto:aniya@ljhomesinc.org)>  
**Sent:** Monday, November 10, 2025 11:28 AM  
**To:** Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>  
**Cc:** Larry Leath <[ljhomes730@bellsouth.net](mailto:ljhomes730@bellsouth.net)>  
**Subject:** Re: [External] Day Program Certificate of Need-Burlington, NC

You don't often get email from [aniya@ljhomesinc.org](mailto:aniya@ljhomesinc.org). [Learn why this is important](#)

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Good morning Micheala,

Thank you so much for the information and for taking the time to walk me through the requirements. I truly appreciate your guidance and support. Yes, please move forward with drafting the official determination letter on your letterhead. We will await the document.

Thank you again for your help — it means a great deal.

Wishing you a wonderful day ahead,

**Aniya L. Bradsher**

On Fri, Nov 7, 2025 at 9:57 AM Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)> wrote:

Good morning Aniya,

Thanks for reaching out to the Healthcare Planning and Certificate of Need Section.

Development of a new facility to provide intellectual disability services does not require a certificate of need unless the proposed facility would be licensed pursuant to one of the following sections of the NC Administrative Code (Rules):

- **10A NCAC 27G .2100** Specialized Community Residential Centers for Individuals with Developmental Disabilities (only if certified as an intermediate care facility for individuals with intellectual disabilities (ICF/IID))
- **10A NCAC 27G .5600** Supervised Living for Individuals of all Disability Groups (only if certified as an ICF/IID))

We can use the information you submitted to draft an official determination on our letterhead if that is what you need. That process takes between 10-15 days. Let me know if that is what you prefer.

Best,

Micheala

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](mailto:Micheala.Mitchell@dhhs.nc.gov)

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**From:** Aniya Bradsher <[aniya@ljhomesinc.org](mailto:aniya@ljhomesinc.org)>

**Sent:** Friday, November 7, 2025 9:39 AM

**To:** Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>

**Subject:** [External] Day Program Certificate of Need-Burlington, NC

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Good Morning,

We are in the process of applying for initial licensure through DHSR to operate an Adult Developmental and Vocational Day Program under 10A NCAC 27G .2300. **The program will be non-residential and located at 5407 Hwy 119 North Burlington, NC 27217**

Before submitting our full application, I wanted to confirm whether a Certificate of Need (CON) is required for this type of program. From my understanding of the DHSR guidelines, CON approval is generally required for ICF/IID or residential facilities rather than non-residential day programs.

Could you please confirm in writing that this service category does not require a CON?

Thank you so much for your time and assistance, and please let me know if you need any additional details about our program.

Warm regards,

**Aniya L. Bradsher**

Quality Assurance / Quality Improvement Specialist | Associate Professional

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