



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVDUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

November 25, 2025

Shashi K.

shashi@apaana.com

No Review

Record #: 4998
Date of Request: November 14, 2025
Facility Name: Eternity of Hope, LLC
FID #: 240918
Business Name: Eternity of Hope, LLC
Business #: 4020
Project Description: Provide home care services
County: Guilford

Dear Shashi K.:

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.ncdhs.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, DHR

From: [Shashi](#)
To: [DHSR.CON.Request](#); ppurdie.eternityofhope@gmail.com
Subject: [External] Request for Determination of Review – Proposed Home Health Agency Services in Guilford County (Eternity of Hope, LLC)
Date: Thursday, November 13, 2025 8:48:58 PM

You don't often get email from shashi@apaana.com. [Learn why this is important](#)

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Dear Certificate of Need Analyst,
North Carolina DHSR – Certificate of Need Section,

I hope you are doing well.

I am writing on behalf of **Eternity of Hope, LLC (NPI: 1164395604)**, which has recently obtained Home Health Agency licensure in the State of North Carolina. We are planning to begin providing home health services from the following location:

**6725 Championship Dr
Whitsett, NC 27377-8788 (Guilford County)**

Because there is no definitive listing available regarding the reviewability of our proposed service in Guilford County, we would like to ensure full compliance with **N.C.G.S. 131E** and **10A NCAC 14C** requirements.

To avoid any assumptions and proceed correctly, we respectfully request a **formal Determination of Review** for this project.

Specifically, we seek clarification on the following:

- 1. For a proposed Home Health Agency office in Guilford County, does this project require a Certificate of Need (CON)?**
- 2. If the project is considered exempt or “No Review,” kindly confirm in writing so we may proceed with payer enrollment.**
- 3. If a CON is required for Guilford County, please provide guidance regarding the appropriate CON application form, review process, and any deadlines or submission requirements.**

We appreciate your assistance in determining whether our project requires review and look forward to your confirmation or further instructions.

Please feel free to contact me via email or phone should you need any additional details regarding the proposed service type, location, or operational plan.

Thank you for your time and support.

On behalf of Pamela Purdie
CEO, Eternity of Hope, LLC

Regards,
Shashi K.

CEO

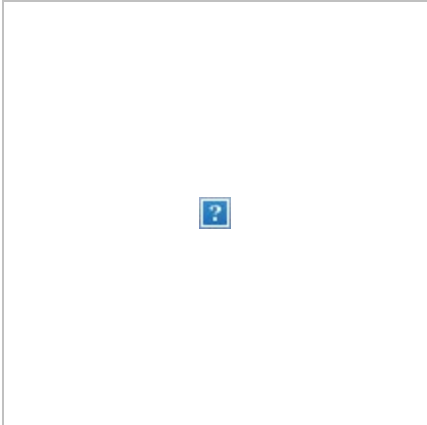
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Call: 407-403-5538 (Mob/Text)

Main:855-242-2212 Extn. 403

Email: shashi@apaana.com

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