



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

Altee Weiss
Alteew@LTCally.com

Exempt from Review – Acquisition of Facility

Record #: 5009
Date of Request: October 31, 2025
Facility Name: Durham Nursing & Rehabilitation Center
Type of Facility: Nursing Home
FID #: 923264
Acquisition by: Durham Operator LLC – 411 South LaSalle Street LLC
Business #: 4023
County: Durham

Dear Mr. Weiss:

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 Nursing Home Licensure and Certification 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. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

[Handwritten signature of Cynthia Bradford]

Cynthia Bradford
Project Analyst

[Handwritten signature of Micheala Mitchell]

Micheala Mitchell
Chief

cc: Nursing Home Licensure and Certification Section, DHSR

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

**From:** [Mitchell, Micheala L](#)  
**To:** [Bradford, Cynthia L](#)  
**Subject:** FW: [External] NC SNF CHOW  
**Date:** Monday, November 24, 2025 1:13:43 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)

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Cindy-

This one is time sensitive and needs to go out by Wednesday. It should be assigned to Ena, but I erroneously thought I sent it to Tiffany. Ena is currently out of the office. If you cannot take care of it, don't worry. I can ask someone else.

Thank you,

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:** Altee Weiss <[AlteeW@LTCally.com](mailto:AlteeW@LTCally.com)>  
**Sent:** Thursday, November 20, 2025 8:56 AM  
**To:** Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>  
**Cc:** Devora Portowicz <[devorap@ltcally.com](mailto:devorap@ltcally.com)>  
**Subject:** RE: [External] NC SNF CHOW  
**Importance:** High

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Good morning,

I wanted to check in here. Is there anything else you need for the below 4 facilities CON exemption?

Thank you!



**Altee Weiss**

**Provider Enrollment Specialist/ Contracting**

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O 732 961 8432

F 732 279 4435

E [AlteeW@LTCally.com](mailto:AlteeW@LTCally.com)

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**From:** Altee Weiss  
**Sent:** Friday, October 31, 2025 12:37 PM  
**To:** 'Mitchell, Micheala L' <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>  
**Cc:** Devora Portowicz <[devorap@ltcally.com](mailto:devorap@ltcally.com)>

**Subject:** RE: [External] NC SNF CHOW

Sure, the purchaser of the real property and assets will be the below, with a lease agreement to each of the below Opcos. Let me know if there is anything else needed. Thanks!

1. Durham Operator LLC – 411 South LaSalle Street LLC  
411. South Lasalle St. Durham NC 27705
2. Henderson Operator LLC – 2275 Ruin Creek Road LLC  
2275 Ruin Creek Rd. Henderson NC 27537
3. Maggie Valley Operator LLC – 75 Fisher Loop LLC  
75 Fisher Loop Maggie Valley NC 28751
4. Rich Square Operator LLC – 300 North Main Street LLC  
300 North Main St. Rich Square, NC 27869

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

**Sent:** Friday, October 31, 2025 12:24 PM

**To:** Altee Weiss <[AlteeW@LTCally.com](mailto:AlteeW@LTCally.com)>

**Cc:** Devora Portowicz <[devorap@ltcally.com](mailto:devorap@ltcally.com)>

**Subject:** RE: [External] NC SNF CHOW

Thanks Altee. Can you tell us who the new owner(s) will be?

Micheala Mitchell, JD

[NC Department of Health and Human Services](#)

[Division of Health Service Regulation](#)

Section Chief, Healthcare Planning and CON Section

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Raleigh, NC 27699-2704

Office: 919 855 3879

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

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**From:** Altee Weiss <[AlteeW@LTCally.com](mailto:AlteeW@LTCally.com)>

**Sent:** Friday, October 31, 2025 12:22 PM

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

**Cc:** Devora Portowicz <[devorap@ltcally.com](mailto:devorap@ltcally.com)>

**Subject:** RE: [External] NC SNF CHOW

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Hi Mitchell,

Please be advised that the below facilities are anticipating a change of ownership 12/1/2025. Can you please provide us with your official determination regarding the certificate of need for this.

Thanks!

1. Durham Operator LLC – Current License No: NH0136  
411 Couth Lasalle St. Durham NC 27705
2. Henderson Operator LLC – Current License No: NH0477  
2275 Ruin Creek Rd. Henderson NC 27537
3. Maggie Valley Operator LLC – Current License No: NH0081

75 Fisher Loop Maggie Valley NC 28751

4. Rich Square Operator LLC – Current License No: NH0045

300 North Main St. Rich Square, NC 27869

Thank you!



**Altee Weiss**

**Provider Enrollment Specialist/ Contracting**

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O 732 961 8432

F 732 279 4435

E [AlteeW@LTCally.com](mailto:AlteeW@LTCally.com)

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

**Sent:** Tuesday, August 12, 2025 1:08 PM

**To:** Altee Weiss <[AlteeW@LTCally.com](mailto:AlteeW@LTCally.com)>

**Cc:** Devora Portowicz <[devorap@ltcally.com](mailto:devorap@ltcally.com)>

**Subject:** RE: [External] NC SNF CHOW

Hello,

Thanks for reaching out to us.

A CON is not required for a change of ownership of an SNF when there will be no change in bed capacity or service type. Nursing home licensure may require a provider to request an official determination from our office before they will process the change. If so, the provider can send the request to me with all of the details. The request can be on a PDF document or within the body of an email. It takes approximately 10 days for us to issue an official response.

Micheala

Micheala Mitchell, JD

[NC Department of Health and Human Services](#)

[Division of Health Service Regulation](#)

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

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**From:** Altee Weiss <[AlteeW@LTCally.com](mailto:AlteeW@LTCally.com)>

**Sent:** Tuesday, August 12, 2025 12:33 PM

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

**Cc:** Devora Portowicz <[devorap@ltcally.com](mailto:devorap@ltcally.com)>

**Subject:** [External] NC SNF CHOW

You don't often get email from [alteeew@ltcally.com](mailto:alteeew@ltcally.com). [Learn why this is important](#)

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Good afternoon Micheala,

Can you please advise whether a CON is needed for a facility undergoing a change of ownership?

**Altee Weiss**

**Provider Enrollment Specialist/ Contracting**

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O 732 961 8432

F 732 279 4435

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