



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 20, 2025

**Ada Calderwood**

[calderwooda@ballardspahr.com](mailto:calderwooda@ballardspahr.com)

**Exempt from Review – Acquisition of Facility**

**Record #:** 5004  
**Date of Request:** October 27, 2025  
**Facility Name:** Heritage Suites  
**Type of Facility:** ACH  
**FID #:** 990115  
**Acquisition by:** Unbridled Living, LLC  
**Business #:** 4021  
**County:** Cumberland

Dear Ms. Owens:

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 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.

**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

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cynthia Bradford".

Cynthia Bradford  
Project Analyst

A handwritten signature in cursive script, appearing to read "Micheala Mitchell".

Micheala Mitchell  
Chief

cc: Adult Care Licensure Section, DHSR

October 27, 2025

Via Email - [micheala.mitchell@dhhs.nc.gov](mailto:micheala.mitchell@dhhs.nc.gov)

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

**Re: Notice of Change of Ownership**

Dear Micheala,

I am writing with regard to Heritage Suites, located in 325 N. Cool Springs Street, Fayetteville, North Carolina, No. HAL-026-064 (the "Facility"), which is licensed by the Adult Care Licensure Section of the Division of Health Service Regulation ("ACLS") as an Adult Care Home. The current licensed operator of the Facility is Cool Springs Senior Care, LLC (the "Current Licensee").

The Facility is currently owned by Fayetteville NC Senior Property, LLC ("Current Real Estate Owner"). Current Real Estate Owner intends to sell the Facility to Unbridled Living LLC or its assigns ("New Real Estate Owner") and in turn lease the Facility back to Current Licensee until the new license is issued by ACLS to the proposed new licensee, PSLF Fayetteville LLC. We currently anticipate that this transaction will be effective on or around December 1, 2025 (the "Effective Date").

As required by 10A NCAC 13F .0207(3), this letter will serve as a request for a determination that this transaction is exempt from Certificate of Need ("CON") review. I would appreciate it if you would direct your response to my attention.

Should you have any questions or concerns, please do not hesitate to contact me.  
Thank you.

Sincerely,



Melissa Owens  
Chief Operating Officer  
Unbridled Living LLC

**From:** [Mitchell, Micheala L](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] Notice of Change of Ownership / CON Exemption Request; Heritage Suites, 325 N. Cool Springs Street, Fayetteville, North Carolina, No. HAL-026-064  
**Date:** Tuesday, November 18, 2025 3:13:37 PM  
**Attachments:** [NC CON Notice of Exemption Executed 10-27-25.pdf](#)

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Hey there!

Unless I'm mistaken, I think this one may have gotten lost. Would you mind logging and assigning to Cindy? She'll turn it around quickly.

Thanks,

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:** Mckillip, Mike <mike.mckillip@dhhs.nc.gov>  
**Sent:** Monday, October 27, 2025 1:20 PM  
**To:** Stancil, Tiffany C <Tiffany.Stancil@dhhs.nc.gov>  
**Cc:** Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>  
**Subject:** FW: [External] Notice of Change of Ownership / CON Exemption Request; Heritage Suites, 325 N. Cool Springs Street, Fayetteville, North Carolina, No. HAL-026-064

Hi Tiffany,

Let's give this request for an exemption letter for change of ownership to Cindy. Thanks.

Mike

**Michael McKillip**  
Team Leader, Certificate of Need  
Division of Health Service Regulation, Healthcare Planning and Certificate of Need  
[NC Department of Health and Human Services](#)

Office: 919-855-3877 (I am in the office on Wednesday and Friday, and can best be reached by email on Monday, Tuesday and Thursday.)  
[mike.mckillip@dhhs.nc.gov](mailto:mike.mckillip@dhhs.nc.gov)

1915 Health Services Way, 2<sup>nd</sup> Floor  
2704 Mail Service Center  
Raleigh, NC 27699-2704

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**From:** Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>  
**Sent:** Monday, October 27, 2025 1:09 PM  
**To:** Mckillip, Mike <[mike.mckillip@dhhs.nc.gov](mailto:mike.mckillip@dhhs.nc.gov)>  
**Subject:** Fw: [External] Notice of Change of Ownership / CON Exemption Request; Heritage Suites, 325 N. Cool Springs Street, Fayetteville, North Carolina, No. HAL-026-064

Mike- who would you like to handle this in Tanya's absence?

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](tel:9198553879)  
[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

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**From:** Calderwood, Ada <[CalderwoodA@ballardspahr.com](mailto:CalderwoodA@ballardspahr.com)>  
**Sent:** Monday, October 27, 2025 12:43 PM

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

**Subject:** [External] Notice of Change of Ownership / CON Exemption Request; Heritage Suites, 325 N. Cool Springs Street, Fayetteville, North Carolina, No. HAL-026-064

You don't often get email from [calderwooda@ballardspahr.com](mailto:calderwooda@ballardspahr.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 morning, please find attached the notice of change of ownership/CON exemption request for Heritage Suites, No. HAL-026-064.

Please let me know if you have any questions.

Thank you.

## Ada Calderwood

*Licensing and Compliance Specialist*



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***Lane Powell has combined with Ballard Spahr.***

### ***We've Moved!***

*Effective June 2, please note Ballard Spahr's Seattle office has moved to the Russell Investments Center located at:*

1301 2nd Ave. Suite 2800

Seattle, WA 98101-2930

206.223.5496 DIRECT

206.930.5813 MOBILE | [calderwooda@ballardspahr.com](mailto:calderwooda@ballardspahr.com)

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[www.ballardspahr.com](http://www.ballardspahr.com)

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