# Licensed by the State of North Carolina Department of Health and Human Services - Division of Health Service Regulation

# As of 05/2024

| ALAMANCE   | Alamance Health Care Center  |
|--|--|
| Twin Lakes Community                                 | Alamance Operator LLC  |
| Lutheran Retirement Ministries of Alamance County NC | Administrator Name: Kyle Swim  |
| Administrator Name: Alice Lauren Davis Cook          | MAIL: 1987 Hilton Road, , Burlington, NC, 27217  |
| MAIL: 3802 Wade Coble Drive, , Burlington, NC, 27215 | SITE: 1987 Hilton Road, Burlington, NC, 27217  |
| SITE: 3802 Wade Coble Drive, Burlington, NC, 27215   | Contact Name: Kyle Swim  |
| Contact Name: Lauren Cook                            | (732) 905-6440 Fax: (336) 226-6274 NH0529  |
| (336) 538-1401 Fax: (336) 538-1523 NH0351            | Expiry Date: 31-Dec-24   |
| Expiry Date: 31-Dec-24                               | Nursing Facility Beds Total: 180   |
| Nursing Facility Beds Total: 104                     | Adult Care Home Beds Total: 0  |
| Adult Care Home Beds Total: 0                        | Liberty Commons Nursing & Rehabilitation Center of   |
| Compass Healthcare and Rehab Hawfields, Inc.         | Alamance County  |
| Compass Healthcare and Rehab Hawfields, Inc.         | Liberty Commons Nursing & Rehabilitation Center of<br>Alamance County LLC  |
| Administrator Name: Josh Bowman                      | Administrator Name: Jim Newman   |
| MAIL: 2502 South NC 119, , Mebane, NC, 27302         | MAIL: 791 Boone Station Drive, , Burlington, NC, 27215   |
| SITE: 2502 South NC 119, Mebane, NC, 27302           | SITE: 791 Boone Station Drive, Burlington, NC, 27215   |
| Contact Name: Josh Bowman                            | Contact Name: Jim Newman   |
| (336) 578-4701 Fax: (336) 578-4728 NH0364            | (336) 586-9850 Fax: (336) 586-9811 NH0588  |
| Expiry Date: 31-Dec-24                               | Expiry Date: 31-Dec-24   |
| Nursing Facility Beds Total: 117                     | Nursing Facility Beds Total: 122   |
| Adult Care Home Beds Total: 0                        | Adult Care Home Beds Total: 48   |
| White Oak Manor-Burlington                           | Edgewood Place at the Village at Brookwood   |
| White Oak Manor - Burlington, Inc.                   | Alamance Extended Care Inc   |
| Administrator Name: Newman B. McDade                 | Administrator Name: April Mayberry   |
| MAIL: 323 Baldwin Road, , Burlington, NC, 27217      | MAIL: 1820 Brookwood Avenue, , Burlington, NC, 27215   |
| SITE: 323 Baldwin Road, Burlington, NC, 27217        | SITE: 1820 Brookwood Avenue, Burlington, NC, 27215   |
| Contact Name: Newman B. McDade                       | Contact Name: April Mayberry   |
| (336) 229-5571 Fax: (336) 229-0964 NH0397            | (336) 570-8452 Fax: (336) 570-8460 NH0596  |
| Expiry Date: 31-Dec-24                               | Expiry Date: 31-Dec-24   |
| Nursing Facility Beds Total: 160                     | Nursing Facility Beds Total: 51  |
| Adult Care Home Beds Total: 0                        | Adult Care Home Beds Total: 24   |
| Peak Resources - Alamance                            | ALEXANDER  |
| Peak Resources Alamance Inc                          | Valley Nursing and Rehabilitation Center   |
| Administrator Name: Ivy Person-Davis                 | Valley Nursing Healthcare, LLC   |
| MAIL: 215 College Street, , Graham, NC, 27523        | Administrator Name: Sandra Loftin  |
| SITE: 215 College Street, Graham, NC, 27523          | MAIL: 581 NC Hwy. 16 South, , Taylorsville, NC, 28681  |
| Contact Name: Ivy Davis                              | SITE: 581 NC Hwy. 16 South, Taylorsville, NC, 28681  |
| (336) 228-8394 Fax: (336) 228-8170 NH0429            | Contact Name: Susan Johnson  |
| Expiry Date: 31-Dec-24                               |  |
| Nursing Facility Beds Total: 142                     |  |
| Adult Care Home Beds Total: 0                        |  |
|  |  |
| Nursing Facility Beds Total: 142                     | (828) 632-8146 Fax: (828) 635-1819 NH0381<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 183<br>Adult Care Home Beds Total: 0 |

ALLEGHANY

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#### As of 05/2024

#### Lotus Village Center for Nursing and Rehabilitation

Combs Street Operating Company, LLC Administrator Name: Brenda Edwards MAIL: 141 Washington Avenue, , Lawrence, NY, 11559 SITE: 179 Combs Street, Sparta, NC, 28675 Contact Name: Brenda Edwards (336) 372-2441 Fax: (336) 372-7755 NH0413 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 0

#### ANSON

#### Wadesboro Health & Rehab Center

Wadesboro Health & Rehab Center, LLC Administrator Name: Lois L Lee MAIL: 2051 Country Club Road, , Wadesboro, NC, 28170 SITE: 2051 Country Club Road, Wadesboro, NC, 28170 Contact Name: Leanna Lee (704) 694-4106 Fax: (704) 694-6726 NH0090 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 66 Adult Care Home Beds Total: 0 Anson Health and Rehabilitation Anson Health and Rehabilitation LLC Administrator Name: Kim Mooneyham MAIL: 405 S Greene Street, , Wadesboro, NC, 28170 SITE: 405 S Greene Street, Wadesboro, NC, 28170 Contact Name: Kim Mooneyham (704) 695-3301 Fax: (704) 694-9493 NH0642 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 95 Adult Care Home Beds Total: 0

## ASHE

# Margate Health and Rehab Center

Margate Health and Rehab Center LLC Administrator Name: Grayson Hill MAIL: 540 Waugh Street, Jefferson, NC, 28640 SITE: 540 Waugh Street, Jefferson, NC, 28640 Contact Name: Grayson Hill (336) 246-5581 Fax: (336) 246-5997 NH0459 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 210 Adult Care Home Beds Total: 0 **AVERY** 

| Life Care Center of Banner Elk                                      |
|---|
| Banner Elk Operations LLC   |
| Administrator Name: Lynn Kilpatrick                                 |
| MAIL: P.O. Box 2199, 185 Norwood Hollow Road, Banner Elk, NC, 28604 |
| SITE: 185 Norwood Hollow Road, Banner Elk, NC, 28604                |
| Contact Name: Lynn Kilpatrick                                       |
| (828) 898-5136 Fax: (828) 898-8426 NH0362                           |
| Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 118                                    |
| Adult Care Home Beds Total: 0                                       |
| BEAUFORT  |
| Ridgewood Living & Rehabilitation Center                            |
| Ridgewood Healthcare LLC  |
| Administrator Name: Lisa Hartley                                    |
| MAIL: 1624 Highland Drive, , Washington, NC, 27889                  |
| SITE: 1624 Highland Drive, Washington, NC, 27889                    |
| Contact Name: Chavi Kresh   |
| (252) 946-9570 Fax: (252) 946-3715 NH0387                           |
| Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 128                                    |
| Adult Care Home Beds Total: 0                                       |
| <b>River Trace Nursing and Rehabilitation Center</b>                |
| Tar River LTC Group LLC   |
| Administrator Name: Patrick J. Ryan                                 |
| MAIL: 250 Lovers Lane, , Washington, NC, 27889                      |
| SITE: 250 Lovers Lane, Washington, NC, 27889                        |
| Contact Name: Patrick J. Ryan                                       |
| (252) 975-1636 Fax: (252) 975-5960 NH0345                           |
| Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 140                                    |
| Adult Care Home Beds Total: 10                                      |
| BERTIE  |

Windsor Rehabilitation and Healthcare Center Windsor Opco LLC Administrator Name: Susan Ussery MAIL: 1306 South King Street, , Windsor, NC, 27983 SITE: 1306 South King Street, Windsor, NC, 27983 Contact Name: Susan Ussery (252) 794-5146 Fax: (252) 794-9409 NH0491 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 82 Adult Care Home Beds Total: 0

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#### **Three Rivers Health and Rehabilitation Center**

Three Rivers Health and Rehabilitation Center LLC Administrator Name: Penny Brown MAIL: 1403 Conner Drive, , Windsor, NC, 27983 SITE: 1403 Conner Drive, Windsor, NC, 27983 Contact Name: Penny Brown (252) 794-4441 Fax: (252) 794-2800 NH0522 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 60 Adult Care Home Beds Total: 20

#### BLADEN

#### **Bladen East Health and Rehab**

Bladen East Health and Rehab. LLC Administrator Name: Shannon Henderson MAIL: 804 South Poplar Street, , Elizabethtown, NC, 28337 SITE: 804 South Poplar Street, Elizabethtown, NC, 28337 Contact Name: Shannon Henderson (910) 862-8100 Fax: (910) 862-8143 NH0420 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 30 **Elizabethtown Healthcare & Rehabilitation Center** Liberty Commons Nsg & Rehab Ctr of Bladen Co, LLC Administrator Name: Lori Barrow MAIL: 208 Mercer Mill Road, , Elizabethtown, NC, 28337 SITE: 208 Mercer Mill Road, Elizabethtown, NC, 28337 Contact Name: Lori Barrow (910) 862-8181 Fax: (910) 862-4860 NH0328 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 94 Adult Care Home Beds Total: 0

#### BRUNSWICK

## Liberty Commons Nursing & Rehab Center of Southport LLC Liberty Healthcare Group LLC Administrator Name: Daniell R. Peters

MAIL: 630 Fodale Avenue, PO Box 10249, Southport, NC, 28461 SITE: 630 Fodale Avenue, Southport, NC, 28461 Contact Name: Danielle Peters (910) 457-9581 Fax: (910) 457-9583 NH0322 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 99 Adult Care Home Beds Total: 17

| Autumn Care of Shallotte                           |
|--|
| Autumn Corporation                                 |
| Administrator Name: Bethany Viner                  |
| MAIL: 237 Mulberry Street, , Shallotte, NC, 28470  |
| SITE: 237 Mulberry Street, Shallotte, NC, 28470    |
| Contact Name: Bethany Viner                        |
| (910) 754-8858 Fax: (910) 755-5059 NH0456          |
| Expiry Date: 31-Dec-24                             |
| Nursing Facility Beds Total: 100                   |
| Adult Care Home Beds Total: 10                     |
| Brunswick Cove Nursing Center                      |
| Brunswick Cove Living Center LLC                   |
| Administrator Name: Alice Dale                     |
| MAIL: 1478 River Road, , Winnabow, NC, 28479       |
| SITE: 1478 River Road, Winnabow, NC, 28479         |
| Contact Name: Alice Dale                           |
| (910) 371-9894 Fax: (910) 371-9609 NH0478          |
| Expiry Date: 31-Dec-24                             |
| Nursing Facility Beds Total: 175                   |
| Adult Care Home Beds Total: 40                     |
| Brunswick Health & Rehab Center                    |
| Brunswick Health & Rehab Center LLC                |
| Administrator Name: John Ehle                      |
| MAIL: 9600 No. 5 School Road, , Ash, NC, 28420     |
| SITE: 9600 No. 5 School Road, Ash, NC, 28420       |
| Contact Name: john ehle                            |
| (910) 287-6007 Fax: (910) 287-3155 NH0655          |
| Expiry Date: 31-Dec-24                             |
| Nursing Facility Beds Total: 100                   |
| Adult Care Home Beds Total: 0                      |
| Universal Health Care/Brunswick                    |
| Universal Health Care/Brunswick Inc                |
| Administrator Name: Ty Lellock                     |
| MAIL: 1070 Old Ocean Highway, , Bolivia, NC, 28422 |
| SITE: 1070 Old Ocean Highway, Bolivia, NC, 28422   |
| Contact Name: Ty Lellock                           |
| (910) 755-5955 Fax: (910) 755-8600 NH0626          |
| Expiry Date: 31-Dec-24                             |
| Nursing Facility Beds Total: 90                    |
| Adult Care Home Beds Total: 0                      |
| BUNCOMBE   |

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| NC State Veterans Home-Black Mountain                      |
|--|
| NC Dept of Military&Veterans Aff NC Div of Veterans Aff    |
| Administrator Name: Richard W. Hartline                    |
| MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 |
| SITE: 62 Lake Eden Road, Black Mountain, NC, 28711         |
| Contact Name: Richard W. Hartline                          |
| (828) 257-6800 Fax: (828) 257-6860 NH0631                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 100                           |
| Adult Care Home Beds Total: 0                              |
| The Oaks at Sweeten Creek                                  |
| Oaks at Sweeten Creek HealthCare, LLC                      |
| Administrator Name: Steven A. Sheets                       |
| MAIL: 3864 Sweeten Creek Road, , Arden, NC, 28704          |
| SITE: 3864 Sweeten Creek Road, Arden, NC, 28704            |
| Contact Name: Steven A. Sheets                             |
| (828) 681-0904 Fax: (828) 681-1671 NH0575                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 100                           |
| Adult Care Home Beds Total: 0                              |
| The Greens at Weaverville                                  |
| Greens at Weaverville LLC                                  |
| Administrator Name: Joseph Donchatz                        |
| MAIL: 78 Weaver Boulevard, , Weaverville, NC, 28787        |
| SITE: 78 Weaver Boulevard, Weaverville, NC, 28787          |
| Contact Name: Joseph Donchatz                              |
| (828) 645-4297 Fax: (828) 521-7405 NH0532                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 122                           |
| Adult Care Home Beds Total: 10                             |
| Swannanoa Valley Health and Rehabilitation                 |
| Asheville US Seventy NC Opco LLC                           |
| Administrator Name: Holly Self                             |
| MAIL: 1984 US 70 Highway, , Swannanoa, NC, 28778           |
| SITE: 1984 US 70 Highway, Swannanoa, NC, 28778             |
| Contact Name: Holly Self                                   |
| (828) 298-2214 Fax: (828) 298-2037 NH0528                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 106                           |
| Adult Care Home Beds Total: 0                              |

| The Laurels of Summit Ridge                                  |
|--|
| The Laurels of Summit Inn Inc                                |
| Administrator Name: Justin P. Morrison                       |
| MAIL: 100 Riceville Road, , Asheville, NC, 28805             |
| SITE: 100 Riceville Road, Asheville, NC, 28805               |
| Contact Name: Justin Morrison                                |
| (828) 299-1110 Fax: (828) 299-4077 NH0540                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 60                              |
| Adult Care Home Beds Total: 52                               |
| River Bend Health and Rehabilitation                         |
| Asheville Health and Rehabilitation SNF LLC                  |
| Administrator Name: Theodore I. Marcus                       |
| MAIL: 8 Melissa Lee Drive, , Jackson, NJ, 08527              |
| SITE: 213 Richmond Hill Drive, Asheville, NC, 28806          |
| Contact Name: Theodore Marcus                                |
| (828) 652-3032 Fax: (828) 232-0416 NH0541                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 100                             |
| Adult Care Home Beds Total: 50                               |
| Emerald Ridge Rehabilitation and Care Center                 |
| Emerald Ridge HealthCare LLC                                 |
| Administrator Name: Candace Fisher                           |
| MAIL: 25 Reynolds Mountain Boulevard, , Asheville, NC, 28804 |
| SITE: 25 Reynolds Mountain Blvd., Asheville, NC, 28804       |
| Contact Name: Charlene Graham Johnson                        |
| (828) 645-6619 Fax: (828) 645-3767 NH0551                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 100                             |
| Adult Care Home Beds Total: 0                                |
| Givens Health Center   |
| The Givens Estates Inc                                       |
| Administrator Name: Robert E. Underwood Jr.                  |
| MAIL: 2360 Sweeten Creek Road, , Asheville, NC, 28803        |
| SITE: 600 Barrett Lane, Asheville, NC, 28803                 |
| Contact Name: Robert E. Underwood Jr.                        |
| (828) 771-2902 Fax: (828) 771-2901 NH0484                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 70                              |
| Adult Care Home Beds Total: 0                                |

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#### The Laurels of GreenTree Ridge

The Laurels of Greentree Ridge Inc Administrator Name: Christi Ocke MAIL: 70 Sweeten Creek Road, , Asheville, NC, 28803 SITE: 70 Sweeten Creek Road, Asheville, NC, 28803 Contact Name: Christi Ocke (828) 274-7646 Fax: (828) 277-4752 NH0463 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 98 Adult Care Home Beds Total: 2 Flesher's Fairview Health Care Center Inc Flesher's Fairview Health Care Center Inc Administrator Name: Cheryl Mitchell MAIL: 3016 Cane Creek Road, , Fairview, NC, 28730 SITE: 3016 Cane Creek Road, Fairview, NC, 28730 Contact Name: Cheri Mitchell (828) 628-2800 Fax: (828) 628-3887 NH0517 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 106 Adult Care Home Beds Total: 14 **Bear Mountain Health and Rehabilitation** Asheville Beaverdam NC Opco LLC Administrator Name: Kamuina Badimu MAIL: 500 Beaverdam Road, , Asheville, NC, 28804 SITE: 500 Beaverdam Road, Asheville, NC, 28804 Contact Name: kamuina badimu (828) 254-8833 Fax: (828) 254-9923 NH0321 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 77 Adult Care Home Beds Total: 0 Aston Park Health Care Center Inc Aston Park Health Care Center Inc Administrator Name: Marsha McClure MAIL: 380 Brevard Road, , Asheville, NC, 28806 SITE: 380 Brevard Road, Asheville, NC, 28806 Contact Name: Janice Ratcliff (828) 253-4437 Fax: (828) 255-8635 NH0262 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 19

| StoneCreek Health and Rehabilitation                   |
|--|
| StoneCreek Health and Rehabilitation LLC               |
| Administrator Name: Judith Boyer                       |
| MAIL: 455 Victoria Road, , Asheville, NC, 28801        |
| SITE: 455 Victoria Road, Asheville, NC, 28801          |
| Contact Name: Judith W. Boyer                          |
| (828) 252-0099 Fax: (828) 641-9831 NH0291              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 120                       |
| Adult Care Home Beds Total: 0                          |
| Deerfield Episcopal Retirement Community Inc           |
| Deerfield Episcopal Retirement Community Inc           |
| Administrator Name: Brian King                         |
| MAIL: 1617 Hendersonville Road, , Asheville, NC, 28803 |
| SITE: 1617 Hendersonville Road, Asheville, NC, 28803   |
| Contact Name: brian king                               |
| (828) 210-4582 Fax: (828) 210-1281 NH0087              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 62                        |
| Adult Care Home Beds Total: 62                         |
| Brooks-Howell Home                                     |
| United Methodist Women                                 |
| Administrator Name: Hanna S. Rawls                     |
| MAIL: 266 Merrimon Avenue, , Asheville, NC, 28801      |
| SITE: 266 Merrimon Avenue, Asheville, NC, 28801        |
| Contact Name: Hanna S. Rawls                           |
| (828) 645-4297 Fax: (828) 287-3668 NH0107              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 58                        |
| Adult Care Home Beds Total: 0                          |
| Givens Highland Farms                                  |
| Givens Highland Farms LLC                              |
| Administrator Name: Kristine R. Hoke                   |
| MAIL: 200 Tabernacle Road, , Black Mountain, NC, 2871  |
| SITE: 200 Tabernacle Road, Black Mountain, NC, 28711   |
| Contact Name: Kristine Hoke MBA, LNHA                  |
| (828) 357-2006 Fax: (828) 357-1054 NH0147              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 60                        |
| Adult Care Home Beds Total: 0                          |

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#### Pisgah Manor Health Care Center

Liberty Healthcare Group, LLC Administrator Name: Michelle G. Iacono MAIL: 104 Holcombe Cove Road. , Candler, NC, 28715 SITE: 104 Holcombe Cove Road, Candler, NC, 28715 Contact Name: Michelle G. Iacono (828) 667-9851 Fax: (828) 667-9858 NH0184 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 118 Adult Care Home Beds Total: 0 **Elevate Health and Rehabilitation** Asheville Victoria NC Opco LLC Administrator Name: Varonica A. Price MAIL: 91 Victoria Road, , Asheville, NC, 28801 SITE: 91 Victoria Road, Asheville, NC, 28801 Contact Name: Varonica A Price (336) 692-0910 Fax: (828) 285-0437 NH0233 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 0 **Mountain Ridge Health and Rehab** Regency Care of Black Mountain LLC Administrator Name: David L. Hunt MAIL: 611 Old US Hwy 70 E, , Black Mountain, NC, 28711 SITE: 611 Old US Hwy 70 E, Black Mountain, NC, 28711 Contact Name: Stephanie G Brendell (828) 669-9991 Fax: (828) 669-9939 NH0235 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 97 Adult Care Home Beds Total: 3

#### BURKE

# Autumn Care of Drexel

Autumn Corporation Administrator Name: Teresa W. Lowman MAIL: 307 Oakland Avenue, , Morganton, NC, 28655 SITE: 307 Oakland Avenue, Morganton, NC, 28655 Contact Name: Teresa Lowman (828) 433-6180 Fax: (828) 433-6672 NH0347 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 100 Adult Care Home Beds Total: 20

| Magnolia Lane Nursing and Rehabilitation Center       |
|---|
| Granite Falls LTC LLC                                 |
| Administrator Name: Melissa D. Ross-Merkel            |
| MAIL: 107 Magnolia Drive, , Morganton, NC, 28655      |
| SITE: 107 Magnolia Drive, Morganton, NC, 28655        |
| Contact Name: Melissa D. Ross-Merkel                  |
| (828) 437-8760 Fax: (828) 438-6698 NH0343             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 121                      |
| Adult Care Home Beds Total: 0                         |
| Grace Ridge   |
| Grace Lifecare Inc                                    |
| Administrator Name: McKayla B. Vance                  |
| MAIL: 500 Lenoir Road, , Morganton, NC, 28655         |
| SITE: 500 Lenoir Road, Morganton, NC, 28655           |
| Contact Name: McKayla B. Vance                        |
| (828) 580-8300 Fax: (828) 580-8309 NH0476             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 25                       |
| Adult Care Home Beds Total: 47                        |
| Grace Heights Health and Rehabilitation               |
| Grace Heights Rehab and Skilled Nursing Center, LLC   |
| Administrator Name: Cynthia L. Alfaro                 |
| MAIL: 109 Foothills Drive, , Morganton, NC, 28655     |
| SITE: 109 Foothills Drive, Morganton, NC, 28655       |
| Contact Name: Cynthia Alfaro                          |
| (704) 747-9049 Fax: (828) 580-7009 NH0408             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 120                      |
| Adult Care Home Beds Total: 0                         |
| College Pines Health and Rehabilitation               |
| College Pines Rehab and Skilled Nursing Center, LLC   |
| Administrator Name: Cathy Lewis                       |
| MAIL: 95 Locust Street, , Connelly Springs, NC, 28612 |
| SITE: 95 Locust Street, Connelly Springs, NC, 28612   |
| Contact Name: Cathy Lewis                             |
| (828) 580-6800 Fax: (828) 580-6803 NH0553             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 100                      |
| Adult Care Home Beds Total: 4                         |

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#### **Carolina Rehab Center of Burke**

Carolina Burke Operator LLC Administrator Name: Heather McGroarty MAIL: 3647 Miller Bridge Road, , Connelly Springs, NC, 28612 SITE: 3647 Miller Bridge Road, Connelly Springs, NC, 28612 Contact Name: Heather McGroarty (732) 905-6440 Fax: (828) 397-2349 NH0610 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 0

#### CABARRUS

# The Gardens of Taylor Glen Retirement Community Baptist Retirement Homes of North Carolina Inc Administrator Name: Shannon C. Sears MAIL: 3700 Taylor Glen Lane, , Concord, NC, 28027 SITE: 3700 Taylor Glen Lane, Concord, NC, 28027 Contact Name: Shannon C. Sears (704) 788-6510 Fax: (704) 788-6508 NH0607 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 24 Adult Care Home Beds Total: 24 **PruittHealth-Town Center** PruittHealth-Town Center LLC Administrator Name: Rhonda Hargrave MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 SITE: 6300 Roberta Road, Harrisburg, NC, 28075 Contact Name: Rhonda Hargrave (704) 455-5553 Fax: (704) 455-5679 NH0604 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 70 Adult Care Home Beds Total: 0 **Transitional Health Services of Kannapolis** Kannapolis HealthCare LLC Administrator Name: Ken F. Speller MAIL: 1810 Concord Lake Road, , Kannapolis, NC, 28083 SITE: 1810 Concord Lake Road, Kannapolis, NC, 28083 Contact Name: Charlene Johnson (704) 933-3781 Fax: (704) 933-5002 NH0453 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 107 Adult Care Home Beds Total: 0

| The Greens at Cabarrus                               |
|--|
| Greens at Cabarrus LLC                               |
| Administrator Name: Cindy Pittmon                    |
| MAIL: 250 Bishop Lane, , Concord, NC, 28025          |
| SITE: 250 Bishop Lane, Concord, NC, 28025            |
| Contact Name: Cindy Pittmon                          |
| (704) 788-6400 Fax: (704) 788-6403 NH0498            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 90                      |
| Adult Care Home Beds Total: 0                        |
| Universal Health Care and Rehabilitation Center      |
| Universal Health Care/Concord Inc                    |
| Administrator Name: Robert Johnson Jr                |
| MAIL: 430 Brookwood Avenue, NE, , Concord, NC, 28025 |
| SITE: 430 Brookwood Avenue, NE, Concord, NC, 28025   |
| Contact Name: Robert Johnson Jr                      |
| (704) 999-2239 Fax: (704) 788-6331 NH0247            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 120                     |
| Adult Care Home Beds Total: 0                        |
| Concord Rehabilitation and Nursing Center            |
| Accordius Health at Concord LLC                      |
| Administrator Name: James D. Carter                  |
| MAIL: 515 Lake Concord Road NE, , Concord, NC, 28025 |
| SITE: 515 Lake Concord Road NE, Concord, NC, 28025   |
| Contact Name: James D. Carter                        |
| (704) 784-4494 Fax: (704) 784-9669 NH0179            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 120                     |
| Adult Care Home Beds Total: 0                        |
| Five Oaks Rehabilitation and Care Center             |
| Five Oaks SNF Operations LLC                         |
| Administrator Name: Jonathan R. Thomas               |
| MAIL: 413 Winecoff School Road, , Concord, NC, 28027 |
| SITE: 413 Winecoff School Road, Concord, NC, 28027   |
| Contact Name: Jonathan Thomas                        |
| (704) 788-2131 Fax: (704) 786-1557 NH0027            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 160                     |
| Adult Care Home Beds Total: 24                       |
| CALDWELL   |

# Licensed by the State of North Carolina Department of Health and Human Services - Division of Health Service Regulation

## As of 05/2024

| Gateway HealthCare LLCRiver Neuse Group LLCAdministrator Name: Timothy F. McEntireAdministrator Name: Alison SwitzerMAIL: 2030 Harper Avenue Northwest, Lenoir, NC, 28645MAIL: 210 Foxhall Rd., Newport, NC, 28570SITE: 2030 Harper Avenue Northwest, Lenoir, NC, 28645SITE: 210 Foxhall Rd., Newport, NC, 28570Contact Name: Charlene JohnsonContact Name: Alison Switzer(828) 754-3888Fax: (828) 754-4068NH0485Expiry Date: 31-Dec-24Expiry Date: 31-Dec-24Nursing Facility Beds Total: 100Nursing Facility Beds Total: 64Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Lenoir Healthcare CenterPruittHealth - Crystal Coast, LLCUniversal Health Care/Lenoir IncPruittHealth - Crystal Coast, LLCAdministrator Name: Mirana LambertAdministrator Name:MAIL: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US Highway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(328) 758-7326Fax: (828) 757-0938NH0407Fax:Expiry Date: 31-Dec-24Nursing Facility Beds Total: 10Nursing Facility Beds Total: 120Nursing Facility Beds Total: 104Adult Care Home Beds Total: 0Holdware Home Beds Total: 104Adult Care Home Beds Total: 0Crystal Buffs Rehabilitation and Health Care CenterGranite Falls Health and RehabilitationCrystal Buffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCAdministrator Name: Brandee FulbrightMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Ex         |
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| MAIL: 2030 Harper Avenue Northwest, Lenoir, NC, 28645MAIL: 210 Foxhall Rd., Newport, NC, 28570SITE: 2030 Harper Avenue Northwest, Lenoir, NC, 28645SITE: 210 Foxhall Rd., Newport, NC, 28570Contact Name: Charlene JohnsonContact Name: Alison Switzer(828) 754-388Fax: (828) 754-4068NH0485Expiry Date: 31-Dec-24Contact Name: Alison SwitzerNursing Facility Beds Total: 100Nursing Facility Beds Total: 64Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Lenoir Healthcare CenterPruittHealth - Crystal Coast, LLCUniversal Health Care/Lenoir, NC, 28645SITE: 210 EVANAUPSTE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US Highway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:MAIL: 210 Sonset Street, Granite Falls, NC, 28630Fax: (828) 757-0938STE: 100 Sunset Street, Granite Falls, NC, 28630Contact Name: Brandee FulbrightMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, Morehead City, NC, 28577(828) 396-2387 Fax: (828) 396-5978NH0380Contact Name: Brandee FulbrightMall: 4010 Bridges Street Extension, Morehead City, NC, 28577(828) 396-2387 Fax: (828) 396-5978NH0380Contact Name: Logan DunnMAIL: 4010 Bridges Street Extension, Morehead City, NC, 28577Contact Name: Brandee FulbrightContact Name: Logan Dunn   |
| SITE: 2030 Harper Avenue Northwest, Lenoir, NC, 28645SITE: 210 Foxhall Rd., Newport, NC, 28570Contact Name: Charlene JohnsonContact Name: Alison Switzer(828) 754-3888 Fax: (828) 754-4068NH0485Expiry Date: 31-Dec-24Contact Name: Alison SwitzerNursing Facility Beds Total: 100Nursing Facility Beds Total: 64Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Universal Health Care/Lenoir IncPruittHealth - Crystal Coast, LLCAdministrator Name: Mirana LambertAdministrator Name:MAIL: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US highway 70 East, Beaufort, NC, 28516SITE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US highway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(828) 758-7326 Fax: (828) 757-0938NH0407Expiry Date: 31-Dec-24Fax:Nursing Facility Beds Total: 120Nursing Facility Beds Total: 104Adult Care Home Beds Total: 0Curstal Buffs Rehabilitation and Health Care CenterGranite Falls Health and RehabilitationCrystal Buffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-5578SITE: 2010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-5578SITE: Alto Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-5578SITE: Alto Bridges |
| Contact Name: Charlene JohnsonContact Name: Alison Switzer(828) 754-3888Fax: (828) 754-4068NH0485(252) 223-2560Fax: (252) 223-4208NH0583Expiry Date: 31-Dec-24Nursing Facility Beds Total: 64Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Lenoir Healthcare CenterPruittHealth - Crystal Coast, LLCUniversal Health Care/Lenoir IncAdministrator Name: Mirana LambertMAIL: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US highway 70 East, Beaufort, NC, 28516SITE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US highway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(828) 758-7326Fax: (828) 757-0938(828) 758-7326Fax: (828) 757-0938MH0407Fax:Nursing Facility Beds Total: 100Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationGranite Falls Health and RehabilitationMAIL: 100 Sunset Street, Granite Falls, NC, 28630SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Granite Falls Made Fulbright(828) 396-2387Kax: (828) 396-2578NH0380Expiry Date: 31-Dec 24Contact Name: Brandee FulbrightContact Name: Brandee Fulbright  |
| (828) 754-3888Fax: (828) 754-4068NH0485(252) 223-2560Fax: (252) 223-4208NH0583Expiry Date: 31-Dec-24Nursing Facility Beds Total: 100Nursing Facility Beds Total: 64Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Lenoir Healthcare CenterPruittHealth - Crystal Coast, LLCUniversal Health Care/Lenoir IncAduinistrator Name:MAIL: 322 Nuway Circle, , Lenoir, NC, 28645MAIL: 2416 US highway 70 East, , Beaufort, NC, 28516SITE: 322 Nuway Circle, , Lenoir, NC, 28645SITE: 2416 US Highway 70 East, Beaufort, NC, 28516Contact Name:Mirana Lambert(828) 758-7326Fax: (828) 757-0938NH0407Fax:Nursing Facility Beds Total: 120Nursing Facility Beds Total: 104Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578NH0380Erry Data: 31 Dec 24Contact Name: Logan Dunn   |
| Expiry Date: 31-Dec-24Expiry Date: 31-Dec-24Nursing Facility Beds Total: 100Nursing Facility Beds Total: 64Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Lenoir Healthcare CenterPruittHealth - Crystal Coast, LLCUniversal Health Care/Lenoir IncAduit care Home Beds Total: 0Administrator Name: Mirana LambertAdministrator Name:MAIL: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US highway 70 East, Beaufort, NC, 28516SITE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US Highway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(828) 758-7326Fax: (828) 757-0938(828) 758-7326Fax: (828) 757-0938NH0407Fax:Nursing Facility Beds Total: 120Nursing Facility Beds Total: 120Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationGranite Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578(828) 396-2387Fax: (828) 396-9578NH0380Contact Name: Logan Dunn  |
| Nursing Facility Beds Total: 100Nursing Facility Beds Total: 64Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Lenoir Healthcare CenterPruittHealth - Crystal Coast, LLCUniversal Health Care/Lenoir IncAdministrator Name:Administrator Name: Mirana LambertAdministrator Name:MAIL: 322 Nuway Circle, , Lenoir, NC, 28645MAIL: 2416 US highway 70 East, , Beaufort, NC, 28516SITE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US Highway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(828) 758-7326Fax: (828) 757-0938NH0407Fax:Expiry Date: 31-Dec-24Nursing Facility Beds Total: 10Nursing Facility Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, Morehead City, NC, 28557SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578NH0380Expiry Date: 31 Dec 24Contact Name: Logan Dunn  |
| Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Lenoir Healthcare CenterPruittHealth - Crystal Coast, LLCUniversal Health Care/Lenoir IncPruittHealth - Crystal Coast, LLCAdministrator Name: Mirana LambertAdministrator Name:MAIL: 322 Nuway Circle, Lenoir, NC, 28645MAIL: 2416 US highway 70 East, Beaufort, NC, 28516SITE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US HIghway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(828) 758-7326Fax: (828) 757-0938NH0407Expiry Date: 31-Dec-24Fax:NH0600Expiry Date: 31-Dec-24Nursing Facility Beds Total: 120Nursing Facility Beds Total: 104Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578NH0380Expiry Date: 31 Dec 24Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578NH0380Expiry Date: 31 Dec 24Contact Name: Logan Dunn   |
| Lenoir Healthcare CenterPruittHealth - Crystal Coast, LLCUniversal Health Care/Lenoir IncPruittHealth - Crystal Coast, LLCAdministrator Name: Mirana LambertAdministrator Name:MAIL: 322 Nuway Circle, Lenoir, NC, 28645MAIL: 2416 US highway 70 East, Beaufort, NC, 28516SITE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US Highway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(828) 758-7326Fax: (828) 757-0938NH0407Fax:Expiry Date: 31-Dec-24Nursing Facility Beds Total: 120Nursing Facility Beds Total: 120Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Buffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557Contact Name: Brandee FulbrightSITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578(828) 396-2387Fax: (828) 396-9578Surge Street Extension, Morehead City, NC, 28557Contact Name: Logan DunnExviry Date: 31 Dec 24  |
| Universal Health Care/Lenoir IncPruittHealth - Crystal Coast, LLCAdministrator Name: Mirana LambertAdministrator Name:MAIL: 322 Nuway Circle, , Lenoir, NC, 28645MAIL: 2416 US highway 70 East, , Beaufort, NC, 28516SITE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US Highway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(828) 758-7326 Fax: (828) 757-0938 NH0407Fax: NH0600Expiry Date: 31-Dec-24SITE: 21-Dec-24Nursing Facility Beds Total: 120Adult Care Home Beds Total: 104Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387 Fax: (828) 396-9578 NH0380SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387 Fax: (828) 396-9578 NH0380Contact Name: Logan Dunn   |
| Administrator Name: Mirana LambertAdministrator Name:MAIL: 322 Nuway Circle, , Lenoir, NC, 28645MAIL: 2416 US highway 70 East, , Beaufort, NC, 28516SITE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US Highway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(828) 758-7326Fax: (828) 757-0938NH0407Expiry Date: 31-Dec-24Fax:NH0600Nursing Facility Beds Total: 120Adult Care Home Beds Total: 104Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578NH0380Expiry Date: 31 Dec 24Contact Name: Logan Dunn  |
| MAIL: 322 Nuway Circle, Lenoir, NC, 28645MAIL: 2416 US highway 70 East, Beaufort, NC, 28516SITE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US Highway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(828) 758-7326Fax: (828) 757-0938NH0407Expiry Date: 31-Dec-24Fax:NH0600Expiry Date: 31-Dec-24Expiry Date: 31-Dec-24Nursing Facility Beds Total: 120Nursing Facility Beds Total: 104Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, Morehead City, NC, 28557SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557K28) 396-2387Fax: (828) 396-9578NH0380Contact Name: Logan Dunn   |
| SITE: 322 Nuway Circle, Lenoir, NC, 28645SITE: 2416 US HIghway 70 East, Beaufort, NC, 28516Contact Name: Mirana LambertContact Name:(828) 758-7326Fax: (828) 757-0938NH0407Expiry Date: 31-Dec-24Fax:NH0600Expiry Date: 31-Dec-24Expiry Date: 31-Dec-24Nursing Facility Beds Total: 120Nursing Facility Beds Total: 104Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, Morehead City, NC, 28557SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578NH0380Evriny Date: 31 Dec 24Contact Name: Logan Dunn   |
| Contact Name: Mirana LambertContact Name:(828) 758-7326Fax: (828) 757-0938NH0407Fax:NH0600Expiry Date: 31-Dec-24Expiry Date: 31-Dec-24Expiry Date: 31-Dec-24Nursing Facility Beds Total: 120Nursing Facility Beds Total: 104Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, Morehead City, NC, 28557Contact Name: Brandee FulbrightSITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578NH0380Contact Name: Logan Dunn  |
| (828) 758-7326Fax: (828) 757-0938NH0407Fax: NH0600Expiry Date: 31-Dec-24Expiry Date: 31-Dec-24Expiry Date: 31-Dec-24Nursing Facility Beds Total: 120Nursing Facility Beds Total: 104Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578(828) 396-2387Fax: (828) 396-9578Fax: WH0380Contact Name: Logan Dunn  |
| Expiry Date: 31-Dec-24Expiry Date: 31-Dec-24Nursing Facility Beds Total: 120Nursing Facility Beds Total: 104Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, , Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, , Morehead City, NC, 28557SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578Expiry Date: 31 Dec 24Contact Name: Logan Dunn  |
| Nursing Facility Beds Total: 120Nursing Facility Beds Total: 104Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, , Morehead City, NC, 28557SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578Kito Street, 31 Dec 24Contact Name: Logan Dunn  |
| Adult Care Home Beds Total: 0Adult Care Home Beds Total: 0Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, , Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, , Morehead City, NC, 28557SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557Contact Name: Brandee FulbrightSITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578Expiry Date: 31 Dec 24Contact Name: Logan Dunn  |
| Hickory Falls Health and RehabilitationCrystal Bluffs Rehabilitation and Health Care CenterGranite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, , Morehead City, NC, 28557SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578NH0380Expiry Date: 31 Dec 24Contact Name: Logan Dunn  |
| Granite Falls Health and Rehabilitation LLCCentury Care of the Crystal Coast IncAdministrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, , Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, , Morehead City, NC,<br>28557SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC,<br>28557Contact Name: Brandee FulbrightSITE: 4010 Bridges Street Extension, Morehead City, NC,<br>28557(828) 396-2387Fax: (828) 396-9578Expiry Date: 31 Dec 24Contact Name: Logan Dunn  |
| Administrator Name: Brandee FulbrightAdministrator Name: Logan DunnMAIL: 100 Sunset Street, , Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, , Morehead City, NC,<br>28557SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, Morehead City, NC,<br>28557Contact Name: Brandee FulbrightSITE: 4010 Bridges Street Extension, Morehead City, NC,<br>28557(828) 396-2387Fax: (828) 396-9578Fxpiry Date: 31 Dec 24Contact Name: Logan Dunn  |
| MAIL: 100 Sunset Street, , Granite Falls, NC, 28630MAIL: 4010 Bridges Street Extension, , Morehead City, NC,<br>28557SITE: 100 Sunset Street, Granite Falls, NC, 28630SITE: 4010 Bridges Street Extension, , Morehead City, NC,<br>28557Contact Name: Brandee FulbrightSITE: 4010 Bridges Street Extension, Morehead City, NC,<br>28557(828) 396-2387Fax: (828) 396-9578Expiry Date: 31 Dec 24Contact Name: Logan Dunn   |
| SITE: 100 Sunset Street, Granite Falls, NC, 2863028557Contact Name: Brandee FulbrightSITE: 4010 Bridges Street Extension, Morehead City, NC, 28557(828) 396-2387Fax: (828) 396-9578NH0380Expiry Date: 31 Dec 24Contact Name: Logan Dunn  |
| STTE: 100 Subset Street, Grante Paris, NC, 28030Contact Name: Brandee Fulbright(828) 396-2387Fax: (828) 396-9578NH0380Expire Date: 31 Dec 24   |
| (828) 396-2387       Fax: (828) 396-9578       NH0380       28557         Expire Date: 31 Dec 24       Contact Name: Logan Dunn  |
| (828) 396-2387 Fax: (828) 396-9578 NH0380 Contact Name: Logan Dunn   |
| Evniry Date: 31 Dec 24   |
| (252) 726-0031 Fax: (252) 726-5831 NH0227  |
| Nursing Facility Beds Total: 120 Expiry Date: 31-Dec-24  |
| Adult Care Home Beds Total: 0 Nursing Facility Beds Total: 92  |
| Shaire Nursing Center Adult Care Home Beds Total: 0  |
| The Shaire Center Inc CASWELL  |
| Administrator Name: Michael Jason Haire Yanceyville Rehabilitation and Healthcare Center   |
| MAIL: P.O. Box 668, , Hudson, NC, 28638<br>Yanceyville Opco LLC  |
| SITE: 1450 Shaire Center Drive, Lenoir, NC, 28645<br>Administrator Name: Loie Leopardi   |
| Contact Name: Jason Haire MAIL: 1086 Main Street North, , Yanceyville, NC, 27379   |
| (828) 728-4673 Fax: (828) 728-0878 NH0578 SITE: 1086 Main Street North, Yanceyville, NC, 27379   |
| Expiry Date: 31-Dec-24 Contact Name: Loie Lepardi  |
| Nursing Facility Beds Total: 60         (336) 694-5916         Fax: (336) 694-7475         NH0434  |
| Adult Care Home Beds Total: 0 Expiry Date: 31-Dec-24   |
| CARTERET     Nursing Facility Beds Total: 157  |
| Adult Care Home Beds Total: 0  |

# Page: 8

CATAWBA

# Licensed by the State of North Carolina Department of Health and Human Services - Division of Health Service Regulation

## As of 05/2024

#### The Greens at Viewmont

Greens at Viewmont LLC Administrator Name: Lisa L. Fitzgerald MAIL: 220 13th Ave. Place NW, , Hickory, NC, 28601 SITE: 220 13th Ave. Place NW, Hickory, NC, 28601 Contact Name: Lisa L. Fitzgerald (828) 328-5646 Fax: (828) 328-6189 NH0409 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 104 Adult Care Home Beds Total: 0 **Abernethy Laurels** EveryAge Administrator Name: Ashley Jones MAIL: 102 Leonard Avenue, , Newton, NC, 28658 SITE: 102 Leonard Avenue, Newton, NC, 28658 Contact Name: Ashley Jones (828) 464-8260 Fax: (828) 465-8636 NH0191 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 174 Adult Care Home Beds Total: 18 **Trinity Ridge** Lutheran Home-Hickory West Inc Administrator Name: Hannah Huffman MAIL: 2140 Medical Park Drive, , Hickory, NC, 28602 SITE: 2140 Medical Park Drive, Hickory, NC, 28602 Contact Name: Hannah Huffman (828) 322-6995 Fax: (828) 294-6003 NH0162 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 0 **Trinity Village** Lutheran Home-Hickory Inc Administrator Name: Kendra P. Hendren MAIL: 1265 21st Street, NE, , Hickory, NC, 28601 SITE: 1265 21st Street, NE, Hickory, NC, 28601 Contact Name: Kendra P. Hendren (704) 880-6166 Fax: (828) 327-0512 NH0068 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 104 Adult Care Home Beds Total: 90

| The Greens at Hickory                               |
|---|
| Greens at Hickory LLC                               |
| Administrator Name: Lasheena Webb                   |
| MAIL: 3031 Tate Boulevard, SE, , Hickory, NC, 28602 |
| SITE: 3031 Tate Boulevard, SE, Hickory, NC, 28602   |
| Contact Name: Lasheena Webb                         |
| (828) 845-5554 Fax: (828) 322-6023 NH0337           |
| Expiry Date: 31-Dec-24                              |
| Nursing Facility Beds Total: 150                    |
| Adult Care Home Beds Total: 20                      |
| Conover Nursing and Rehabilitation Center           |
| Brosis Management of Catawba Inc                    |
| Administrator Name: Todd Roper                      |
| MAIL: P.O. Box 1718, , Conover, NC, 28613           |
| SITE: 920 4th Street S.W., Conover, NC, 28613       |
| Contact Name: Todd Roper                            |
| (828) 695-8282 Fax: (828) 468-5188 NH0603           |
| Expiry Date: 31-Dec-24                              |
| Nursing Facility Beds Total: 90                     |
| Adult Care Home Beds Total: 0                       |
|   |

# CHATHAM

The Arbor Galloway Ridge Inc Administrator Name: Dianne Armstrong MAIL: 3000 Galloway Ridge Road, , Pittsboro, NC, 27312 SITE: 300 Clynelish Close, Pittsboro, NC, 27312 Contact Name: Dianne M Armstrong (910) 986-2421 Fax: (919) 542-7521 NH0619 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 40 Adult Care Home Beds Total: 51 **Siler City Center** SunBridge Regency-North Carolina LLC Administrator Name: John Alvarez MAIL: 900 West Dolphin Street, , Siler City, NC, 27344 SITE: 900 West Dolphin Street, Siler City, NC, 27344 Contact Name: John Alvarez (919) 663-3431 Fax: (919) 663-5785 NH0395 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 150 Adult Care Home Beds Total: 0

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## As of 05/2024

#### **Carolina Meadows Health Center**

Carolina Meadows Inc Administrator Name: Adam T. Melton MAIL: 500 Carolina Meadows, , Chapel Hill, NC, 27517 SITE: 500 Carolina Meadows, Chapel Hill, NC, 27514 Contact Name: Adam T. Melton (919) 260-6239 Fax: (919) 932-9074 NH0490 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 0

#### The Laurels of Chatham

Laurel Health Care Company of Chatham NC Inc Administrator Name: John Jarrell MAIL: 72 Chatham Business Park, , Pittsboro, NC, 27312 SITE: 72 Chatham Business Park, Pittsboro, NC, 27312 Contact Name: john jarrell (919) 542-6677 Fax: (910) 642-0120 NH0523 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 140 Adult Care Home Beds Total: 0

#### CHEROKEE

**Murphy Rehabilitation & Nursing** Murphy Rehabilitation, Inc Administrator Name: Kelly R Roberts MAIL: 230 NC Highway 141, , Murphy, NC, 28906 SITE: 230 NC Highway 141, Murphy, NC, 28906 Contact Name: Kelly Roberts (828) 835-7580 Fax: (828) 835-7680 NH0652 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 134 Adult Care Home Beds Total: 0 Valley View Care and Rehabilitation Center Valley View HealthCare LLC Administrator Name: Amy Stanley MAIL: 551 Kent Street, , Andrews, NC, 28901 SITE: 551 Kent Street, Andrews, NC, 28901 Contact Name: Amy Stanley (828) 321-3075 Fax: (828) 321-3196 NH0535 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 76 Adult Care Home Beds Total: 0

#### CHOWAN

Chowan River Nursing and Rehabilitation Center Tar River LTC Group Administrator Name: Bayonle S. Akingbule MAIL: 1341 Paradise Road, P O Box 566, Edenton, NC, 27932 SITE: 1341 Paradise Road, Edenton, NC, 27932 Contact Name: Bayonle S. Akingbule (252) 482-7481 Fax: (252) 482-7674 NH0369 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 130 Adult Care Home Beds Total: 0

## CLAY

# **Clay County Care Center**

Clay County Healthcare, LLC Administrator Name: Traci D. Pollard MAIL: 86 Valley Hideaway Drive, , Hayesville, NC, 28904 SITE: 86 Valley Hideaway Drive, Hayesville, NC, 28904 Contact Name: Traci D. Pollard (828) 389-9941 Fax: (828) 389-3712 NH0542 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 0

## CLEVELAND

White Oak Manor-Kings Mountain White Oak Manor - Kings Mountain, Inc. Administrator Name: Brittney T. Grigg MAIL: 716 Sipes Street, , Kings Mountain, NC, 28086 SITE: 716 Sipes Street, Kings Mountain, NC, 28086 Contact Name: Brittney T. (704) 739-8132 Fax: (704) 739-8133 NH0396 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 154 Adult Care Home Beds Total: 0 White Oak Manor-Shelby White Oak Manor - Shelby, Inc. Administrator Name: Crystal C. Lombardo MAIL: 401 North Morgan Street, , Shelby, NC, 28150 SITE: 401 North Morgan Street, Shelby, NC, 28150 Contact Name: Crystal C. Lombardo (704) 482-7326 Fax: (704) 487-7193 NH0398 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 160 Adult Care Home Beds Total: 0

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#### As of 05/2024

#### **Peak Resources-Shelby**

Century Care of Shelby Inc Administrator Name: Tara D. Coley MAIL: 1101 North Morgan Street, , Shelby, NC, 28150 SITE: 1101 North Morgan Street, Shelby, NC, 28150 Contact Name: Tara D. Coley (704) 482-5396 Fax: (704) 482-5823 NH0405 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 100 Adult Care Home Beds Total: 0 **Cleveland Pines** AHSNF. Inc. Administrator Name: Kathryn G. Dotson MAIL: 1404 North Lafayette Street, , Shelby, NC, 28150 SITE: 1404 North Lafayette Street, Shelby, NC, 28150 Contact Name: Tracey Piercey (980) 487-1500 Fax: (980) 487-1553 NH0524 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 0

#### COLUMBUS

## Shoreland Health Care and Retirement Center Inc

Shoreland Health Care and Retirement Center Inc Administrator Name: Erica Schacht MAIL: 200 Flowers-Pridgen Drive, , Whiteville, NC, 28472 SITE: 200 Flowers-Pridgen Drive, Whiteville, NC, 28472 Contact Name: Erica L. Schacht (910) 642-4300 Fax: (910) 642-4405 NH0510 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 89 Adult Care Home Beds Total: 10 Premier Living and Rehab Center Premier Living and Rehab Center LLC Administrator Name: Tabitha M. Reaves MAIL: 106 Cameron Street, , Lake Waccamaw, NC, 28450 SITE: 106 Cameron Street, Lake Waccamaw, NC, 28450 Contact Name: Tabitha M. Reaves (910) 646-3132 Fax: (919) 646-4071 NH0246 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 127 Adult Care Home Beds Total: 15

| Liberty Commons Nursing and Rehab Ctr of Columbus Cty      |
|--|
| Liberty Commons Nsg and Rehab Ctr of Columbus Cty LLC      |
| Administrator Name: Tracey Jones                           |
| MAIL: 1402 Pinckney Street, , Whiteville, NC, 28472        |
| SITE: 1402 Pinckney Street, Whiteville, NC, 28472          |
| Contact Name: Tracey Jones                                 |
| (910) 642-4245 Fax: (910) 642-7187 NH0283                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 107                           |
| Adult Care Home Beds Total: 40                             |
| CRAVEN   |
| <b>Riverpoint Crest Nursing and Rehabilitation Center</b>  |
| River Neuse Group LLC                                      |
| Administrator Name: Deryn Smith                            |
| MAIL: 2600 Old Cherry Point Road, , New Bern, NC, 28563    |
| SITE: 2600 Old Cherry Point Road, New Bern, NC, 28563      |
| Contact Name: Deryn Smith                                  |
| (252) 637-4730 Fax: (252) 637-0289 NH0344                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 105                           |
| Adult Care Home Beds Total: 18                             |
| PruittHealth-Trent   |
| PruittHealth-Trent LLC                                     |
| Administrator Name: Lisa Bullock                           |
| MAIL: 1626 Jeurgens Court, , Norcross, GA, 30093           |
| SITE: 836 Hospital Drive, New Bern, NC, 28560              |
| Contact Name: Lisa Bullock                                 |
| (252) 638-6001 Fax: (252) 638-9304 NH0311                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 116                           |
| Adult Care Home Beds Total: 0                              |
| PruittHealth-Neuse   |
| PruittHealth-Neuse LLC                                     |
| Administrator Name: Brad Myers                             |
| MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 |
| SITE: 1303 Health Drive, New Bern, NC, 28560               |
| Contact Name: Brad Myers                                   |
| (252) 634-3852 Fax: (252) 638-1485 NH0496                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 110                           |
| Adult Care Home Beds Total: 0                              |

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| Cherry Point Bay Nursing and Rehabilitation Center   |
|--|
| River Neuse Group LLC  |
| Administrator Name: Christina Albrecht   |
| MAIL: 110 McCotter Blvd., , Havelock, NC, 28532  |
| SITE: 110 McCotter Blvd., Havelock, NC, 28532  |
| Contact Name: Christina Albrecht   |
| (252) 444-4631 Fax: (252) 444-5831 NH0579  |
| Expiry Date: 31-Dec-24   |
| Nursing Facility Beds Total: 70  |
| Adult Care Home Beds Total: 0  |
| Bayview Nursing & Rehabilitation Center  |
| Century Care of New Bern Inc   |
| Administrator Name: Jennifer Cuthrell  |
| MAIL: 3003 Kensington Park Drive, , New Bern, NC, 28560  |
| SITE: 3003 Kensington Park Drive, New Bern, NC, 28560  |
| Contact Name: Jennifer L Cuthrell  |
| (252) 631-5501 Fax: (252) 638-9308 NH0567  |
| Expiry Date: 31-Dec-24   |
| Nursing Facility Beds Total: 60  |
| Adult Care Home Beds Total: 12   |
|  |
| CUMBERLAND   |
| CUMBERLAND           Woodlands Nursing and Rehabilitation Center   |
|  |
| Woodlands Nursing and Rehabilitation Center  |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC  |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC<br>Administrator Name: Crystal Gecse   |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC<br>Administrator Name: Crystal Gecse<br>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301  |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC<br>Administrator Name: Crystal Gecse<br>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301<br>SITE: 400 Pelt Drive, Fayetteville, NC, 28301   |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC<br>Administrator Name: Crystal Gecse<br>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301<br>SITE: 400 Pelt Drive, Fayetteville, NC, 28301<br>Contact Name: Crystal Gecse  |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC<br>Administrator Name: Crystal Gecse<br>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301<br>SITE: 400 Pelt Drive, Fayetteville, NC, 28301<br>Contact Name: Crystal Gecse<br>(919) 851-8000 Fax: (910) 822-0535 NH0577   |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC<br>Administrator Name: Crystal Gecse<br>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301<br>SITE: 400 Pelt Drive, Fayetteville, NC, 28301<br>Contact Name: Crystal Gecse<br>(919) 851-8000 Fax: (910) 822-0535 NH0577<br>Expiry Date: 31-Dec-24   |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC<br>Administrator Name: Crystal Gecse<br>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301<br>SITE: 400 Pelt Drive, Fayetteville, NC, 28301<br>Contact Name: Crystal Gecse<br>(919) 851-8000 Fax: (910) 822-0535 NH0577<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 80  |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC<br>Administrator Name: Crystal Gecse<br>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301<br>SITE: 400 Pelt Drive, Fayetteville, NC, 28301<br>Contact Name: Crystal Gecse<br>(919) 851-8000 Fax: (910) 822-0535 NH0577<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 80<br>Adult Care Home Beds Total: 20  |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC<br>Administrator Name: Crystal Gecse<br>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301<br>SITE: 400 Pelt Drive, Fayetteville, NC, 28301<br>Contact Name: Crystal Gecse<br>(919) 851-8000 Fax: (910) 822-0535 NH0577<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 80<br>Adult Care Home Beds Total: 20<br>NC State Veterans Home-Fayetteville   |
| <ul> <li>Woodlands Nursing and Rehabilitation Center</li> <li>Liberty Healthcare Group LLC</li> <li>Administrator Name: Crystal Gecse</li> <li>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301</li> <li>SITE: 400 Pelt Drive, Fayetteville, NC, 28301</li> <li>Contact Name: Crystal Gecse</li> <li>(919) 851-8000 Fax: (910) 822-0535 NH0577</li> <li>Expiry Date: 31-Dec-24</li> <li>Nursing Facility Beds Total: 80</li> <li>Adult Care Home Beds Total: 20</li> <li>NC State Veterans Home-Fayetteville</li> <li>NC Dept of Military&amp;Veterans Aff NC Div of Veterans Aff</li> </ul>  |
| Woodlands Nursing and Rehabilitation Center<br>Liberty Healthcare Group LLC<br>Administrator Name: Crystal Gecse<br>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301<br>SITE: 400 Pelt Drive, Fayetteville, NC, 28301<br>Contact Name: Crystal Gecse<br>(919) 851-8000 Fax: (910) 822-0535 NH0577<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 80<br>Adult Care Home Beds Total: 20<br>NC State Veterans Home-Fayetteville<br>NC Dept of Military&Veterans Aff NC Div of Veterans Aff<br>Administrator Name: Whitney Bell  |
| <ul> <li>Woodlands Nursing and Rehabilitation Center</li> <li>Liberty Healthcare Group LLC</li> <li>Administrator Name: Crystal Gecse</li> <li>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301</li> <li>SITE: 400 Pelt Drive, Fayetteville, NC, 28301</li> <li>Contact Name: Crystal Gecse</li> <li>(919) 851-8000 Fax: (910) 822-0535 NH0577</li> <li>Expiry Date: 31-Dec-24</li> <li>Nursing Facility Beds Total: 80</li> <li>Adult Care Home Beds Total: 20</li> <li>NC State Veterans Home-Fayetteville</li> <li>NC Dept of Military&amp;Veterans Aff NC Div of Veterans Aff</li> <li>Administrator Name: Whitney Bell</li> <li>MAIL: 214 Cochran Avenue, , Fayetteville, NC, 28301</li> </ul>   |
| <ul> <li>Woodlands Nursing and Rehabilitation Center</li> <li>Liberty Healthcare Group LLC</li> <li>Administrator Name: Crystal Gecse</li> <li>MAIL: 400 Pelt Drive, Fayetteville, NC, 28301</li> <li>SITE: 400 Pelt Drive, Fayetteville, NC, 28301</li> <li>Contact Name: Crystal Gecse</li> <li>(919) 851-8000 Fax: (910) 822-0535 NH0577</li> <li>Expiry Date: 31-Dec-24</li> <li>Nursing Facility Beds Total: 80</li> <li>Adult Care Home Beds Total: 20</li> <li>NC State Veterans Home-Fayetteville</li> <li>NC Dept of Military&amp;Veterans Aff NC Div of Veterans Aff</li> <li>Administrator Name: Whitney Bell</li> <li>MAIL: 214 Cochran Avenue, Fayetteville, NC, 28301</li> </ul>   |
| <ul> <li>Woodlands Nursing and Rehabilitation Center</li> <li>Liberty Healthcare Group LLC</li> <li>Administrator Name: Crystal Gecse</li> <li>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301</li> <li>SITE: 400 Pelt Drive, Fayetteville, NC, 28301</li> <li>Contact Name: Crystal Gecse</li> <li>(919) 851-8000 Fax: (910) 822-0535 NH0577</li> <li>Expiry Date: 31-Dec-24</li> <li>Nursing Facility Beds Total: 80</li> <li>Adult Care Home Beds Total: 20</li> <li>NC State Veterans Home-Fayetteville</li> <li>NC Dept of Military&amp;Veterans Aff NC Div of Veterans Aff</li> <li>Administrator Name: Whitney Bell</li> <li>MAIL: 214 Cochran Avenue, , Fayetteville, NC, 28301</li> <li>SITE: 214 Cochran Avenue, Fayetteville, NC, 28301</li> <li>Contact Name: Whitney Bell</li> </ul>  |
| <ul> <li>Woodlands Nursing and Rehabilitation Center</li> <li>Liberty Healthcare Group LLC</li> <li>Administrator Name: Crystal Gecse</li> <li>MAIL: 400 Pelt Drive, , Fayetteville, NC, 28301</li> <li>SITE: 400 Pelt Drive, Fayetteville, NC, 28301</li> <li>Contact Name: Crystal Gecse</li> <li>(919) 851-8000 Fax: (910) 822-0535 NH0577</li> <li>Expiry Date: 31-Dec-24</li> <li>Nursing Facility Beds Total: 80</li> <li>Adult Care Home Beds Total: 20</li> <li>NC State Veterans Home-Fayetteville</li> <li>NC Dept of Military&amp;Veterans Aff NC Div of Veterans Aff</li> <li>Administrator Name: Whitney Bell</li> <li>MAIL: 214 Cochran Avenue, , Fayetteville, NC, 28301</li> <li>SITE: 214 Cochran Avenue, Fayetteville, NC, 28301</li> <li>Contact Name: Whitney Bell</li> <li>(910) 482-4131 Fax: (910) 822-0979 NH0585</li> </ul> |

| Carolina Rehab Center of Cumberland                            |
|--|
| Carolina Cumberland Operator LLC                               |
| Administrator Name: Cindy Maher                                |
| MAIL: 4600 Cumberland Road, , Fayetteville, NC, 28306          |
| SITE: 4600 Cumberland Road, Fayetteville, NC, 28306            |
| Contact Name: Tamar Lefkowitz                                  |
| (730) 905-6440 Fax: (910) 429-1710 NH0593                      |
| Expiry Date: 31-Dec-24   |
| Nursing Facility Beds Total: 136                               |
| Adult Care Home Beds Total: 0                                  |
| Autumn Care of Fayetteville                                    |
| Autumn Care of Fayetteville, LLC                               |
| Administrator Name: Barbara Collins                            |
| MAIL: 1401 Seventy First School Road, , Fayetteville, NC 28314 |
| SITE: 1401 Seventy First School Road, Fayetteville, NC, 28314  |
| Contact Name: Barbara Collins                                  |
| (910) 867-4960 Fax: (910) 867-4980 NH0629                      |
| Expiry Date: 31-Dec-24   |
| Nursing Facility Beds Total: 90                                |
| Adult Care Home Beds Total: 0                                  |
| The Carrolton of Fayetteville                                  |
| The Carrolton of Fayetteville, LLC                             |
| Administrator Name: Phillip M. Britt                           |
| MAIL: 2461 Legion Road, , Fayetteville, NC, 28306              |
| SITE: 2461 Legion Road, Fayetteville, NC, 28306                |
| Contact Name: Phillip Britt                                    |
| (910) 474-4381 Fax: (910) 425-3165 NH0501                      |
| Expiry Date: 31-Dec-24   |
| Nursing Facility Beds Total: 120                               |
| Adult Care Home Beds Total: 0                                  |
| Village Green Health and Rehabilitation                        |
| Village Green Health and Rehabilitation, LLC                   |
| Administrator Name: Makinna J. Zybas                           |
| MAIL: 1601 Purdue Drive, , Fayetteville, NC, 28304             |
| SITE: 1601 Purdue Drive, Fayetteville, NC, 28304               |
| Contact Name: Makinna Zybas                                    |
| (910) 486-5000 Fax: (910) 485-6388 NH0502                      |
| Expiry Date: 31-Dec-24   |
| Nursing Facility Beds Total: 170                               |
| Adult Care Home Beds Total: 0                                  |
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## As of 05/2024

| Haymount Rehabilitation & Nursing Center Inc            | Whispering Pines Nursing & Rehabilitation Center         |
|---|--|
| Haymount Rehabilitation & Nursing Center Inc            | Cumberland Care Inc                                      |
| Administrator Name: Tiffany Glover                      | Administrator Name: Katidra L. Ingram                    |
| MAIL: 2346 Barrington Circle, , Fayetteville, NC, 28303 | MAIL: 523 Country Club Drive, , Fayetteville, NC, 28301  |
| SITE: 2346 Barrington Circle, Fayetteville, NC, 28303   | SITE: 523 Country Club Drive, Fayetteville, NC, 28301    |
| Contact Name: Tiffany Glover                            | Contact Name: Katidra L. Ingram                          |
| (910) 689-0150 Fax: (910) 689-0160 NH0454               | (910) 488-0711 Fax: (910) 482-8302 NH0001                |
| Expiry Date: 31-Dec-24                                  | Expiry Date: 31-Dec-24                                   |
| Nursing Facility Beds Total: 98                         | Nursing Facility Beds Total: 86                          |
| Adult Care Home Beds Total: 14                          | Adult Care Home Beds Total: 2                            |
| Bethesda Health Care Facility                           | CURRITUCK  |
| Jactom Inc  | Currituck Health & Rehab Center                          |
| Administrator Name: Caroline Horne                      | Currituck Health & Rehab Center, LLC                     |
| MAIL: 3532 Dunn Road, , Eastover, NC, 28312             | Administrator Name: Karen E. Jackson                     |
| SITE: 3532 Dunn Road, Eastover, NC, 28312               | MAIL: 3907 Caratoke Hwy, , Barco, NC, 27917              |
| Contact Name: Caroline Horne                            | SITE: 3907 Caratoke Hwy, Barco, NC, 27917                |
| (910) 323-3223 Fax: (910) 321-6084 NH0254               | Contact Name: Karen Jackson                              |
| Expiry Date: 31-Dec-24                                  | (252) 457-0500 Fax: (252) 457-0501 NH0445                |
| Nursing Facility Beds Total: 85                         | Expiry Date: 31-Dec-24                                   |
| Adult Care Home Beds Total: 0                           | Nursing Facility Beds Total: 100                         |
| Liberty Healthcare Services of Golden Years Nursing     | Adult Care Home Beds Total: 0                            |
| Center, LLC   | DARE   |
| Liberty Healthcare Group, LLC                           | Peak Resources-Outer Banks                               |
| Administrator Name: Marc Cooper                         | Peak Resources-Outer Banks Inc                           |
| MAIL: P.O. Box 40, , Falcon, NC, 28342                  | Administrator Name: Melissa Harrison                     |
| SITE: 7348 North West Street, Falcon, NC, 28342         | MAIL: 430 West Health Center Drive, , Nags Head, NC,     |
| Contact Name: Marc Cooper                               | 27959  |
| (910) 980-1271 Fax: (910) 980-1141 NH0076               | SITE: 430 West Health Center Drive, Nags Head, NC, 27959 |
| Expiry Date: 31-Dec-24                                  | Contact Name: Melissa Harrison                           |
| Nursing Facility Beds Total: 58                         | (252) 441-3116 Fax: (252) 441-3367 NH0372                |
| Adult Care Home Beds Total: 0                           | Expiry Date: 31-Dec-24                                   |
| Highland House Rehabilitation and Healthcare            | Nursing Facility Beds Total: 126                         |
| Liberty Commons Nursing and Rehabilitation Center of    | Adult Care Home Beds Total: 0                            |
| Highland House, LLC                                     | DAVIDSON   |
| Administrator Name: Tonya R. Drake                      | Piedmont Crossing  |
| MAIL: 1700 Pamalee Drive, , Fayetteville, NC, 28301     | EveryAge   |
| SITE: 1700 Pamalee Drive, Fayetteville, NC, 28301       | Administrator Name: Jan F. Purdy-Gray                    |
| Contact Name: Tonya Drake                               | MAIL: 100 Hedrick Drive, , Thomasville, NC, 27360        |
| (910) 488-2295 Fax: (910) 488-0776 NH0117               | SITE: 100 Hedrick Drive, Thomasville, NC, 27360          |
| Expiry Date: 31-Dec-24                                  | Contact Name: Jan Briggs                                 |
| Nursing Facility Beds Total: 106                        | (336) 472-2017 Fax: (336) 474-3895 NH0390                |
| Adult Care Home Beds Total: 53                          | Expiry Date: 31-Dec-24                                   |
|   | Nursing Facility Beds Total: 114                         |

Adult Care Home Beds Total: 20

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# As of 05/2024

| Pine Acres Center for Nursing and Rehabilitation     |
|--|
| Accordius Health at Lexington LLC                    |
| Administrator Name: Brittany Batot                   |
| MAIL: 279 Brian Center Lane, , Lexington, NC, 27292  |
| SITE: 279 Brian Center Lane, Lexington, NC, 27292    |
| Contact Name: Brittany Batot                         |
| (336) 249-7521 Fax: (336) 249-3645 NH0010            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 106                     |
| Adult Care Home Beds Total: 0                        |
| Abbotts Creek Center                                 |
| SunBridge Regency-North Carolina LLC                 |
| Administrator Name: Angela S. Compton                |
| MAIL: 877 Hill Everhart Rd., , Lexington, NC, 27295  |
| SITE: 877 Hill Everhart Rd., Lexington, NC, 27295    |
| Contact Name: Angela S. Compton                      |
| (336) 248-6644 Fax: (336) 248-3113 NH0099            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 64                      |
| Adult Care Home Beds Total: 0                        |
| Davidson Health & Rehab Center                       |
| Davidson Health & Rehab Center, LLC                  |
| Administrator Name: Alyce E. Hopping                 |
| MAIL: 4748 Old Salisbury Rd., , Lexington, NC, 27295 |
| SITE: 4748 Old Salisbury Rd., Lexington, NC, 27295   |
| Contact Name: Alyce E. Hopping                       |
| (336) 956-1132 Fax: (336) 300-7795 NH0094            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 100                     |
| Adult Care Home Beds Total: 0                        |
| Pine Ridge Health and Rehabilitation Center          |
| Spruce LTC Group LLC                                 |
| Administrator Name: Lisa Johnson                     |
| MAIL: 706 Pineywood Road, , Thomasville, NC, 27360   |
| SITE: 706 Pineywood Road, Thomasville, NC, 27360     |
| Contact Name: Lisa Johnson                           |
| (336) 475-9116 Fax: (336) 475-9120 NH0187            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 140                     |
| Adult Care Home Beds Total: 14                       |
|  |

| Mountain Vista Health Park                                   |
|--|
| Mountain Vista Health Park Inc                               |
| Administrator Name: Cynthia H. Montgomery                    |
| MAIL: P.O.Box 1547, , Denton, NC, 27239                      |
| SITE: 106 Mountain Vista Health Park Road, Denton, NC, 27239 |
| Contact Name: Cindy Montgomery                               |
| (336) 859-2181 Fax: (336) 859-4053 NH0259                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 60                              |
| Adult Care Home Beds Total: 60                               |
| Magnolia Gardens Center for Nursing and Rehabilitation       |
| Pelican Health Thomasville LLC                               |
| Administrator Name: Eric Parker                              |
| MAIL: 1028 Blair Street, , Thomasville, NC, 27360            |
| SITE: 1028 Blair Street, Thomasville, NC, 27360              |
| Contact Name: Eric Parker                                    |
| (336) 472-7771 Fax: (336) 450-1594 NH0292                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 120                             |
| Adult Care Home Beds Total: 0                                |
| Lexington Health Care Center                                 |
| Lexington Operator LLC                                       |
| Administrator Name: Alexandra Garrett                        |
| MAIL: 17 Cornelia Drive, , Lexington, NC, 27292              |
| SITE: 17 Cornelia Drive, Lexington, NC, 27292                |
| Contact Name: Alexandra Garrett                              |
| (732) 905-6440 Fax: (336) 242-1349 NH0527                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 90                              |
| Adult Care Home Beds Total: 10                               |
| DAVIE  |
| Bermuda Village Retirement Center                            |
| ML Bermuda Village, LLC                                      |
| Administrator Name: Stewart R. Reed                          |
| MAIL: 142 Bermuda Village Drive, , Bermuda Run, NC,          |

SITE: 142 Bermuda Village Drive, Bermuda Run, NC, 27006

NH0519

27006

Contact Name: Stewart R. Reed

(704) 754-1551 Fax:

Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 36 Adult Care Home Beds Total: 21

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| Bermuda Commons Nursing and Rehabilitation Center     |
|---|
| Liberty Commons Nsg and Rehab Ctr of Davie County LLC |
| Administrator Name: Valerie O'Donnell                 |
| MAIL: 316 NC Hwy. 801 South, , Advance, NC, 27006     |
| SITE: 316 NC Hwy. 801 South, Advance, NC, 27006       |
| Contact Name: Valerie ODonnell                        |
| (765) 499-3560 Fax: (336) 998-0243 NH0560             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 117                      |
| Adult Care Home Beds Total: 10                        |
| Davie Nursing and Rehabilitation Center               |
| Davie Nursing and Rehabilitation Center, LLC          |
| Administrator Name: Darin Asbill                      |
| MAIL: 498 Madison Road, , Mocksville, NC, 27028       |
| SITE: 498 Madison Road, Mocksville, NC, 27028         |
| Contact Name: Darin Asbill                            |
| (336) 751-3535 Fax: (336) 751-0028 NH0221             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 96                       |
| Adult Care Home Beds Total: 12                        |
| DUPLIN  |
| Kenansville Rehabilitation and Healthcare Center      |
| Kenansville Opco, LLC                                 |
| Administrator Name: Tabitha T. Moses                  |
| MAIL: 209 Beasley Street, , Kenansville, NC, 28349    |
| SITE: 209 Beasley Street, Kenansville, NC, 28349      |
| Contact Name: Tabitha Moses                           |
| (919) 851-8000 Fax: (910) 296-1016 NH0308             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 92                       |
| Adult Care Home Beds Total: 0                         |
| Warsaw Nursing & Rehab Center                         |

RBM Opco of Warsaw LLC

Contact Name: Momin Afrede

Nursing Facility Beds Total: 100 Adult Care Home Beds Total: 0

Expiry Date: 31-Dec-24

Administrator Name: Momin Afrede

(910) 293-3144 Fax: (910) 293-4424

MAIL: 214 Lanefield Road, , Warsaw, NC, 28398 SITE: 214 Lanefield Road, Warsaw, NC, 28398

NH0418

| Wallace Rehabilitation and Healthcare Center               |
|--|
| WLC Opco LLC   |
| Administrator Name: Megan Freeman                          |
| MAIL: 647 S East Railroad St, , Wallace, NC, 24866         |
| SITE: 647 S East Railroad St, Wallace, NC, 24866           |
| Contact Name: Megan Freeman                                |
| (910) 285-9700 Fax: (910) 285-5156 NH0481                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 80                            |
| Adult Care Home Beds Total: 0                              |
| DURHAM   |
| Southpoint Rehabilitation and Healthcare Center            |
| Southpoint Opco LLC  |
| Administrator Name: Jill O. Strickland                     |
| MAIL: 6000 Fayetteville Road, , Durham, NC, 27713          |
| SITE: 6000 Fayetteville Road, Durham, NC, 27713            |
| Contact Name: Jill O. Strickland                           |
| (919) 544-9021 Fax: (919) 544-0345 NH0514                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 140                           |
| Adult Care Home Beds Total: 0                              |
| PruittHealth-Durham  |
| PruittHealth-Durham LLC                                    |
| Administrator Name: Michael Jamison                        |
| MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 |
| SITE: 3100 Erwin Road, Durham, NC, 27705                   |
| Contact Name: Michael Jamison                              |
| (919) 383-1546 Fax: (919) 383-0862 NH0412                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 125                           |
| Adult Care Home Beds Total: 0                              |
| Accordius Health at Rose Manor LLC                         |
| Accordius Health at Rose Manor LLC                         |
| Administrator Name: Larry Celeste                          |
| MAIL: 4230 North Roxboro Street, , Durham, NC, 27704       |
| SITE: 4230 North Roxboro Street, Durham, NC, 27704         |
| Contact Name: Larry Celeste                                |
| (919) 477-9805 Fax: (919) 479-5261 NH0152                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 111                           |
| Adult Care Home Beds Total: 0                              |

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#### **Durham Nursing & Rehabilitation Center**

Durham Rehab Operations LLC Administrator Name: Donald G. Brown MAIL: 411 South Lasalle Street. , Durham, NC, 27705 SITE: 411 South Lasalle Street, Durham, NC, 27705 Contact Name: Donald G. Brown (919) 383-5521 Fax: (919) 383-8580 NH0136 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 126 Adult Care Home Beds Total: 0 **Pettigrew Rehabilitation Center** Pettigrew Rehabilitation Center LLC Administrator Name: Maya Campbell MAIL: 1515 West Pettigrew Street, , Durham, NC, 27705 SITE: 1515 West Pettigrew Street, Durham, NC, 27705 Contact Name: Maya Campbell (919) 286-0751 Fax: (919) 286-3061 NH0119 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 96 Adult Care Home Beds Total: 0 Hillcrest Convalescent Center Inc Hillcrest Convalescent Center Inc Administrator Name: Thomas Ted SMith MAIL: 1417 West Pettigrew Street, , Durham, NC, 27705 SITE: 1417 West Pettigrew Street, Durham, NC, 27705 Contact Name: William Hoover (919) 286-7705 Fax: (919) 286-3772 NH0038 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 34 **Treyburn Rehabilitation Center** Treyburn Rehabilitation Center, LLC Administrator Name: Michael D. Weaver MAIL: 2059 Torredge Road, , Durham, NC, 27712 SITE: 2059 Torredge Road, Durham, NC, 27712 Contact Name: Michael D. Weaver (919) 714-9380 Fax: (919) 471-0967 NH0562 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 132 Adult Care Home Beds Total: 0

| Croasdaile Village                                      |
|---|
| The United Methodist Retirement Homes Inc               |
| Administrator Name: Sanya Alam                          |
| MAIL: 2600 Croasdaile Farm Parkway, , Durham, NC, 27705 |
| SITE: 2600 Croasdaile Farm Parkway, Durham, NC, 27705   |
| Contact Name: Sanya Alam                                |
| (919) 384-2608 Fax: (919) 384-2503 NH0587               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 104                        |
| Adult Care Home Beds Total: 0                           |
| Carver Living Center                                    |
| Carver Healthcare LLC                                   |
| Administrator Name: Allyn L. Simmons                    |
| MAIL: 303 East Carver Street, , Durham, NC, 27704       |
| SITE: 303 East Carver Street, Durham, NC, 27704         |
| Contact Name: ALSimmons L. Simmons                      |
| (919) 471-3558 Fax: (919) 477-5133 NH0543               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 232                        |
| Adult Care Home Beds Total: 0                           |
| The Forest at Duke                                      |
| The Forest at Duke Inc                                  |
| Administrator Name: Lee Ann Bailey-Clayton              |
| MAIL: 2701 Pickett Road, , Durham, NC, 27705            |
| SITE: 2701 Pickett Road, Durham, NC, 27705              |
| Contact Name: Lee Ann Bailey-Clayton                    |
| (919) 419-4090 Fax: (919) 433-2300 NH0536               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 58                         |
| Adult Care Home Beds Total: 32                          |
| The Cedars of Chapel Hill                               |
| The Cedars of Chapel Hill Club Inc                      |
| Administrator Name: Gavin Locklear                      |
| MAIL: 100 Cedar Club Circle, , Chapel Hill, NC, 27517   |
| SITE: 101 Green Cedar Lane, Chapel Hill, NC, 27517      |
| Contact Name: Gavin Locklear                            |
| (919) 259-7903 Fax: (919) 259-7943 NH0615               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 74                         |
| Adult Care Home Beds Total: 4                           |
| EDGECOMBE   |

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| Prodigy Transitional Rehab                            | Mill Creek Center for Nursing and Rehabilitation          |
|---|---|
| Tarboro Care LLC                                      | Accordius Health at Winston Salem LLC                     |
| Administrator Name: Robert Vernon                     | Administrator Name: Megan M. Afton                        |
| MAIL: 911 Western Boulevard, , Tarboro, NC, 27886     | MAIL: 4911 Brian Center Lane, , Winston-Salem, NC, 27106  |
| SITE: 911 Western Boulevard, Tarboro, NC, 27886       | SITE: 4911 Brian Center Lane, Winston-Salem, NC, 27106    |
| Contact Name: Rob Vernon                              | Contact Name: Megan M. Afton                              |
| (252) 823-2041 Fax: (252) 823-0904 NH0327             | (336) 744-5674 Fax: (336) 744-7569 NH0266                 |
| Expiry Date: 31-Dec-24                                | Expiry Date: 31-Dec-24                                    |
| Nursing Facility Beds Total: 118                      | Nursing Facility Beds Total: 66                           |
| Adult Care Home Beds Total: 0                         | Adult Care Home Beds Total: 14                            |
| The Jane at Tarboro                                   | Trinity Glen  |
| WELL Trevi Albemarle SNF LLC                          | Lutheran Home - Winston-Salem Inc                         |
| Administrator Name: Julie C. Daugherty                | Administrator Name: Logan M. Wilmouth                     |
| MAIL: 200 Trade Street, , Tarboro, NC, 27886          | MAIL: 849 Waterworks Road, , Winston-Salem, NC, 27101     |
| SITE: 200 Trade Street, Tarboro, NC, 27886            | SITE: 849 Waterworks Road, Winston-Salem, NC, 27101       |
| Contact Name: Julie Daugherty                         | Contact Name: Logan Wilmouth                              |
| (252) 823-2799 Fax: (252) 823-6555 NH0352             | (336) 595-2166 Fax: (336) 595-2169 NH0058                 |
| Expiry Date: 31-Dec-24                                | Expiry Date: 31-Dec-24                                    |
| Nursing Facility Beds Total: 0                        | Nursing Facility Beds Total: 117                          |
| Adult Care Home Beds Total: 56                        | Adult Care Home Beds Total: 0                             |
| Edgecombe Health Center by Harborview                 | PruittHealth-High Point                                   |
| Edgecombe Health Center by Harborview, LLC            | PruittHealth-High Point LLC                               |
| Administrator Name: Jamie Bell                        | Administrator Name: NONE                                  |
| MAIL: 1000 Western Boulevard, , Tarboro, NC, 27886    | MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA,      |
| SITE: 1000 Western Boulevard, Tarboro, NC, 27886      | 30093   |
| Contact Name: Jamie Bell                              | SITE: 3560 Advantage Way, Winston Salem, NC, 27103        |
| (252) 823-0401 Fax: (252) 823-1819 NH0288             | Contact Name: Lynethia Holley                             |
| Expiry Date: 31-Dec-24                                | (770) 279-6200 Fax: NH0021                                |
| Nursing Facility Beds Total: 159                      | Expiry Date: 31-Dec-24                                    |
| Adult Care Home Beds Total: 0                         | Nursing Facility Beds Total: 100                          |
| FORSYTH   | Adult Care Home Beds Total: 0                             |
| Piney Grove Nursing and Rehabilitation Center         | Brookridge Retirement Community                           |
| Snowshoe LTC Group LLC                                | Baptist Retirement Homes of North Carolina Inc            |
| Administrator Name: Stephen P. Swanson                | Administrator Name: Jessica C. Nathan                     |
| MAIL: 728 Piney Grove Road, , Kernersville, NC, 27284 | MAIL: 1199 Hayes Forest Drive, , Winston Salem, NC, 27106 |
| SITE: 728 Piney Grove Road, Kernersville, NC, 27284   | SITE: 1199 Hayes Forest Drive, Winston Salem, NC, 27106   |
| Contact Name: Stephen P. Swanson                      | Contact Name: Jessica Nathan                              |
| (336) 996-4038 Fax: (336) 996-6993 NH0256             | (336) 759-1044 Fax: (336) 759-9276 NH0067                 |
| Expiry Date: 31-Dec-24                                | Expiry Date: 31-Dec-24                                    |
| Nursing Facility Beds Total: 92                       | Nursing Facility Beds Total: 77                           |
|   |   |

Adult Care Home Beds Total: 0

Adult Care Home Beds Total: 36

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| Willow Valley Center for Nursing and Rehabilitation        |
|--|
| The Citadel at Winston Salem LLC                           |
| Administrator Name: Arelys Clark                           |
| MAIL: 1900 West First Street, , Winston Salem, NC, 27104   |
| SITE: 1900 West First Street, Winston Salem, NC, 27104     |
| Contact Name: Arelys Clark                                 |
| (336) 724-2821 Fax: (336) 725-8314 NH0125                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 230                           |
| Adult Care Home Beds Total: 0                              |
| Salemtowne   |
| Moravian Home, Inc   |
| Administrator Name: Kristin J. Stathers                    |
| MAIL: 1000 Salemtowne Drive, , Winston-Salem, NC, 27106    |
| SITE: 1550 Babcock Drive, Winston-Salem, NC, 27106         |
| Contact Name: Kristin J. Stathers                          |
| (336) 767-8130 Fax: (336) 767-4090 NH0154                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 100                           |
| Adult Care Home Beds Total: 20                             |
| Silas Creek Rehabilitation Center                          |
| Silas Creek Rehabilitation Center LLC                      |
| Administrator Name: August Gephardt                        |
| MAIL: 3350 Silas Creek Parkway, , Winston Salem, NC, 27103 |
| SITE: 3350 Silas Creek Parkway, Winston Salem, NC, 27103   |
| Contact Name: August Gephardt                              |
| (336) 765-0550 Fax: (336) 765-0826 NH0203                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 90                            |
| Adult Care Home Beds Total: 0                              |
| Cedar Hills Center for Nursing and Rehabilitation          |
| Accordius Health at Clemmons, LLC                          |
| Administrator Name: Jacqueline M. Livermore                |
| MAIL: 3905 Clemmons Road, , Clemmons, NC, 27012            |
| SITE: 3905 Clemmons Road, Clemmons, NC, 27012              |
| Contact Name: Jacqueline Livermore                         |
| (336) 575-4315 Fax: (336) 766-8666 NH0404                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 94                            |
| Adult Care Home Beds Total: 0                              |

| Summerstone Health and Rehab Center                          |
|--|
| Liberty Commons of Kernersville, LLC                         |
| Administrator Name: Shonette Pettiford                       |
| MAIL: 485 Veterans Way, , Kernersville, NC, 27284            |
| SITE: 485 Veterans Way, Kernersville, NC, 27284              |
| Contact Name: Shonette Pettiford                             |
| (336) 515-3000 Fax: (336) 315-3036 NH0423                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 120                             |
| Adult Care Home Beds Total: 0                                |
| The Oaks   |
| LCN & RC OF THE OAKS LLC                                     |
| Administrator Name: Garrett                                  |
| MAIL: 901 Bethesda Road, , Winston Salem, NC, 27103          |
| SITE: 901 Bethesda Road, Winston Salem, NC, 27103            |
| Contact Name: Garrett  |
| (336) 768-2211 Fax: (336) 774-6545 NH0439                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 131                             |
| Adult Care Home Beds Total: 0                                |
| Arbor Acres United Methodist Retirement Community Inc        |
| Arbor Acres United Methodist Retirement Community Inc        |
| Administrator Name: Brewier W. Welch                         |
| MAIL: 1250 Arbor Road, , Winston Salem, NC, 27104            |
| SITE: 1250 Arbor Road, Winston Salem, NC, 27104              |
| Contact Name: Brewier W. Welch                               |
| (336) 724-7921 Fax: (336) 721-1042 NH0378                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 83                              |
| Adult Care Home Beds Total: 106                              |
| Homestead Hills  |
| Homestead Hill Retirement Limited Partnership                |
| Administrator Name: James T. Matthews II                     |
| MAIL: 2101 Homestead Hills Drive, , Winston Salem, NC, 27103 |
| SITE: 2101 Homestead Hills Drive, Winston Salem, NC, 27103   |
| Contact Name: James T. Matthews                              |
| (336) 354-0820 Fax: (336) 659-8506 NH0633                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 40                              |
| Adult Care Home Beds Total: 0                                |

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| North Carolina State Veterans Home Kernersville                    |  |
|--|--|
| North Carolina Dept of Military and Veterans Affairs               |  |
| Administrator Name: Linda Richards                                 |  |
| MAIL: 1795 Kernersville Medical Parkway, , Kernersville, NC, 27284 |  |
| SITE: 1795 Kernersville Medical Parkway, Kernersville, NC, 27284   |  |
| Contact Name: Linda Richards                                       |  |
| (743) 209-3042 Fax: NH0661   |  |
| Expiry Date: 31-Dec-24   |  |
| Nursing Facility Beds Total: 120                                   |  |
| Adult Care Home Beds Total: 0                                      |  |
| Trinity Elms   |  |
| Lutheran Home-Forsyth County Inc                                   |  |
| Administrator Name: Cynthia D. McCoy                               |  |
| MAIL: 7449 Fair Oaks Drive, , Clemmons, NC, 27012                  |  |
| SITE: 7449 Fair Oaks Drive, Clemmons, NC, 27012                    |  |
| Contact Name: Cissy McCoy  |  |
| (336) 747-1153 Fax: (336) 293-4594 NH0641                          |  |
| Expiry Date: 31-Dec-24   |  |
| Nursing Facility Beds Total: 100                                   |  |
| Adult Care Home Beds Total: 0                                      |  |
| Oak Forest Health and Rehabiliation                                |  |
| Liberty Healthcare Group, LLC                                      |  |
| Administrator Name: Kristin Brewer                                 |  |
| MAIL: 5680 Windy Hill Drive, , Winston Salem, NC, 27105            |  |
| SITE: 5680 Windy Hill Drive, Winston Salem, NC, 27105              |  |
| Contact Name: Kristin Brewer                                       |  |
| (336) 776-5000 Fax: (336) 744-9401 NH0548                          |  |
| Expiry Date: 31-Dec-24   |  |
| Nursing Facility Beds Total: 170                                   |  |
| Adult Care Home Beds Total: 0                                      |  |
| FRANKLIN   |  |
| Franklin Oaks Nursing and Rehabilitation Center                    |  |
| Eagle Peak LTC Group LLC   |  |
| Administrator Name: Lynn Bullock                                   |  |
| MAIL: 1704 NC Highway 39 North, , Louisburg, NC, 27549             |  |
| SITE: 1704 Highway 39 North, Louisburg, NC, 27549                  |  |
| Contact Name: Lynn Bullock   |  |
| (919) 496-7222 Fax: (919) 497-5450 NH0486                          |  |
| Expiry Date: 31-Dec-24   |  |
| Nursing Facility Beds Total: 166                                   |  |
| Adult Care Home Beds Total: 10                                     |  |

| Louisburg Healthcare & Rehabilitation Center           |
|--|
| Liberty Commons Nsg and Rehab Ctr of Franklin Co, LLC  |
| Administrator Name: Deidra A. Sykes                    |
| MAIL: 202 Smoketree Way, , Louisburg, NC, 27549        |
| SITE: 202 Smoketree Way, Louisburg, NC, 27549          |
| Contact Name: Deidra Sykes                             |
| (919) 496-2188 Fax: (919) 496-3364 NH0264              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 92                        |
| Adult Care Home Beds Total: 60                         |
| GASTON   |
| Carolina Care Health and Rehabilitation                |
| Carolina Care Health and Rehabilitation LLC            |
| Administrator Name: Travis Alfaro                      |
| MAIL: 111 Harrelson Road, , Cherryville, NC, 28021     |
| SITE: 111 Harrelson Road, Cherryville, NC, 28021       |
| Contact Name: Travis Alfaro                            |
| (704) 435-4161 Fax: (704) 435-8979 NH0287              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 107                       |
| Adult Care Home Beds Total: 12                         |
| Covenant Village Inc                                   |
| Covenant Village Inc                                   |
| Administrator Name: Kevin T. Stewart                   |
| MAIL: 1351 Robinwood Road, , Gastonia, NC, 28054       |
| SITE: 1351 Robinwood Road, Gastonia, NC, 28054         |
| Contact Name: Kim Kling                                |
| (704) 867-2319 Fax: (704) 854-8738 NH0332              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 38                        |
| Adult Care Home Beds Total: 42                         |
| Highland Heights Health and Rehabilitation             |
| Accordius Health at Gastonia LLC                       |
| Administrator Name: Shannon Brown                      |
| MAIL: 416 North Highland Street, , Gastonia, NC, 28052 |
| SITE: 416 North Highland Street, Gastonia, NC, 28052   |
| Contact Name: Shannon Brown                            |
| (704) 864-0371 Fax: (704) 288-0441 NH0305              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 118                       |
| Adult Care Home Beds Total: 0                          |

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| The Greens at Gastonia                                |
|---|
| Greens at Gastonia LLC                                |
| Administrator Name: Evelyne M. Coskun                 |
| MAIL: 969 Cox Road, , Gastonia, NC, 28054             |
| SITE: 969 Cox Road, Gastonia, NC, 28054               |
| Contact Name: Evelyne M. Coskun                       |
| (704) 866-8596 Fax: (704) 866-8677 NH0228             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 162                      |
| Adult Care Home Beds Total: 0                         |
| The Ivy at Gastonia LLC                               |
| The Ivy at Gastonia LLC                               |
| Administrator Name: Casey Christopher                 |
| MAIL: 4414 Wilkinson Boulevard, , Gastonia, NC, 28056 |
| SITE: 4414 Wilkinson Boulevard, Gastonia, NC, 28056   |
| Contact Name: Ryan Coane                              |
| (704) 824-5550 Fax: (704) 824-8245 NH0468             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 50                       |
| Adult Care Home Beds Total: 0                         |
| Courtland Terrace                                     |
| Caromont Health Services Inc                          |
| Administrator Name: Beverly D. Young                  |
| MAIL: 2300 Aberdeen Boulevard, , Gastonia, NC, 28054  |
| SITE: 2300 Aberdeen Boulevard, Gastonia, NC, 28054    |
| Contact Name: Beverly D. Young                        |
| (704) 834-4806 Fax: (704) 834-4812 NH0494             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 77                       |
| Adult Care Home Beds Total: 19                        |
| Stanley Total Living Center Inc                       |
| Stanley Total Living Center Inc                       |
| Administrator Name: Jennifer Defelice                 |
| MAIL: P.O. Box 489, , Stanley, NC, 28164              |
| SITE: 514 Old Mt Holly Road, Stanley, NC, 28164       |
| Contact Name: Janet Estep                             |
| (704) 263-1986 Fax: (704) 263-8959 NH0386             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 106                      |
| Adult Care Home Beds Total: 40                        |
|   |

| Peak Resources-Gastonia  |  |  |  |
|--|--|--|--|
| Century Care of Gastonia Inc                                     |  |  |  |
| Administrator Name: Kimberly K. Poovey                           |  |  |  |
| MAIL: 2780 X-Ray Drive, , Gastonia, NC, 28054                    |  |  |  |
| SITE: 2780 X-Ray Drive, Gastonia, NC, 28054                      |  |  |  |
| Contact Name: Kimberly Poovey                                    |  |  |  |
| (704) 861-0981 Fax: (704) 861-0388 NH0402                        |  |  |  |
| Expiry Date: 31-Dec-24   |  |  |  |
| Nursing Facility Beds Total: 104                                 |  |  |  |
| Adult Care Home Beds Total: 0                                    |  |  |  |
| Peak Resources-Cherryville                                       |  |  |  |
| Century Care of Cherryville Inc                                  |  |  |  |
| Administrator Name: Johnny L. Poovey Jr.                         |  |  |  |
| MAIL: 7615 Dallas Cherryville Highway, , Cherryville, NC,        |  |  |  |
| 28021<br>SITE: 7615 Dallas Cherryville Highway, Cherryville, NC, |  |  |  |
| 28021  |  |  |  |
| Contact Name: Johnny L. Poovey Jr.                               |  |  |  |
| (704) 435-6029 Fax: (704) 435-8820 NH0403                        |  |  |  |
| Expiry Date: 31-Dec-24   |  |  |  |
| Nursing Facility Beds Total: 70                                  |  |  |  |
| Adult Care Home Beds Total: 57                                   |  |  |  |
| Gastonia Health & Rehab Center                                   |  |  |  |
| Gastonia Health & Rehab Center, LLC                              |  |  |  |
| Administrator Name: Shonda L. Wingate                            |  |  |  |
| MAIL: 1770 Oak Hollow Road, , Gastonia, NC, 28054                |  |  |  |
| SITE: 1770 Oak Hollow Road, Gastonia, NC, 28054                  |  |  |  |
| Contact Name: Shonda L. Wingate                                  |  |  |  |
| (704) 853-8175 Fax: (704) 852-4045 NH0547                        |  |  |  |
| Expiry Date: 31-Dec-24   |  |  |  |
| Nursing Facility Beds Total: 60                                  |  |  |  |
| Adult Care Home Beds Total: 40                                   |  |  |  |
| Belaire Health Care Center                                       |  |  |  |
| Belaire Operator LLC   |  |  |  |
| Administrator Name: Dennis Carver                                |  |  |  |
| MAIL: 2065 Lyon Street, , Gastonia, NC, 28052                    |  |  |  |
| SITE: 2065 Lyon Street, Gastonia, NC, 28052                      |  |  |  |
| Contact Name: Dennis Carver                                      |  |  |  |
| (704) 867-7300 Fax: (704) 867-3939 NH0561                        |  |  |  |
| Expiry Date: 31-Dec-24   |  |  |  |
| Nursing Facility Beds Total: 80                                  |  |  |  |
| Adult Care Home Beds Total: 0                                    |  |  |  |
| GATES  |  |  |  |

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## As of 05/2024

#### **Gates Health and Rehabilitation Center**

Down East Living & Rehab Center LLC Administrator Name: Patrick Lancaster MAIL: 38 Carters Road, , Gatesville, NC, 27938 SITE: 38 Carters Road, Gatesville, NC, 27938 Contact Name: Patrick Lancaster (252) 357-2124 Fax: (252) 436-8692 NH0513 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 70 Adult Care Home Beds Total: 10

## GRAHAM

#### Graham Healthcare and Rehabilitation Center

Granite Falls LTC LLC Administrator Name: Melissa D. Ross-Merkel MAIL: 811 Snowbird Road, , Robbinsville, NC, 28771 SITE: 811 Snowbird Road, Robbinsville, NC, 28771 Contact Name: Melissa D. Ross-Merkel (828) 479-8421 Fax: (828) 479-4269 NH0495 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 80 Adult Care Home Beds Total: 23

#### GRANVILLE

## Universal Health Care/Oxford

Universal Health Care/Oxford Inc Administrator Name: Rhonda E. Thomas MAIL: 500 Prospect Avenue, , Oxford, NC, 27565 SITE: 500 Prospect Avenue, Oxford, NC, 27565 Contact Name: Rhonda E. thomas (919) 693-1531 Fax: (919) 693-0632 NH0447 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 160 Adult Care Home Beds Total: 20

#### GREENE

# Greendale Forest Nursing and Rehabilitation Center

River Neuse Group LLC Administrator Name: Caroline Mumford MAIL: 1304 South East Second Street, , Snow Hill, NC, 28580 SITE: 1304 South East Second Street, Snow Hill, NC, 28580 Contact Name: Caroline Taylor Mumford (252) 747-8126 Fax: (252) 747-8255 NH0373 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 115 Adult Care Home Beds Total: 17

| GUILFORD |
|----------|
|----------|

| UILFORD   |  |  |  |
|---|--|--|--|
| Greenhaven Health and Rehabilitation Center         |  |  |  |
| Snowshoe LTC Group LLC                              |  |  |  |
| Administrator Name: Jacob Maurer                    |  |  |  |
| MAIL: 801 Greenhaven Drive, , Greensboro, NC, 27406 |  |  |  |
| SITE: 801 Greenhaven Drive, Greensboro, NC, 27406   |  |  |  |
| Contact Name: Jacob Maurer                          |  |  |  |
| (336) 292-8371 Fax: (336) 299-8414 NH0368           |  |  |  |
| Expiry Date: 31-Dec-24                              |  |  |  |
| Nursing Facility Beds Total: 120                    |  |  |  |
| Adult Care Home Beds Total: 0                       |  |  |  |
| Meridian Center                                     |  |  |  |
| SunBridge Regency-North Carolina LLC                |  |  |  |
| Administrator Name: Lance Johs                      |  |  |  |
| MAIL: 707 North Elm Street, , High Point, NC, 27262 |  |  |  |
| SITE: 707 North Elm Street, High Point, NC, 27262   |  |  |  |
| Contact Name: Lance Johs                            |  |  |  |
| (336) 885-0141 Fax: (336) 885-1404 NH0389           |  |  |  |
| Expiry Date: 31-Dec-24                              |  |  |  |
| Nursing Facility Beds Total: 199                    |  |  |  |
| Adult Care Home Beds Total: 0                       |  |  |  |
| Blumenthal Nursing & Rehabilitation Center          |  |  |  |
| Universal Health Care/Blumenthal Inc                |  |  |  |
| Administrator Name: Horace Wilson                   |  |  |  |
| MAIL: 3724 Wireless Drive, , Greensboro, NC, 27455  |  |  |  |
| SITE: 3724 Wireless Drive, Greensboro, NC, 27455    |  |  |  |
| Contact Name: Horace Wilson                         |  |  |  |
| (336) 540-9991 Fax: (336) 540-9375 NH0135           |  |  |  |
| Expiry Date: 31-Dec-24                              |  |  |  |
| Nursing Facility Beds Total: 134                    |  |  |  |
| Adult Care Home Beds Total: 20                      |  |  |  |
| Countryside   |  |  |  |
| Compass Healthcare and Rehab Guilford, LLC          |  |  |  |
| Administrator Name: Brittany White                  |  |  |  |
| MAIL: 7700 US Hwy 158 East, , Stokesdale, NC, 27357 |  |  |  |
| SITE: 7700 US Hwy 158 East, Stokesdale, NC, 27357   |  |  |  |
| Contact Name: Brittany White                        |  |  |  |
| (336) 643-6301 Fax: (336) 643-9906 NH0226           |  |  |  |
| Expiry Date: 31-Dec-24                              |  |  |  |
| Nursing Facility Beds Total: 60                     |  |  |  |
| Adult Care Home Beds Total: 16                      |  |  |  |

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## As of 05/2024

#### Friends Homes at Guilford

Friends Homes Inc Administrator Name: Hannah H. Davis MAIL: 925 New Garden Rd., , Greensboro, NC, 27410 SITE: 925 New Garden Rd., Greensboro, NC, 27410 Contact Name: Hannah Davis (336) 646-2098 Fax: (336) 854-9137 NH0190 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 69 Adult Care Home Beds Total: 60 Westchester Manor at Providence Place PPRC Nursing Home Inc Administrator Name: Dawn B. Cutts MAIL: 1795 Westchester Drive, , High Point, NC, 27262 SITE: 1795 Westchester Drive, High Point, NC, 27262 Contact Name: Dawn B. Cutts (336) 884-2222 Fax: (336) 888-4645 NH0155 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 129 Adult Care Home Beds Total: 0 WhiteStone: A Masonic and Eastern Star Community Masonic and Eastern Star Home of North Carolina Inc Administrator Name: Joshua Hillegass MAIL: 700 South Holden Road, , Greensboro, NC, 27407 SITE: 700 South Holden Road, Greensboro, NC, 27407 Contact Name: Joshua Hillegass (336) 547-2984 Fax: (336) 547-2999 NH0141 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 88 Adult Care Home Beds Total: 36 Maryfield Nursing Home Maryfield Incorporated Administrator Name: Hanna Crum MAIL: 109 Penny Road, , High Point, NC, 27260 SITE: 1315 Greensboro Road, High Point, NC, 27260 Contact Name: Hanna crum (336) 821-6506 Fax: (336) 886-4036 NH0005 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 125 Adult Care Home Beds Total: 36

| Clapps Nursing Center Inc                              |
|--|
| Clapp's Nursing Center Inc                             |
| Administrator Name: Madison B. Jones                   |
| MAIL: 5229 Appomatox Rd., , Pleasant Garden, NC, 27313 |
| SITE: 5229 Appomatox Rd., Pleasant Garden, NC, 27313   |
| Contact Name: Madison Jones                            |
| (336) 674-2252 Fax: (336) 674-9531 NH0017              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 118                       |
| Adult Care Home Beds Total: 0                          |
| Piedmont Hills Center for Nursing and Rehabilitation   |
| Carolina Pines at Greensboro, LLC                      |
| Administrator Name: Jennifer Regan                     |
| MAIL: 109 South Holden Road, , Greensboro, NC, 27407   |
| SITE: 109 South Holden Road, Greensboro, NC, 27407     |
| Contact Name: Jennifer Regan                           |
| (336) 522-5600 Fax: (336) 522-5644 NH0274              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 126                       |
| Adult Care Home Beds Total: 0                          |
| Linden Place Center for Nursing and Rehabilitation     |
| Accordius Health at Greensboro, LLC                    |
| Administrator Name: Malik Simpson                      |
| MAIL: 1201 Carolina Street, , Greensboro, NC, 27401    |
| SITE: 1201 Carolina Street, Greensboro, NC, 27401      |
| Contact Name: Malik Simpson                            |
| (336) 522-5700 Fax: (336) 522-5636 NH0275              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 105                       |
| Adult Care Home Beds Total: 0                          |
| Guilford Health Care Center                            |
| Guilford Operator LLC                                  |
| Administrator Name: Jacob Lane                         |
| MAIL: 2041 Willow Road, , Greensboro, NC, 27406        |
| SITE: 2041 Willow Road, Greensboro, NC, 27406          |
| Contact Name: Jacob Lane                               |
| (732) 905-6440 Fax: (336) 274-5924 NH0564              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 110                       |
| Adult Care Home Beds Total: 0                          |

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| Adams Farm Living & Rehabilitation                      | The Shannon Gray Rehabilitation & Recovery Center                         |  |  |
|---|---|--|--|
| Adams Farm Living Inc                                   | Greatest Generation Inc   |  |  |
| Administrator Name: Sherri Ingram-Bass                  | Administrator Name: Shannon L. Everhart                                   |  |  |
| MAIL: 5100 Mackay Road, , Jamestown, NC, 27282          | MAIL: 2005 Shannon Gray Court, , Jamestown, NC, 27282                     |  |  |
| SITE: 5100 Mackay Road, Jamestown, NC, 27282            | SITE: 2005 Shannon Gray Court, Jamestown, NC, 27282                       |  |  |
| Contact Name: Sherri Ingram-Bass                        | Contact Name: Shannon L. Everhart   |  |  |
| (336) 855-5596 Fax: (336) 500-8304 NH0581               | (336) 307-4729 Fax: (336) 307-4961 NH0627                                 |  |  |
| Expiry Date: 31-Dec-24                                  | Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 150                |  |  |
| Nursing Facility Beds Total: 120                        |   |  |  |
| Adult Care Home Beds Total: 0                           | Adult Care Home Beds Total: 0   |  |  |
| Well-Spring   | Camden Health and Rehabilitation  |  |  |
| Well-Spring Retirement Community Inc                    | Camden Health and Rehabilitation, LLC                                     |  |  |
| Administrator Name: Michael A. Jones Jr.                | Administrator Name: Garrett J. Saake                                      |  |  |
| MAIL: 3560 Wildflower Drive, , Greensboro, NC, 27410    | MAIL: 1 Marithe Ct., , Greensboro, NC, 27407                              |  |  |
| SITE: 4100 Well-Spring Drive, Greensboro, NC, 27410     | SITE: 1 Marithe Ct., Greensboro, NC, 27407                                |  |  |
| Contact Name: Michael Jones                             | Contact Name: Garrett Saake   |  |  |
| (336) 545-5435 Fax: (336) 545-5384 NH0546               | (336) 852-9700 Fax: (336) 852-9994 NH0624                                 |  |  |
| Expiry Date: 31-Dec-24                                  | Expiry Date: 31-Dec-24  |  |  |
| Nursing Facility Beds Total: 70                         | Nursing Facility Beds Total: 135  |  |  |
| Adult Care Home Beds Total: 72                          | Adult Care Home Beds Total: 0   |  |  |
| Friends Homes West                                      | Ashton Health and Rehabilitation<br>Ashton Health and Rehabilitation, LLC |  |  |
| Friends Homes Inc                                       |   |  |  |
| Administrator Name: Matthew H. Beam                     | Administrator Name: Ellen B. Rich   |  |  |
| MAIL: 6100 West Friendly Avenue, , Greensboro, NC,      | MAIL: 5533 Burlington Road, , Mcleansville, NC, 27301                     |  |  |
| 27410   | SITE: 5533 Burlington Road, Mcleansville, NC, 27301                       |  |  |
| SITE: 6100 West Friendly Avenue, Greensboro, NC, 27410  | Contact Name: Ellen Rich  |  |  |
| Contact Name: Hannah Davis                              | (336) 698-0045 Fax: (336) 698-0993 NH0625                                 |  |  |
| (336) 646-2098 Fax: (336) 369-4335 NH0554               | Expiry Date: 31-Dec-24  |  |  |
| Expiry Date: 31-Dec-24                                  | Nursing Facility Beds Total: 134  |  |  |
| Nursing Facility Beds Total: 40                         | Adult Care Home Beds Total: 0   |  |  |
| Adult Care Home Beds Total: 40                          | River Landing at Sandy Ridge  |  |  |
| Maple Grove Health and Rehabilitation Center            | The Presbyterian Homes Inc  |  |  |
| Snowshoe LTC Group LLC                                  | Administrator Name: Megan Brown   |  |  |
| Administrator Name: Raven Jackson                       | MAIL: 1575 John Knox Drive, , Colfax, NC, 27235                           |  |  |
| MAIL: 308 West Meadowview Road, , Greensboro, NC, 27406 | SITE: 1575 John Knox Drive, Colfax, NC, 27235                             |  |  |
| SITE: 308 West Meadowview Road, Greensboro, NC, 27406   | Contact Name: Megan M Brown   |  |  |
| Contact Name: Raven Jackson                             | (336) 480-5672 Fax: (336) 668-4911 NH0612                                 |  |  |
| (336) 230-0534 Fax: (336) 230-1664 NH0552               | Expiry Date: 31-Dec-24  |  |  |
| Expiry Date: 31-Dec-24                                  | Nursing Facility Beds Total: 60   |  |  |
| Nursing Facility Beds Total: 210                        | Adult Care Home Beds Total: 56  |  |  |
| Adult Care Home Beds Total: 40                          |   |  |  |

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## Heartland Living & Rehab @ The Moses H Cone Mem Hosp Heartland of Greensboro Inc

Administrator Name: Jeffrey D. Blake MAIL: 1131 North Church Street, , Greensboro, NC, 27401 SITE: 1131 North Church Street, Greensboro, NC, 27401 Contact Name: Jeffrey Blake (336) 358-5100 Fax: (336) 358-5110 NH0601 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 107 Adult Care Home Beds Total: 37

## HALIFAX

**Bryan Health and Rehab** Our Community Hospital Inc Administrator Name: Kim A Stallings MAIL: P.O. Box 405, , Scotland Neck, NC, 27874 SITE: 921 Jr High School Road, Scotland Neck, NC, 27874 Contact Name: Kim A Stallings (252) 826-4144 Fax: (252) 826-2181 NH0656 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 60 Adult Care Home Beds Total: 20 Signature Healthcare of Roanoke Rapids LP Roanoke Rapids LLC Administrator Name: Veronica D. Slade MAIL: 305 East Fourteenth Street, , Roanoke Rapids, NC, 27870 SITE: 305 East Fourteenth Street, Roanoke Rapids, NC, 27870 Contact Name: Meredith Crane (252) 537-6181 Fax: (252) 535-5132 NH0312 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 108 Adult Care Home Beds Total: 0

| Scotland Manor Health and Rehabilitation Center               |
|---|
| Accordius Health at Scotland Manor LLC                        |
| Administrator Name: Sara H. Deiter                            |
| MAIL: 920 Junior High School Road, , Scotland Neck, NC, 27874 |
| SITE: 920 Junior High School Road, Scotland Neck, NC, 27874   |
| Contact Name: Sara H. Deiter                                  |
| (252) 578-2012 Fax: (252) 304-3636 NH0314                     |
| Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 62                               |
| Adult Care Home Beds Total: 0                                 |
| Enfield Oaks Nursing and Rehabilitation Center                |
| Eagle Peak LTC Group  |
| Administrator Name: N A                                       |
| MAIL: 1435 Highway 258 North, , Kinston, NC, 28504            |
| SITE: 208 Cary Street, Enfield, NC, 27823                     |
| Contact Name: Max Mason                                       |
| (919) 779-5095 Fax: (252) 445-1924 NH0037                     |
| Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 63                               |
| Adult Care Home Beds Total: 0                                 |
| Liberty Commons Nsg and Rehab Ctr of Halifax County           |
| Liberty Commons Nsg and Rehab Ctr of Halifax Cty LLC          |
| Administrator Name: Carson R. Mooring                         |
| MAIL: 101 Caroline Avenue, , Weldon, NC, 27890                |
| SITE: 101 Caroline Avenue, Weldon, NC, 27890                  |
| Contact Name: Carson R. Mooring                               |
| (252) 536-4817 Fax: (252) 536-5560 NH0469                     |
| Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 50                               |
| Adult Care Home Beds Total: 25                                |
| ARNETT  |
| The Carrolton of Dunn   |
| The Carrolton of Dunn, LLC                                    |
| Administrator Name: Danisha Lyles                             |

MAIL: 711 Susan Tart Road, , Dunn, NC, 28334 SITE: 711 Susan Tart Road, Dunn, NC, 28334 Contact Name: Danisha Lyles (910) 892-8843 Fax: (910) 892-6235 NH0482 Expiry Date: 31-Dec-24

Nursing Facility Beds Total: 100

Adult Care Home Beds Total: 8

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## As of 05/2024

#### Universal Health Care / Lillington

Universal Health Care Lillington, Inc Administrator Name: Julius Shayo MAIL: 1995 E. Cornelius Harnett Blvd, , Lillington, NC, 27546 SITE: 1995 E. Cornelius Harnett Blvd, Lillington, NC, 27546 Contact Name: Julius Shayo (910) 985-0636 Fax: (910) 893-4595 NH0444 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 129 Adult Care Home Beds Total: 106 **Emerald Health & Rehab Center** Harnett Healthcare Group LLC Administrator Name: Fred V. Collins MAIL: 54 Red Mulberry Way, , Lillington, NC, 27546 SITE: 54 Red Mulberry Way, Lillington, NC, 27546 Contact Name: Fred V. Collins (336) 983-4900 Fax: (910) 814-8031 NH0144 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 96 Adult Care Home Beds Total: 0 Harnett Woods Nursing and Rehabilitation Center Redwood LTC Group LLC Administrator Name: Ashley Neenan MAIL: P.O. Box 1597, , Dunn, NC, 28334 SITE: 604 Lucas Road, Dunn, NC, 28334 Contact Name: Ashley Neenan (910) 891-4600 Fax: (910) 891-4903 NH0576 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 100 Adult Care Home Beds Total: 0 HAYWOOD **Skyland Terrace and Rehabilitation** 

Coolgate, Inc. Administrator Name: Sophia H. Brown MAIL: 516 Wall Street, , Waynesville, NC, 28786 SITE: 516 Wall Street, Waynesville, NC, 28786 Contact Name: Sophia Brown (828) 452-3154 Fax: (828) 452-1780 NH0520 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 5

**Maggie Valley Nursing and Rehab** Maggie Valley Operations LLC Administrator Name: Brenda K. Silvers MAIL: 75 Fisher Loop, , Maggie Valley, NC, 28751 SITE: 75 Fisher Loop, Maggie Valley, NC, 28751 Contact Name: Brenda K. Silvers (828) 926-4326 Fax: (828) 566-3005 NH0081 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 114 Adult Care Home Beds Total: 0 **Smoky Mountain Health and Rehabilitation Center** Snowshoe LTC Group LLC Administrator Name: Shayna Walters MAIL: 1349 Crabtree Road, , Waynesville, NC, 28785 SITE: 1349 Crabtree Road, Waynesville, NC, 28785 Contact Name: Shayna Walters (828) 454-9260 Fax: (828) 454-6998 NH0342 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 50 Adult Care Home Beds Total: 0 Autumn Care of Waynesville Autumn Corporation Administrator Name: Fred V. Collins MAIL: 360 Old Balsam Road, , Waynesville, NC, 28786 SITE: 360 Old Balsam Rd., Waynesville, NC, 28786 Contact Name: Fred V. Collins (336) 983-4900 Fax: (828) 452-5930 NH0366 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 10 Silver Bluff LLC Silver Bluff LLC Administrator Name: Lisa L. Leatherwood MAIL: 100 Silver Bluff Drive, , Canton, NC, 28716 SITE: 100 Silver Bluff Drive, Canton, NC, 28716 Contact Name: Lisa Leatherwood (828) 648-2044 Fax: (828) 648-2065 NH0458 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 131 Adult Care Home Beds Total: 13 **HENDERSON** 

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| The Laurels of Hendersonville   | Valley Hill Health & Rehab Center   |  |  |  |
|---|---|--|--|--|
| Laurel Health Care Company of North Carolina Inc  | Valley Hill Health & Rehab Center, LLC  |  |  |  |
| Administrator Name: Preston R. Harness  | Administrator Name: Scarlet S. Gardner  |  |  |  |
| MAIL: 290 Clear Creek Road, , Hendersonville, NC, 28792   | MAIL: 1510 Hebron Road, , Hendersonville, NC, 28739   |  |  |  |
| SITE: 290 Clear Creek Road, Hendersonville, NC, 28792   | SITE: 1510 Hebron Road, Hendersonville, NC, 28739   |  |  |  |
| Contact Name: Jonah Egbert  | Contact Name: Scarlet Garndner  |  |  |  |
| (828) 257-6805 Fax: (828) 696-9246 NH0480 (828) 693-8461 Fax: (828) 693-1905 NH0  |   |  |  |  |
| Expiry Date: 31-Dec-24  | Expiry Date: 31-Dec-24  |  |  |  |
| Nursing Facility Beds Total: 100  | Nursing Facility Beds Total: 150  |  |  |  |
| Adult Care Home Beds Total: 20  | Adult Care Home Beds Total: 0   |  |  |  |
| The Greens at Hendersonville  | Carolina Village Inc  |  |  |  |
| Greens at Hendersonville LLC  | Carolina Village Inc  |  |  |  |
| Administrator Name: Melissa E. Pate   | Administrator Name: Alex Tucker   |  |  |  |
| MAIL: 1870 Pisgah Drive, , Hendersonville, NC, 28791<br>SITE: 1870 Pisgah Drive, Hendersonville, NC, 28791                        | MAIL: 600 Carolina Village Road Suite Z, , Hendersonvil NC, 28792   |  |  |  |
| Contact Name: Melissa Pate  | SITE: 600 Carolina Village Road, Hendersonville, NC, 28792  |  |  |  |
| (828) 693-9796 Fax: (828) 693-1321 NH0470   | Contact Name: Alex Tucker   |  |  |  |
| Expiry Date: 31-Dec-24  | (828) 692-6275 Fax: (828) 692-6273 NH0174   |  |  |  |
| Nursing Facility Beds Total: 120  | Expiry Date: 31-Dec-24  |  |  |  |
| Adult Care Home Beds Total: 0   | Nursing Facility Beds Total: 58   |  |  |  |
| Orchard Valley Health and Rehabilitation  | Adult Care Home Beds Total: 0   |  |  |  |
| Hendersonville NC Opco LLC  | Life Care Center of Hendersonville  |  |  |  |
| Administrator Name: Monica C. Knighten<br>MALL 200 Haritage Way – Handersonville NG 28701<br>Hendersonville Medical Investors LLC |   |  |  |  |
| MAIL: 200 Heritage Way, , Hendersonville, NC, 28791   | Administrator Name: Olivia N. Burnett<br>MAIL: 400 Thompson Street, , Hendersonville, NC, 28792<br>SITE: 400 Thompson Street, Hendersonville, NC, 28792 |  |  |  |
| SITE: 200 Heritage Way, Hendersonville, NC, 28791   |   |  |  |  |
| Contact Name: Monica C. Knighten  |   |  |  |  |
| (828) 693-5849 Fax: (828) 697-5707 NH0382   | Contact Name: Oliva N. Burnett  |  |  |  |
| Expiry Date: 31-Dec-24  | (828) 697-4348 Fax: (828) 696-1668 NH0565   |  |  |  |
| Nursing Facility Beds Total: 134  | Expiry Date: 31-Dec-24  |  |  |  |
| Adult Care Home Beds Total: 0   | Nursing Facility Beds Total: 80   |  |  |  |
| The Lodge at Mills River  | Adult Care Home Beds Total: 0   |  |  |  |
| Beystone Health & Rehabilitation Company  | Hendersonville Health and Rehabilitation  |  |  |  |
| Administrator Name: Michela Wilson  | Hendersonville Health and Rehabilitation LLC  |  |  |  |
| MAIL: 5593 Old Haywood Road, , Mills River, NC, 28759   | Administrator Name: Andrew Sprenger   |  |  |  |
| SITE: 5593 Old Haywood Road, Mills River, NC, 28759   | MAIL: 104 College Drive, , Flat Rock, NC, 28731   |  |  |  |
| Contact Name: Michela Wilson  | SITE: 104 College Drive, Flat Rock, NC, 28731   |  |  |  |
| (828) 684-4857 Fax: (828) 654-8966 NH0394   | Contact Name: Andrew Sprenger   |  |  |  |
| Expiry Date: 31-Dec-24  | (828) 693-8600 Fax: (828) 693-1955 NH0586   |  |  |  |
| Nursing Facility Beds Total: 50   | Expiry Date: 31-Dec-24  |  |  |  |
| Adult Care Home Beds Total: 0   | Nursing Facility Beds Total: 130  |  |  |  |
|   | Adult Care Home Beds Total: 0   |  |  |  |

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### **Universal Health Care/Fletcher**

Universal Health Care/Fletcher Inc Administrator Name: Timothy W. Lane MAIL: 86 Old Airport Road, , Fletcher, NC, 28732 SITE: 86 Old Airport Road, Fletcher, NC, 28732 Contact Name: Timothy Lane (828) 654-9060 Fax: (828) 654-9071 NH0608 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 0

## HERTFORD

#### Ahoskie Health and Rehabilitation Center

Accordius Health at Creekside Care LLC Administrator Name: Shanell Price MAIL: 604 Stokes Street East, Ahoskie, NC, 27910 SITE: 604 Stokes Street East, Ahoskie, NC, 27910 Contact Name: Shanell Price (252) 332-2126 Fax: (252) 272-6277 NH0299 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 151 Adult Care Home Beds Total: 0

#### HOKE

## Autumn Care of Raeford

Autumn Corporation Administrator Name: Lalister B. Bryant, III MAIL: 1206 N. Fulton Street, , Raeford, NC, 28376 SITE: 1206 North Fulton Street, Raeford, NC, 28376 Contact Name: Lalister B. Bryant, III (910) 875-4280 Fax: (910) 875-7059 NH0438 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 132 Adult Care Home Beds Total: 0

#### IREDELL

#### **Glenwood Rehabilitation and Nursing Center**

The Citadel Mooresville LLC Administrator Name: Tanya Rocquemore MAIL: 550 Glenwood Drive, , Mooresville, NC, 28115 SITE: 550 Glenwood Drive, Mooresville, NC, 28115 Contact Name: Tanya Rocquemore (704) 664-7494 Fax: (704) 664-8454 NH0435 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 130 Adult Care Home Beds Total: 30

| The Greens at Maple Leaf                              |   |  |  |
|---|---|--|--|
| Greens at Maple Leaf LLC                              |   |  |  |
| Administrator Name: Jennifer K. Simon                 |   |  |  |
| MAIL: 1101 Maple Care Lane, , Statesville, NC, 28625  |   |  |  |
| SITE: 1101 Maple Care Lane, Statesville, NC, 28625    |   |  |  |
| Contact Name: Jennifer Simon                          |   |  |  |
| (704) 871-0705 Fax: (704) 871-0708 NH0488             |   |  |  |
| Expiry Date: 31-Dec-24                                |   |  |  |
| Nursing Facility Beds Total: 94                       |   |  |  |
| Adult Care Home Beds Total: 8                         |   |  |  |
| Accordius Health at Statesville                       |   |  |  |
| Accordius Health at Statesville LLC                   |   |  |  |
| Administrator Name: Darryl P. Ehlers                  |   |  |  |
| MAIL: 980 Sylvan Ave., , Englewood Cliffs, NJ, 07632  |   |  |  |
| SITE: 520 Valley Street, Statesville, NC, 28677       |   |  |  |
| Contact Name: Rachel Kosowsky                         |   |  |  |
| (201) 928-7816 Fax: NH0176                            |   |  |  |
| Expiry Date: 31-Dec-24                                |   |  |  |
| Nursing Facility Beds Total: 147                      |   |  |  |
| Adult Care Home Beds Total: 0                         |   |  |  |
| Mooresville Rehabilitation and Nursing Center         |   |  |  |
| Accordius Health at Mooresville LLC                   |   |  |  |
| Administrator Name: Carlton P. Smalls                 |   |  |  |
| MAIL: 752 East Center Avenue, , Mooresville, NC, 2811 | 5 |  |  |
| SITE: 752 East Center Avenue, Mooresville, NC, 28115  |   |  |  |
| Contact Name: Carlton P. Smalls                       |   |  |  |
| (704) 800-0570 Fax: (704) 800-0572 NH0238             |   |  |  |
| Expiry Date: 31-Dec-24                                |   |  |  |
| Nursing Facility Beds Total: 131                      |   |  |  |
| Adult Care Home Beds Total: 0                         |   |  |  |
| Autumn Care of Statesville                            |   |  |  |
| Autumn Care of Statesville, LLC                       |   |  |  |
| Administrator Name: Tambria L. Rabuck                 |   |  |  |
| MAIL: 2001 VanHaven Drive, , Statesville, NC, 28625   |   |  |  |
| SITE: 2001 VanHaven Drive, Statesville, NC, 28625     |   |  |  |
| Contact Name: Tambria Rabuck                          |   |  |  |
| (704) 883-9700 Fax: (704) 872-9362 NH0599             |   |  |  |
| Expiry Date: 31-Dec-24                                |   |  |  |
| Nursing Facility Beds Total: 103                      |   |  |  |
| Adult Care Home Beds Total: 10                        |   |  |  |
| JACKSON   |   |  |  |

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### As of 05/2024

| Vero | Health    | & | Rehab   | of  | Svlva      |
|------|-----------|---|---------|-----|------------|
| ,    | II Cuitii | ~ | Ittitut | ••• | D. J I V G |

Vero Health X, LLC Administrator Name: Teddie D. Simmons MAIL: 417 Cloverdale Road, , Sylva, NC, 28779 SITE: 417 Cloverdale Road, Sylva, NC, 28779 Contact Name: Teddie D. Simmons (828) 631-1600 Fax: (828) 631-1641 NH0623 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 106 Adult Care Home Beds Total: 0 **Skyland Care Center** BT2 Inc Administrator Name: Melissa Dills MAIL: 193 Asheville Hwy., , Sylva, NC, 28779 SITE: 193 Asheville Hwy., Sylva, NC, 28779 Contact Name: Melissa Dills (828) 586-8935 Fax: (828) 880-8005 NH0168 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 94 Adult Care Home Beds Total: 0

#### JOHNSTON

**Smithfield Manor Nursing and Rehab** Smithfield Manor Inc Administrator Name: Katrina Stevens MAIL: P.O. Box 1940, , Smithfield, NC, 27577 SITE: 902 Berkshire Road, Smithfield, NC, 27577 Contact Name: Nathan Arnn (919) 934-3171 Fax: (919) 934-5960 NH0182 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 160 Adult Care Home Beds Total: 20 **Clayton Rehabilitation Healthcare Center** CLT Opco LLC Administrator Name: Alan D. Wrench MAIL: 204 Dairy Road, , Clayton, NC, 27520 SITE: 204 Dairy Road, Clayton, NC, 27520 Contact Name: Alan D. Wrench (919) 553-8232 Fax: (919) 553-8432 NH0475 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 0

| Barbour Court Nursing and Rehabilitation Center     |
|---|
| Birch LTC Group                                     |
| Administrator Name: Truman Vereen                   |
| MAIL: 515 Barbour Road, , Smithfield, NC, 27577     |
| SITE: 515 Barbour Road, Smithfield, NC, 27577       |
| Contact Name: Truman Vereen                         |
| (919) 934-6017 Fax: (919) 934-2057 NH0371           |
| Expiry Date: 31-Dec-24                              |
| Nursing Facility Beds Total: 165                    |
| Adult Care Home Beds Total: 0                       |
| Liberty Commons Nsg and Rehab Ctr of Johnston Cty   |
| Liberty Commons Nsg & Rehab Ctr of Johnston Cty LLC |
| Administrator Name: Janet L. Hogue                  |
| MAIL: 2315 Highway 242 North, , Benson, NC, 27504   |
| SITE: 2315 Highway 242 North, Benson, NC, 27504     |
| Contact Name: Janet Hogue                           |
| (919) 207-1717 Fax: (919) 207-1529 NH0606           |
| Expiry Date: 31-Dec-24                              |
| Nursing Facility Beds Total: 100                    |
| Adult Care Home Beds Total: 60                      |
| Springbrook Nursing and Rehabilitation Center       |
| Everest Long Term Care LLC                          |
| Administrator Name: Michelle Batchelor              |
| MAIL: 195 Springbrook Avenue, , Clayton, NC, 27520  |
| SITE: 195 Springbrook Avenue, Clayton, NC, 27520    |
| Contact Name: Michelle Batchelor                    |
| (919) 550-7200 Fax: (919) 550-7299 NH0646           |
| Expiry Date: 31-Dec-24                              |
| Nursing Facility Beds Total: 100                    |
| Adult Care Home Beds Total: 0                       |
| JONES   |
| Brook Stone Living Center                           |
| AM Health Care Services Inc                         |
| Administrator Name: Juanita McIntosh                |
| MAIL: P.O. Box 429, , Pollocksville, NC, 28573      |
| SITE: 8990 Hwy 17 South, Pollocksville, NC, 28573   |
| Contact Name: Juanita McIntosh                      |
| (252) 224-0112 Fax: (252) 224-1076 NH0508           |

Expiry Date: 31-Dec-24

Nursing Facility Beds Total: 80

Adult Care Home Beds Total: 20

### LEE

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## As of 05/2024

| Westfield Rehabilitation and Health Center              |
|---|
| Liberty Commons Nsg and Rehab Ctr of Lee Tramway LLC    |
| Administrator Name: Patience Osano                      |
| MAIL: 3100 Tramway Road, , Sanford, NC, 27330           |
| SITE: 3100 Tramway Road, Sanford, NC, 27330             |
| Contact Name: Patience osano                            |
| (919) 895-6801 Fax: (919) 775-3502 NH0285               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 83                         |
| Adult Care Home Beds Total: 0                           |
| Sanford Health & Rehabilitation Co                      |
| Sanford Health & Rehabilitation Co LLC                  |
| Administrator Name: Hannah R. McIntyre                  |
| MAIL: 2702 Farrell Road, , Sanford, NC, 27330           |
| SITE: 2702 Farrell Road, Sanford, NC, 27330             |
| Contact Name: Hannah R. McIntyre                        |
| (919) 776-9602 Fax: (919) 777-0753 NH0286               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 131                        |
| Adult Care Home Beds Total: 0                           |
| Liberty Commons Nsg and Rehab Ctr of Lee County LLC     |
| Liberty Commons Nsg and Rehab Ctr of Lee Cty LLC        |
| Administrator Name: William Watson                      |
| MAIL: 310 Commerce Drive, , Sanford, NC, 27332          |
| SITE: 310 Commerce Drive, Sanford, NC, 27332            |
| Contact Name: William Watson                            |
| (919) 499-2206 Fax: (919) 499-1858 NH0613               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 80                         |
| Adult Care Home Beds Total: 0                           |
| LENOIR  |
| NC State Veterans Home-Kinston                          |
| NC Dept of Military&Veterans Aff NC Div of Veterans Aff |
| Administrator Name: Bonnie Ard                          |
| MAIL: 4001 Mail Service Center, , Raleigh, NC, 27699    |

SITE: 2150 Hull Road, Kinston, NC, 28504

(252) 939-8006 Fax: (252) 939-8104

Nursing Facility Beds Total: 100

Adult Care Home Beds Total: 0

Contact Name: Bonnie Ard

Expiry Date: 31-Dec-24

| Signature Healthcare of Kinston                     |
|---|
| LP Kinston LLC                                      |
| Administrator Name: Steven G. Jones                 |
| MAIL: 907 Cunningham Road, , Kinston, NC, 28501     |
| SITE: 907 Cunningham Road, Kinston, NC, 28501       |
| Contact Name: Steven G. Jones                       |
| (252) 527-5146 Fax: (252) 527-2884 NH0309           |
| Expiry Date: 31-Dec-24                              |
| Nursing Facility Beds Total: 106                    |
| Adult Care Home Beds Total: 0                       |
| Harmony Hall Nursing and Rehabilitation Center      |
| Redwood LTC Group LLC                               |
| Administrator Name: HOPE VICK                       |
| MAIL: 312 Warren Avenue, , Kinston, NC, 28501       |
| SITE: 312 Warren Avenue, Kinston, NC, 28501         |
| Contact Name: Hope Vick                             |
| (252) 523-0082 Fax: (252) 523-7474 NH0355           |
| Expiry Date: 31-Dec-24                              |
| Nursing Facility Beds Total: 175                    |
| Adult Care Home Beds Total: 0                       |
| LINCOLN   |
| The Greens at Lincolnton                            |
| Greens at Lincolnton LLC                            |
| Administrator Name: Sherri L. Stoltzfus             |
| MAIL: 515 S. Generals Blvd, , Lincolnton, NC, 28093 |
| SITE: 515 S. Generals Blvd, Lincolnton, NC, 28093   |
| Contact Name: Sherri L. Stoltzfus                   |
| (704) 735-8065 Fax: (704) 735-1119 NH0385           |
| Expiry Date: 31-Dec-24                              |
| Nursing Facility Beds Total: 117                    |
| Adult Care Home Beds Total: 11                      |
| Lincolnton Rehabilitation Center                    |
| Lincolnton Rehabilitation Center LLC                |

Administrator Name: Todd Klingbiel MAIL: 1410 East Gaston Street, , Lincolnton, NC, 28092 SITE: 1410 East Gaston Street, Lincolnton, NC, 28092 Contact Name: Todd Klingbiel (704) 732-1138 Fax: (704) 732-4676 NH0406 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 0

NH0634

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#### **Cardinal Healthcare and Rehabilitation Center**

Cardinal North Carolina Healthcare LLC Administrator Name: Allen. S. Phillips MAIL: 931 North Aspen Street, , Lincolnton, NC, 28092 SITE: 931 North Aspen Street, Lincolnton, NC, 28092 Contact Name: Charlene Johnson (704) 732-7055 Fax: (704) 732-8460 NH0504 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 63 Adult Care Home Beds Total: 0

#### MACON

Macon Valley Nursing and Rehabilitation Center

Granite Falls LTC LLC Administrator Name: Jason M. Belue MAIL: 3195 Old Murphy Road, , Franklin, NC, 28734 SITE: 3195 Old Murphy Road, Franklin, NC, 28734 Contact Name: Jason M. Belue (828) 524-7806 Fax: (828) 524-0146 NH0417 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 200 Adult Care Home Beds Total: 0 **Eckerd Living Center** MH Eckerd Living Center, LLLP Administrator Name: Ava Ammons MAIL: 250 Hospital Drive, , Highlands, NC, 28741 SITE: 250 Hospital Drive, Highlands, NC, 28741 Contact Name: Ava Ammons (828) 526-1315 Fax: (828) 526-1320 NH0647 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 80 Adult Care Home Beds Total: 0

#### MADISON

**Elderberry Health Care** 

Wilkinson Care Center Inc
Administrator Name: karen cutshall
MAIL: 415 Elderberry Lane, , Marshall, NC, 28753
SITE: 415 Elderberry Lane, Marshall, NC, 28753
Contact Name: Andrew Martin
(828) 252-1790 Fax: (828) 649-9348 NH0479
Expiry Date: 31-Dec-24
Nursing Facility Beds Total: 80
Adult Care Home Beds Total: 20

| Madison Health and Rehabilitation                    |
|--|
| Madison Health and Rehabilitation LLC                |
| Administrator Name: Haley Niebes                     |
| MAIL: 345 Manor Road, , Mars Hill, NC, 28754         |
| SITE: 345 Manor Road, Mars Hill, NC, 28754           |
| Contact Name: Haley Niebes                           |
| (828) 689-5200 Fax: (828) 689-2958 NH0290            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 100                     |
| Adult Care Home Beds Total: 0                        |
| MARTIN   |
| The Carrolton of Williamston                         |
| Williamston Nursing Facility Operations Company, LLC |
| Administrator Name: Sharon L. Davis                  |
| MAIL: 119 Gatling Street, , Williamston, NC, 27892   |
| SITE: 119 Gatling Street, Williamston, NC, 27892     |
| Contact Name: Sharon L. Davis                        |
| (252) 792-1616 Fax: (252) 792-1908 NH0270            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 154                     |
| Adult Care Home Beds Total: 0                        |
| MCDOWELL   |
| Deer Park Health and Rehabilitation                  |
| Deer Park Health and Rehabilitation SNF LLC          |
| Administrator Name: Melissa A. Cook                  |
| MAIL: 306 Deer Park Rd., , Nebo, NC, 28761           |
| SITE: 306 Deer Park Rd., Nebo, NC, 28761             |
| Contact Name: Melissa A. Cook                        |
| (828) 652-3032 Fax: (828) 652-7224 NH0326            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 140                     |
| Adult Care Home Beds Total: 0                        |
| Autumn Care of Marion                                |
| Autumn Corporation                                   |
| Administrator Name: Tammy Wise                       |
| MAIL: 1264 Airport Road, , Marion, NC, 28752         |
| SITE: 1264 Airport Road, Marion, NC, 28752           |

Contact Name: Tammy Wise (828) 652-6701 Fax: (828) 652-1412 NH0346

Expiry Date: 31-Dec-24

Nursing Facility Beds Total: 110

Adult Care Home Beds Total: 15

#### MECKLENBURG

# Licensed by the State of North Carolina Department of Health and Human Services - Division of Health Service Regulation

| White Oak Manor-Charlotte                          |
|--|
| White Oak Manor - Charlotte, Inc.                  |
| Administrator Name: Hayden Keziah                  |
| MAIL: 4009 Craig Avenue, , Charlotte, NC, 28211    |
| SITE: 4009 Craig Avenue, Charlotte, NC, 28211      |
| Contact Name: Hayden E. Keziah                     |
| (704) 365-2620 Fax: (704) 365-2624 NH0350          |
| Expiry Date: 31-Dec-24                             |
| Nursing Facility Beds Total: 180                   |
| Adult Care Home Beds Total: 0                      |
| Myers Park Nursing Center                          |
| The Citadel at Myers Park, LLC                     |
| Administrator Name: April N. Watson                |
| MAIL: 300 Providence Road, , Charlotte, NC, 28207  |
| SITE: 300 Providence Road, Charlotte, NC, 28207    |
| Contact Name: April Watson                         |
| (704) 334-1671 Fax: (704) 323-8686 NH0319          |
| Expiry Date: 31-Dec-24                             |
| Nursing Facility Beds Total: 133                   |
| Adult Care Home Beds Total: 0                      |
| Randolph Gardens Health and Rehabilitation         |
| Pelican Health Randolph LLC                        |
| Administrator Name: Shawnna Fairman                |
| MAIL: 4801 Randolph Road, , Charlotte, NC, 28211   |
| SITE: 4801 Randolph Road, Charlotte, NC, 28211     |
| Contact Name: Shawnna Fairman                      |
| (704) 364-8363 Fax: (704) 364-3021 NH0267          |
| Expiry Date: 31-Dec-24                             |
| Nursing Facility Beds Total: 100                   |
| Adult Care Home Beds Total: 0                      |
| Eastover Nursing Center                            |
| Pelican Health at Charlotte, LLC                   |
| Administrator Name: Chase Flowers                  |
| MAIL: 2616 East 5th Street, , Charlotte, NC, 28204 |
| SITE: 2616 East 5th Street, Charlotte, NC, 28204   |
| Contact Name: Chase Flowers                        |
| (252) 626-4187 Fax: (704) 333-9394 NH0279          |
| Expiry Date: 31-Dec-24                             |
| Expiry Date. 51-Dee-24                             |
| Nursing Facility Beds Total: 120                   |

| Sharon Towers  |
|--|
| The Presbyterian Home at Charlotte Inc               |
| Administrator Name: Elizabeth S. Byrd, LNHA          |
| MAIL: 5100 Sharon Road, , Charlotte, NC, 28210       |
| SITE: 5100 Sharon Road, Charlotte, NC, 28210         |
| Contact Name: Elizabeth Byrd                         |
| (704) 553-1670 Fax: (704) 553-1877 NH0121            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 96                      |
| Adult Care Home Beds Total: 40                       |
| University Place Nursing and Rehabilitation Center   |
| Granite Falls LTC                                    |
| Administrator Name: Tara Jackson                     |
| MAIL: 9200 Glenwater Drive, , Charlotte, NC, 28262   |
| SITE: 9200 Glenwater Drive, Charlotte, NC, 28262     |
| Contact Name: Tara Jackson                           |
| (704) 545-2377 Fax: (704) 548-8413 NH0016            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 207                     |
| Adult Care Home Beds Total: 10                       |
| Matthews Health & Rehab Center                       |
| Matthews Health & Rehab Center, LLC                  |
| Administrator Name: Robert McSwain                   |
| MAIL: 600 Fullwood Lane, , Matthews, NC, 28105       |
| SITE: 600 Fullwood Lane, Matthews, NC, 28105         |
| Contact Name: Robert "Mike" McSwain                  |
| (704) 841-4920 Fax: (704) 841-4700 NH0060            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 166                     |
| Adult Care Home Beds Total: 10                       |
| Royal Park Rehabilitation & Health Center            |
| Liberty Commons Nsg & Rehab of Matthews LLC          |
| Administrator Name: Nicola James                     |
| MAIL: 2700 Royal Commons Lane, , Matthews, NC, 28105 |
| SITE: 2700 Royal Commons Lane, Matthews, NC, 28105   |
| Contact Name: Nicola James                           |
| (704) 849-6990 Fax: (704) 443-3400 NH0063            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 159                     |
| Adult Care Home Beds Total: 0                        |

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| Shamrock Nursing Center | r |
|-------------------------|---|
|-------------------------|---|

Accordius Health at Midwood LLC Administrator Name: JoAnn Gibbs MAIL: 2727 Shamrock Drive, , Charlotte, NC, 28205 SITE: 2727 Shamrock Drive, Charlotte, NC, 28205 Contact Name: Jo Ann Gibbs (704) 301-8941 Fax: (704) 901-8234 NH0465 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 100 Adult Care Home Beds Total: 0 WillowBrooke Court SC Ctr at Matthews Glen **ACTS Retirement-Life Communities Inc** Administrator Name: Shacana Fleming MAIL: 740 Pavilion View Drive, , Matthews, NC, 28105 SITE: 740 Pavilion View Drive, Matthews, NC, 28105 Contact Name: Shacana Fleming (704) 845-5900 Fax: (704) 814-4519 NH0466 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 0 Hunter Woods Nursing and Rehabilitation Center Hunter Woods HealthCare LLC Administrator Name: Amir Zarif MAIL: 620 Tom Hunter Rd., , Charlotte, NC, 28213 SITE: 620 Tom Hunter Road, Charlotte, NC, 28213 Contact Name: Amir Zarif (704) 598-5136 Fax: (704) 598-5167 NH0503 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 0 Sardis Oaks AHSNF, Inc. Administrator Name: Colin C Clode MAIL: 5151 Sardis Road, , Charlotte, NC, 28270 SITE: 5151 Sardis Road, Charlotte, NC, 28270 Contact Name: Colin C Clode (704) 365-4202 Fax: (704) 364-4901 NH0483 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 124 Adult Care Home Beds Total: 0

| Charlotte Health & Rehabilitation Center          |
|---|
| Charlotte Operator LLC                            |
| Administrator Name: John C. Alschul               |
| MAIL: 1735 Toddville Road, , Charlotte, NC, 28214 |
| SITE: 1735 Toddville Road, Charlotte, NC, 28214   |
| Contact Name: John Alschul                        |
| (732) 905-6440 Fax: (704) 394-4148 NH0512         |
| Expiry Date: 31-Dec-24                            |
| Nursing Facility Beds Total: 90                   |
| Adult Care Home Beds Total: 0                     |
| Peak Resources-Charlotte                          |
| Park Village Rehab and Health Inc                 |
| Administrator Name: Amanda Pack                   |
| MAIL: 3223 Central Avenue, , Charlotte, NC, 28205 |
| SITE: 3223 Central Avenue, Charlotte, NC, 28205   |
| Contact Name: Amanda Pack                         |
| (704) 749-1100 Fax: (704) 749-1200 NH0426         |
| Expiry Date: 31-Dec-24                            |
| Nursing Facility Beds Total: 142                  |
| Adult Care Home Beds Total: 0                     |
| The Pines at Davidson                             |
| The Pines at Davidson Inc                         |
| Administrator Name: Elyse M. Piscitelli           |
| MAIL: 400 Avinger Lane, , Davidson, NC, 28036     |
| SITE: 400 Avinger Lane, Davidson, NC, 28036       |
| Contact Name: Elyse M. Piscitelli                 |
| (704) 896-1100 Fax: (704) 896-1119 NH0443         |
| Expiry Date: 31-Dec-24                            |
| Nursing Facility Beds Total: 75                   |
| Adult Care Home Beds Total: 30                    |
| Southminster                                      |
| Southminster Inc                                  |
| Administrator Name: Yvonne Washburn               |
| MAIL: 8919 Park Road, , Charlotte, NC, 28210      |
| SITE: 8919 Park Road, Charlotte, NC, 28210        |
| Contact Name: Arnoldo Marquez                     |
| (704) 551-6983 Fax: (704) 554-6706 NH0414         |
| Expiry Date: 31-Dec-24                            |
| Nursing Facility Beds Total: 60                   |
| Adult Care Home Beds Total: 25                    |
|   |

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## As of 05/2024

| Eastland | Nursing | Center |
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Accordius Health at Charlotte LLC Administrator Name: Charles C. Cecil MAIL: 5939 Reddman Road, , Charlotte, NC, 28212 SITE: 5939 Reddman Road, Charlotte, NC, 28212 Contact Name: Cam Cecil (704) 703-6060 Fax: (704) 703-6095 NH0363 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 0 **Huntersville Oaks** AHSNF, Inc. Administrator Name: Kayla C. Hart MAIL: 12019 Verhoeff Drive, , Huntersville, NC, 28078 SITE: 12019 Verhoeff Drive, Huntersville, NC, 28078 Contact Name: Kayla Hart (704) 863-1000 Fax: (704) 863-1001 NH0377 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 168 Adult Care Home Beds Total: 0 **Huntersville Health & Rehabilitation Center** Huntersville Operator LLC Administrator Name: William Gardin MAIL: 13835 Boren Street, , Huntersville, NC, 28078 SITE: 13835 Boren Street, Huntersville, NC, 28078 Contact Name: William Gardin (704) 912-2222 Fax: (704) 912-2300 NH0648 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 0 **Autumn Care of Cornelius** Autumn Corporation Administrator Name: Joshua Wood MAIL: 19530 Mount Zion Parkway, , Cornelius, NC, 28031 SITE: 19530 Mount Zion Parkway, Cornelius, NC, 28031 Contact Name: Joan Grohowski (704) 997-2970 Fax: (704) 997-2971 NH0643 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 102 Adult Care Home Beds Total: 0

| Pavilion Health Center at Brightmore                          |
|---|
| Liberty Commons Nsg & Rehab Ctr of Ballantyne LLC             |
| Administrator Name: Alexandra Adams                           |
| MAIL: 10011 Providence Road West, , Charlotte, NC, 2827       |
| SITE: 10011 Providence Road West, Charlotte, NC, 28277        |
| Contact Name: Alexandra Adams                                 |
| (980) 245-8500 Fax: (980) 245-8509 NH0639                     |
| Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 108                              |
| Adult Care Home Beds Total: 0                                 |
| Briar Creek Health Center                                     |
| Charlotte SP Senior Housing OPCO LLC                          |
| Administrator Name: Kerriann J. Larmand                       |
| MAIL: One Town Center Road, Suite 300, Boca Raton, FL, 33486  |
| SITE: 6041 Piedmont Row Drive, Charlotte, NC, 28210           |
| Contact Name: Kerriann J. Larmand                             |
| (980) 443-2986 Fax: (980) 443-4221 NH0659                     |
| Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 22                               |
| Adult Care Home Beds Total: 108                               |
| Windsor Run, LLC  |
| Windsor Run, LLC  |
| Administrator Name: Christopher Fitzgibbons                   |
| MAIL: 1807 Windsor Run Lane, , Matthews, NC, 28105            |
| SITE: 1807 Windsor Run Lane, Matthews, NC, 28105              |
| Contact Name: Christopher Fitzgibbons                         |
| (704) 443-6500 Fax: NH0660                                    |
| Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 36                               |
| Adult Care Home Beds Total: 10                                |
| Clear Creek Nursing & Rehabilitation Center                   |
| Spruce LTC Group LLC  |
| Administrator Name: Marissa McNally                           |
| MAIL: 10506 Clear Creek Commerce Drive, , Mint Hill, NC 28227 |
| SITE: 10506 Clear Creek Commerce Drive, Mint Hill, NC, 28227  |
| Contact Name: Marissa McNally                                 |
| (704) 545-2377 Fax: (704) 545-2440 NH0635                     |
| Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 120                              |
| Adult Care Home Beds Total: 0                                 |

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| Lakeside Healt | h & R | kehab ( | Center |
|----------------|-------|---------|--------|
|----------------|-------|---------|--------|

Lakeside Health & Rehab Center, LLC Administrator Name: Karisha E. Summers MAIL: 13825 Hunton Lane, , Huntersville, NC, 28078 SITE: 13825 Hunton Lane, Huntersville, NC, 28078 Contact Name: Karisha E. Summers (704) 897-2700 Fax: (704) 897-2800 NH0620 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 114 Adult Care Home Beds Total: 0 The Stewart Health Center The Cypress of Charlotte Club Inc Administrator Name: Ashton Brown MAIL: 6920 Marching Duck Drive, , Charlotte, NC, 28210 SITE: 6920 Marching Duck Drive, Charlotte, NC, 28210 Contact Name: Ashton Brown (704) 714-5545 Fax: (704) 714-5556 NH0584 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 65 Adult Care Home Beds Total: 14 **Mecklenburg Health & Rehabilitation** Mecklenburg Health and Rehabilitation, LLC Administrator Name: Alexa Knox MAIL: 2415 Sandy Porter Road, , Charlotte, NC, 28273 SITE: 2415 Sandy Porter Road, Charlotte, NC, 28273 Contact Name: Alexa Knox (704) 583-0430 Fax: (704) 583-0433 NH0570 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 100 Adult Care Home Beds Total: 0 Wilora Lake Healthcare Center Wilora Lake HealthCare LLC Administrator Name: Maher Chaik-Oughli MAIL: 6001 Wilora Lake Road, , Charlotte, NC, 28212 SITE: 6001 Wilora Lake Road, Charlotte, NC, 28212 Contact Name: Charlene Graham Johnson (704) 563-2922 Fax: (704) 563-2814 NH0572 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 70 Adult Care Home Beds Total: 0

| Asbury Health and Rehabilitation Center                  |
|--|
| Aldersgate United Methodist Retirement Community, Inc.   |
| Administrator Name: Brooke Hodge                         |
| MAIL: 3800 Shamrock Drive, , Charlotte, NC, 28215        |
| SITE: 3211 Bishops Way Lane, Charlotte, NC, 28215        |
| Contact Name: Brooke Hodge                               |
| (704) 532-5200 Fax: (704) 532-3086 NH0573                |
| Expiry Date: 31-Dec-24                                   |
| Nursing Facility Beds Total: 120                         |
| Adult Care Home Beds Total: 5                            |
| Brookdale Carriage Club Providence                       |
| ARCLP-Charlotte LLC                                      |
| Administrator Name: Vakesia Berrios                      |
| MAIL: 5800 Old Providence Road, , Charlotte, NC, 28226   |
| SITE: 5804 Old Providence Road, Charlotte, NC, 28226     |
| Contact Name: Vakesia Berrios                            |
| (704) 365-8551 Fax: (704) 366-4270 NH0574                |
| Expiry Date: 31-Dec-24                                   |
| Nursing Facility Beds Total: 42                          |
| Adult Care Home Beds Total: 2                            |
| Pineville Rehabilitation and Living Center               |
| Pineville Healthcare LLC                                 |
| Administrator Name: Lasheena Webb                        |
| MAIL: 1010 Lakeview Drive, , Pineville, NC, 28134        |
| SITE: 1010 Lakeview Drive, Pineville, NC, 28134          |
| Contact Name: Lasheena Webb                              |
| (704) 889-2273 Fax: (704) 889-5434 NH0521                |
| Expiry Date: 31-Dec-24                                   |
| Nursing Facility Beds Total: 106                         |
| Adult Care Home Beds Total: 10                           |
| Saturn Nursing and Rehabilitation Center                 |
| Saturn Health Inc  |
| Administrator Name: Sebastian W. Adams                   |
| MAIL: 1930 West Sugar Creek Road, , Charlotte, NC, 28262 |
| SITE: 1930 West Sugar Creek Road, Charlotte, NC, 28262   |
| Contact Name: Sebastian Adams                            |
| (704) 598-4480 Fax: (704) 598-4485 NH0557                |
| Expiry Date: 31-Dec-24                                   |
| Nursing Facility Beds Total: 120                         |
| Adult Care Home Beds Total: 20                           |
| MITCHELL   |

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#### As of 05/2024

#### The Greens at Spruce Pines

Greens at Spruce Pines LLC Administrator Name: Alisa H. Bradford MAIL: 218 Laurel Creek Court, , Spruce Pine, NC, 28777 SITE: 218 Laurel Creek Court, Spruce Pine, NC, 28777 Contact Name: Alisa Bradford (828) 765-7312 Fax: (828) 765-7295 NH0433 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 127 Adult Care Home Beds Total: 6

## MONTGOMERY

Autumn Care of Biscoe

Autumn Care of Biscoe, LLC Administrator Name: Christina Billings MAIL: 401 Lambert Road, , Biscoe, NC, 27209 SITE: 401 Lambert Road, Biscoe, NC, 27209 Contact Name: Tina Billings (910) 428-2117 Fax: (910) 428-1165 NH0411 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 141 Adult Care Home Beds Total: 10

#### MOORE

#### Penick Village

Penick Village Inc Administrator Name: Joseph L. Soto MAIL: 500 East Rhode Island Avenue, , Southern Pines, NC, 28387 SITE: 401 East Rhode Island Avenue, Southern Pines, NC, 28387 Contact Name: Joseph L Soto (910) 692-0306 Fax: (910) 692-0426 NH0127 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 50 Adult Care Home Beds Total: 42 **Pinehurst Healthcare & Rehabilitation Center** Liberty Commons Nsg & Rehab Ctr of Moore Co, LLC Administrator Name: Mysteri D. Linder MAIL: 300 Blake Boulevard, , Pinehurst, NC, 28374 SITE: 300 Blake Boulevard, Pinehurst, NC, 28374 Contact Name: Mysteri Linder-Morris (843) 599-1828 Fax: (910) 295-1438 NH0294 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 144 Adult Care Home Beds Total: 0

| The Greens at Pinehurst Rehabilitation & Living Center |
|--|
| Pinehurst OpCo, LLC                                    |
| Administrator Name: RVanderhoof@carverlivingcenter.com |
| MAIL: 205 Rattlesnake Trail, , Pinehurst, NC, 28374    |
| SITE: 205 Rattlesnake Trail, Pinehurst, NC, 28374      |
| Contact Name: Richard Vanderhoof                       |
| (910) 295-1781 Fax: (910) 295-1071 NH0230              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 120                       |
| Adult Care Home Beds Total: 0                          |
| Peak Resources-Pinelake                                |
| Carthage Healthcare Inc                                |
| Administrator Name: Thaddeus R Morgan                  |
| MAIL: 801 Pinehurst Avenue, , Carthage, NC, 28327      |
| SITE: 801 Pinehurst Avenue, Carthage, NC, 28327        |
| Contact Name: Thad Morgan                              |
| (910) 947-5155 Fax: (910) 947-5631 NH0539              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 90                        |
| Adult Care Home Beds Total: 20                         |
| St Joseph of The Pines Health Center                   |
| St. Joseph of the Pines Inc                            |
| Administrator Name: Raymond Esteves                    |
| MAIL: 103 Gossman Road, , Southern Pines, NC, 28374    |
| SITE: 103 Gossman Road, Southern Pines, NC, 28374      |
| Contact Name: Raymond Esteves                          |
| (910) 246-1000 Fax: (910) 246-1333 NH0589              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 176                       |
| Adult Care Home Beds Total: 0                          |
| Inn at Quail Haven Village                             |
| Quail Haven Healthcare Center of Pinehurst LLC         |
| Administrator Name: Crystal Floyd                      |
| MAIL: 155 Blake Blvd, , Pinehurst, NC, 28374           |
| SITE: 155 Blake Boulevard, Pinehurst, NC, 28374        |
| Contact Name: Crystal Hofstetter                       |
| (910) 295-2294 Fax: (910) 295-2379 NH0605              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 60                        |
| Adult Care Home Beds Total: 0                          |

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#### Accordius Health at Aberdeen

Accordius Health at Aberdeen LLC Administrator Name: Lauren E. Fink MAIL: 915 Pee Dee Road, , Aberdeen, NC, 28315 SITE: 915 Pee Dee Road, Aberdeen, NC, 28315 Contact Name: Lauren E. Fink (910) 944-8999 Fax: (910) 944-0809 NH0597 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 10

#### NASH

Autumn Care of Nash Autumn Corporation Administrator Name: Christopher Lanier MAIL: 1210 Eastern Avenue, , Nashville, NC, 27856 SITE: 1210 Eastern Avenue, Nashville, NC, 27856 Contact Name: Chris Lanier (252) 462-0070 Fax: (252) 462-0673 NH0602 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 60 Adult Care Home Beds Total: 20 **Rocky Mount Rehabilitation Center** Rocky Mount Rehabilitation Center LLC Administrator Name: Calvin Arrington Jr. MAIL: 160 S Winstead Avenue, , Rocky Mount, NC, 27804 SITE: 160 S Winstead Avenue, Rocky Mount, NC, 27804 Contact Name: Eileen Tau (252) 443-7667 Fax: (252) 443-2915 NH0313 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 117 Adult Care Home Beds Total: 0 The Lodge at Rocky Mount Rocky Mount Health and Rehabilitation LLC Administrator Name: Colleen Powell MAIL: 3322 Village Road, , Rocky Mount, NC, 27804 SITE: 3322 Village Road, Rocky Mount, NC, 27804 Contact Name: Colleen Powell (252) 442-4156 Fax: (252) 407-8478 NH0122 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 100 Adult Care Home Beds Total: 15

| The Carrolton of Nash                                 |
|---|
| The Carrolton of Nash, LLC                            |
| Administrator Name: Charles M. Downey Roberson        |
| MAIL: 7369 Hunter Hill Road, , Rocky Mount, NC, 27804 |
| SITE: 7369 Hunter Hill Road, Rocky Mount, NC, 27804   |
| Contact Name: Charles M. Downey Roberson              |
| (252) 443-0867 Fax: (252) 443-0247 NH0437             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 141                      |
| Adult Care Home Beds Total: 9                         |
| NEW HANOVER   |
| NorthChase Nursing and Rehabilitation Center          |
| Redwood LTC Group LLC                                 |
| Administrator Name: Sarah B. Revis                    |
| MAIL: 3015 Enterprise Drive, , Wilmington, NC, 28405  |
| SITE: 3015 Enterprise Drive, Wilmington, NC, 28405    |
| Contact Name: Sarah Revis                             |
| (910) 791-3451 Fax: (910) 791-4845 NH0436             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 140                      |
| Adult Care Home Beds Total: 0                         |
| August Healthcare at Wilmington                       |
| Accordius Health at Wilmington LLC                    |
| Administrator Name: Debra F. Griggs                   |
| MAIL: 820 Wellington Avenue, , Wilmington, NC, 28401  |
| SITE: 820 Wellington Avenue, Wilmington, NC, 28401    |
| Contact Name: Debra F. Griggs                         |
| (910) 343-0425 Fax: (910) 762-1791 NH0392             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 120                      |
| Adult Care Home Beds Total: 0                         |
| Davis Health Care Center                              |
| Cornelia Nixon Davis Inc                              |
| Administrator Name: Leilani Capone                    |
| MAIL: 1011 Porters Neck Road, , Wilmington, NC, 28411 |
| SITE: 1011 Porters Neck Road, Wilmington, NC, 28411   |
| Contact Name: Charles Long                            |
| (910) 686-7195 Fax: (910) 686-7295 NH0097             |
| Expiry Date: 31-Dec-24                                |
| Nursing Facility Beds Total: 179                      |
| Adult Care Home Beds Total: 0                         |

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| Cypress Pointe Rehabilitation Center   | Davis Health and Wellness Center at Cambridge Village           |  |  |
|--|---|--|--|
| Cypress Pointe Rehabilitation Center LLC   | Cornelia Nixon Davis Inc  |  |  |
| Administrator Name: Angela Forrai  | Administrator Name: Somer Hancock                               |  |  |
| MAIL: 2006 South 16th Street, , Wilmington, NC, 28401  | MAIL: 83 Cavalier Drive, Ste. 200, , Wilmington, NC, 28405      |  |  |
| SITE: 2006 South 16th Street, Wilmington, NC, 28401  | SITE: 83 Cavalier Drive, Ste. 200, Wilmington, NC, 28405        |  |  |
| Contact Name: Angela Forrai  | Contact Name: Somer Hancock                                     |  |  |
| (910) 763-6271 Fax: (910) 251-9803 NH0205  | (910) 679-8301 Fax: (910) 679-4864 NH0645                       |  |  |
| Expiry Date: 31-Dec-24   | Expiry Date: 31-Dec-24  |  |  |
| Nursing Facility Beds Total: 90  | Nursing Facility Beds Total: 20                                 |  |  |
| Adult Care Home Beds Total: 0  | Adult Care Home Beds Total: 0                                   |  |  |
| Peak Resources-Wilmington, Inc.  | Bradley Creek Health Center                                     |  |  |
| Peak Resources-Wilmington, Inc.  | Carolina Bay Healthcare Center of Wilmington, LLC               |  |  |
| Administrator Name: Kelvin Darden  | Administrator Name: Taylor E. Deloney                           |  |  |
| MAIL: 2305 Silver Stream Lane, , Wilmington, NC, 28401<br>SITE: 2305 Silver Stream Lane, Wilmington, NC, 28401 | MAIL: ONE TOWN CENTER ROAD, SUITE 300, BOCA<br>RATON, FL, 33486 |  |  |
| Contact Name: Kelvin Darde   | SITE: 740 Diamond Shoals Road, Wilmington, NC, 28403            |  |  |
| (910) 362-3621 Fax: (910) 362-3679 NH0617  | Contact Name: Taylor Deloney                                    |  |  |
| Expiry Date: 31-Dec-24   | (910) 769-7500 Fax: (910) 769-7573 NH0649                       |  |  |
| Nursing Facility Beds Total: 110   | Expiry Date: 31-Dec-24  |  |  |
| Adult Care Home Beds Total: 0  | Nursing Facility Beds Total: 30                                 |  |  |
| Trinity Grove  | Adult Care Home Beds Total: 78                                  |  |  |
| Lutheran Home-Wilmington Inc   | Autumn Care of Myrtle Grove                                     |  |  |
| Administrator Name: James E. Parrish   | Autumn Corporation  |  |  |
| MAIL: 631 Junction Creek Drive, , Wilmington, NC, 28412  | Administrator Name: Robert M. Woodie                            |  |  |
| SITE: 631 Junction Creek Drive, Wilmington, NC, 28412  | MAIL: 5725 Carolina Beach Rd., , Wilmington, NC, 28412          |  |  |
| Contact Name: James Parrish (Ed)   | SITE: 5725 Carolina Beach Rd., Wilmington, NC, 28412            |  |  |
| (910) 442-3001 Fax: (910) 442-3010 NH0630  | Contact Name: Robert M. Woodie                                  |  |  |
| Expiry Date: 31-Dec-24   | (336) 983-4900 Fax: (910) 792-1492 NH0595                       |  |  |
| Nursing Facility Beds Total: 100   | Expiry Date: 31-Dec-24  |  |  |
| Adult Care Home Beds Total: 0  | Nursing Facility Beds Total: 90                                 |  |  |
| Azalea Health & Rehab Center   | Adult Care Home Beds Total: 20                                  |  |  |
| Wrightsville Health Holdings LLC   | Liberty Commons Rehabilitation Center                           |  |  |
| Administrator Name: Alisha M. Cook   | Liberty Commons Nursing Center Inc                              |  |  |
| MAIL: 3800 Independence Blvd, , Wilmington, NC, 28412  | Administrator Name: Scott Nafzger                               |  |  |
| SITE: 3800 Independence Blvd, Wilmington, NC, 28412  | MAIL: 121 Racine Drive, , Wilmington, NC, 28403                 |  |  |
| Contact Name: Alisha M. Cook   | SITE: 121 Racine Drive, Wilmington, NC, 28403                   |  |  |
| (910) 392-3110 Fax: (910) 392-3118 NH0632  | Contact Name: Scott Nafzger                                     |  |  |
| Expiry Date: 31-Dec-24   | (910) 452-4070 Fax: (910) 452-1864 NH0569                       |  |  |
| Nursing Facility Beds Total: 80  | Expiry Date: 31-Dec-24  |  |  |
| Adult Care Home Beds Total: 0  | Nursing Facility Beds Total: 82                                 |  |  |
|  | Adult Care Home Beds Total: 40                                  |  |  |

#### NORTHAMPTON

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#### As of 05/2024

#### Northampton Nursing and Rehabilitation Center

Tar River LTC Group LLC Administrator Name: Caroline E. Flythe MAIL: 200 Hampton Woods Complex, , Jackson, NC, 27845 SITE: Highway 305 North, Jackson, NC, 27845 Contact Name: Caroline E. Flythe (252) 534-0131 Fax: (252) 534-9926 NH0537 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 80 Adult Care Home Beds Total: 0 **Rich Square Nursing & Rehabilitation Center** Rich Square Operations, LLC Administrator Name: William K. Leverett MAIL: 300 North Main Street, , Rich Square, NC, 27869 SITE: 300 North Main Street, Rich Square, NC, 27869 Contact Name: William K. Leverett (252) 539-4161 Fax: (252) 539-6503 NH0045 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 69 Adult Care Home Beds Total: 0

#### **ONSLOW**

Premier Nursing and Rehabilitation Center Redwood LTC Group LLC Administrator Name: Tami F. Kendall MAIL: 225 White Street, , Jacksonville, NC, 28546 SITE: 225 White Street, Jacksonville, NC, 28546 Contact Name: Tami F. Kendall (910) 353-7222 Fax: (910) 353-4183 NH0229 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 239 Adult Care Home Beds Total: 7 **Carolina Rivers Nursing and Rehabilitation Center** Maple LTC Group Administrator Name: Dale Schuffert MAIL: P.O. Box 5021, Jacksonville, NC, 28540 SITE: 1839 Onslow Drive Extension, Jacksonville, NC, 28540 Contact Name: Dale Schuffert (910) 915-6556 Fax: (910) 378-0402 NH0370 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 0 ORANGE

| Parkview Health and Rehabilitation Center                  |
|--|
| Legion Road Healthcare of Orange County LLC                |
| Administrator Name: Sekeithia Jones                        |
| MAIL: 1716 Legion Road, , Chapel Hill, NC, 27517           |
| SITE: 1716 Legion Road, Chapel Hill, NC, 27517             |
| Contact Name: Sekeithia Jones                              |
| (984) 234-3600 Fax: (984) 234-3523 NH0239                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 108                           |
| Adult Care Home Beds Total: 7                              |
| Pruitt Health-Carolina Point                               |
| PruittHealth-Carolina Point LLC                            |
| Administrator Name: Kweilin Belitsos                       |
| MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 |
| SITE: 5935 Mount Sinai Road, Durham, NC, 27705             |
| Contact Name: Kweilin Belitsos                             |
| (919) 402-2450 Fax: (919) 402-2452 NH0093                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 138                           |
| Adult Care Home Beds Total: 2                              |
| Signature HealthCARE of Chapel Hill                        |
| LP Chapel Hill LLC   |
| Administrator Name: Moses K. Muhairwe                      |
| MAIL: 1602 East Franklin Street, , Chapel Hill, NC, 27514  |
| SITE: 1602 East Franklin Street, Chapel Hill, NC, 27514    |
| Contact Name: Meredith Crane                               |
| (919) 967-1418 Fax: (919) 967-1457 NH0329                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 108                           |
| Adult Care Home Beds Total: 0                              |
| Carol Woods  |
| The Chapel Hill Residential Retirement Center Inc          |
| Administrator Name: Jessica C. Fines-Crawford              |
| MAIL: 750 Weaver Dairy Road, , Chapel Hill, NC, 27514      |
| SITE: 750 Weaver Dairy Road, Chapel Hill, NC, 27514        |
| Contact Name: Jessica C. Fines-Crawford                    |
| (919) 918-3282 Fax: (919) 918-3263 NH0258                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 30                            |
| Adult Care Home Beds Total: 65                             |

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#### Peak Resources - Brookshire, Inc.

Peak Resources - Brookshire, Inc. Administrator Name: Derrick Hammon MAIL: 300 Meadowlands Drive, , Hillsborough, NC, 27278 SITE: 300 Meadowlands Drive, Hillsborough, NC, 27278 Contact Name: Derrick Hammon (919) 644-6714 Fax: (919) 644-0812 NH0545 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 80 Adult Care Home Beds Total: 20

#### PAMLICO

#### **Grantsbrook Nursing and Rehabilitation Center**

River Neuse Group LLC Administrator Name: Everett B. Bays MAIL: 290 Keel Road, , Grantsboro, NC, 28529 SITE: 290 Keel Road, Grantsboro, NC, 28529 Contact Name: Everett B. Bays (252) 745-5005 Fax: (252) 745-5344 NH0450 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 96 Adult Care Home Beds Total: 8

#### PASQUOTANK

#### Laurel Park Rehabilitation and Healthcare Center

Laurel Park Opco LLC Administrator Name: Martha C. Fitzgerald MAIL: 901 Halstead Boulevard, , Elizabeth City, NC, 27909 SITE: 901 Halstead Boulevard, Elizabeth City, NC, 27909 Contact Name: Martha C. Fitzgerald (252) 338-0137 Fax: (252) 338-3459 NH0302 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 108 Adult Care Home Beds Total: 0 **Elizabeth City Health and Rehabilitation** Elizabeth City Health and Rehabilitation LLC Administrator Name: Summer H. Johnson MAIL: 1075 US Highway 17 South, , Elizabeth City, NC, 27909 SITE: 1075 US Highway 17 South, Elizabeth City, NC, 27909 Contact Name: Summer H. Johnson (252) 338-3975 Fax: (252) 338-0039 NH0040 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 170 Adult Care Home Beds Total: 0

| PENDER  |  |
|---|--|
| Woodbury Wellness Center Inc                          |  |
| Woodbury Wellness Center Inc                          |  |
| Administrator Name: Judith A. Bullard                 |  |
| MAIL: 2778 Country Club Drive, , Hampstead, NC, 28443 |  |
| SITE: 2778 Country Club Drive, Hampstead, NC, 28443   |  |
| Contact Name: Judith Anne Bullard                     |  |
| (910) 270-1443 Fax: (910) 270-1826 NH0300             |  |
| Expiry Date: 31-Dec-24                                |  |
| Nursing Facility Beds Total: 112                      |  |
| Adult Care Home Beds Total: 100                       |  |
| The Laurels of Pender                                 |  |
| The Laurels of Pender LLC                             |  |
| Administrator Name: Marcus G. Faison                  |  |
| MAIL: 311 South Campbell Street, , Burgaw, NC, 28425  |  |
| SITE: 311 South Campbell Street, Burgaw, NC, 28425    |  |
| Contact Name: Marcus G. Faison                        |  |
| (910) 259-6007 Fax: (910) 259-6111 NH0461             |  |
| Expiry Date: 31-Dec-24                                |  |
| Nursing Facility Beds Total: 98                       |  |
| Adult Care Home Beds Total: 0                         |  |
| PERQUIMANS  |  |
| Hertford Rehabilitation and Healthcare Center         |  |
| Hertford Opco LLC                                     |  |
| Administrator Name: Mark R. Farran                    |  |
| MAIL: 1300 Don Juan Road, , Hertford, NC, 27944       |  |
| SITE: 1300 Don Juan Road, Hertford, NC, 27944         |  |
| Contact Name: Mark Farran                             |  |
| (252) 426-5391 Fax: (252) 426-8434 NH0432             |  |
| Expiry Date: 31-Dec-24                                |  |
| Nursing Facility Beds Total: 78                       |  |
| Adult Care Home Beds Total: 0                         |  |
| PERSON  |  |
| Roxboro Healthcare & Rehabilitation Center            |  |
| Liberty Commons Nsg & Rehab Ctr of Person Co, LLC     |  |
| Administrator Name: Taejia Carelock                   |  |
| MAIL: 901 Ridge Road, , Roxboro, NC, 27573            |  |
| SITE: 901 Ridge Road, Roxboro, NC, 27573              |  |
| Contact Name: Taejia Carelock                         |  |
| (336) 599-0106 Fax: (336) 597-5788 NH0265             |  |
| Expiry Date: 31-Dec-24                                |  |

Nursing Facility Beds Total: 140

Adult Care Home Beds Total: 5

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#### As of 05/2024

| Macgregor Downs Health Center by Harborview                |
|--|
| Macgregor Downs Health Center by Harborview, LLC           |
| Administrator Name: Jessica N. Best                        |
| MAIL: 2910 MacGregor Downs Road, , Greenville, NC, 27834   |
| SITE: 2910 MacGregor Downs Road, Greenville, NC, 27834     |
| Contact Name: Jessica Best                                 |
| (252) 758-4121 Fax: (252) 417-7296 NH0271                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 152                           |
| Adult Care Home Beds Total: 0                              |
| PruittHealth-Farmville                                     |
| PruittHealth-Farmville LLC                                 |
| Administrator Name: Mindy Brabham                          |
| MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 |
| SITE: 4351 South Main Street, Farmville, NC, 27828         |
| Contact Name: Mindy Brabham                                |
| (828) 688-3421 Fax: (252) 753-5156 NH0304                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 56                            |
| Adult Care Home Beds Total: 0                              |
| Universal Health Care/Greenville                           |
| Universal Health Care/Greenville Inc                       |
| Administrator Name: Kirk D.Rogers                          |
| MAIL: 2578 West Fifth Street, , Greenville, NC, 27834      |
| SITE: 2578 West Fifth Street, Greenville, NC, 27834        |
| Contact Name: Kirk Rogers                                  |
| (252) 758-7100 Fax: (252) 758-1485 NH0446                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 120                           |
| Adult Care Home Beds Total: 0                              |
| Cypress Glen Retirement Community                          |
| The United Methodist Retirement Homes Inc                  |
| Administrator Name: Terry E. Hayes                         |
| MAIL: 100 Hickory Street, , Greenville, NC, 27858          |
| SITE: 100 Hickory Street, Greenville, NC, 27858            |
| Contact Name: Laurie H. Stallings                          |
| (252) 830-7089 Fax: (252) 830-0411 NH0473                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 30                            |
| Adult Care Home Beds Total: 30                             |

| East Carolina Rehab and Wellness                    |  |
|---|--|
| East Carolina Rehab and Wellness LLC                |  |
| Administrator Name: Scott M. Cole                   |  |
| MAIL: 2575 West 5th Street, , Greenville, NC, 27834 |  |
| SITE: 2575 West 5th Street, Greenville, NC, 27834   |  |
| Contact Name: Scott M. Cole                         |  |
| (252) 830-9100 Fax: (252) 830-8901 NH0505           |  |
| Expiry Date: 31-Dec-24                              |  |
| Nursing Facility Beds Total: 130                    |  |
| Adult Care Home Beds Total: 20                      |  |
| Ayden Court Nursing and Rehabilitation Center       |  |
| River Neuse Group LLC                               |  |
| Administrator Name: Sarah C. Eason                  |  |
| MAIL: 128 Snow Hill Road, , Ayden, NC, 28513        |  |
| SITE: 128 Snow Hill Road, Ayden, NC, 28513          |  |
| Contact Name: Sarah C. Eason                        |  |
| (252) 746-8223 Fax: (252) 746-8013 NH0582           |  |
| Expiry Date: 31-Dec-24                              |  |
| Nursing Facility Beds Total: 82                     |  |
| Adult Care Home Beds Total: 0                       |  |
| POLK  |  |
| WillowBrooke Court SC Center at Tryon Estates       |  |
| ACTS Retirement-Life Communities Inc                |  |
| Administrator Name: April H. Condrey                |  |
| MAIL: 619 Laurel Lake Drive, , Columbus, NC, 28722  |  |
| SITE: 619 Laurel Lake Drive, Columbus, NC, 28722    |  |
| Contact Name: Lesley Miller                         |  |
| (828) 894-5500 Fax: (828) 894-3576 NH0559           |  |

Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 52 Adult Care Home Beds Total: 44

Autumn Care of Saluda Autumn Corporation

Administrator Name: Lisa L. Fitzgerald

(828) 749-2261 Fax: (828) 749-9639

Contact Name: Brian Parsons

Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 99 Adult Care Home Beds Total: 0

MAIL: 501 Esseola Drive, , Saluda, NC, 28773 SITE: 501 Esseola Drive, Saluda, NC, 28773

NH0367

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#### White Oak Manor-Tryon

White Oak Manor - Tryon, Inc. Administrator Name: Harrison Cecil MAIL: 70 Oak Street, , Tryon, NC, 28782 SITE: 70 Oak Street, Tryon, NC, 28782 Contact Name: harrison cecil (828) 859-9161 Fax: (828) 859-2073 NH0399 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 70 Adult Care Home Beds Total: 18

#### RANDOLPH

The Graybrier Nursing And Retirement Center Archdale Nursing Center Inc Administrator Name: Justin Percival MAIL: 116 Lane Drive, , Trinity, NC, 27370 SITE: 116 Lane Drive, Trinity, NC, 27370 Contact Name: Justin Percival (336) 431-8888 Fax: (336) 431-9053 NH0489 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 128 Adult Care Home Beds Total: 0 Asheboro Rehabilitation and Healthcare Center Asheboro OPCO LLC Administrator Name: Mark E. Johnston MAIL: 211 Blvd of the Americas, Suite 500, Lakewood, NJ, 08701 SITE: 400 Vision Drive, Asheboro, NC, 27203 Contact Name: Mark E. Johnston (336) 672-5450 Fax: (336) 672-5451 NH0448 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 100 Adult Care Home Beds Total: 0 Alpine Health and Rehabilitation of Asheboro Alpine Health and Rehabilitation of Asheboro Administrator Name: Chip Lacy-Sellers MAIL: 230 East Presnell Street, , Asheboro, NC, 27203 SITE: 230 East Presnell Street, Asheboro, NC, 27203 Contact Name: Jeff Nunn (336) 629-1447 Fax: (336) 629-1463 NH0335 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 238 Adult Care Home Beds Total: 0

| Clapp's Convalescent Nursing Home Inc                      |
|--|
| Clapp's Convalescent Nursing Home Inc                      |
| Administrator Name: Grant Hollowell                        |
| MAIL: 500 Mountain Top Drive, , Asheboro, NC, 27203        |
| SITE: 500 Mountain Top Drive, Asheboro, NC, 27203          |
| Contact Name: Lexa Goss                                    |
| (336) 625-2074 Fax: (336) 625-1927 NH0020                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 96                            |
| Adult Care Home Beds Total: 0                              |
| Westwood Health and Rehabilitation Center                  |
| Westwood HealthCare LLC                                    |
| Administrator Name: Kenneth W. Shaw                        |
| MAIL: 625 Ashland Street, , Archdale, NC, 27263            |
| SITE: 625 Ashland Street, Archdale, NC, 27263              |
| Contact Name: Kenneth W. Shaw                              |
| (336) 434-2902 Fax: (336) 434-4601 NH0556                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 68                            |
| Adult Care Home Beds Total: 0                              |
| Universal Health Care/Ramseur                              |
| Universal Health Care/Ramseur Inc                          |
| Administrator Name: Howard C. Staples                      |
| MAIL: 7166 Jordan Road, , Ramseur, NC, 27316               |
| SITE: 7166 Jordan Road, Ramseur, NC, 27316                 |
| Contact Name: Howard C. Staples                            |
| (336) 824-8828 Fax: (336) 824-8208 NH0609                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 90                            |
| Adult Care Home Beds Total: 0                              |
| RICHMOND   |
| <b>Richmond Pines Healthcare and Rehabilitation Center</b> |
| Spruce LTC Group LLC                                       |
| Administrator Name: Michael P. Wagner                      |
| MAIL: Highway 177 South, P O Box 1489, Hamlet, NC, 28345   |
| SITE: Highway 177 South, Hamlet, NC, 28345                 |
| Contact Name: Michael P. Wagner                            |
| (910) 582-0021 Fax: (910) 205-0244 NH0455                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 105                           |
| Adult Care Home Beds Total: 10                             |

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#### **PruittHealth-Rockingham**

PuittHealth-Rockingham LLC Administrator Name: Donna Rose MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 SITE: 804 Long Drive, Rockingham, NC, 28379 Contact Name: Donna Rose (910) 997-4493 Fax: (910) 997-4083 NH0427 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 0

#### ROBESON

The Carrolton of Lumberton The Carrolton of Lumberton, LLC

Administrator Name: Maurice W. Rozier MAIL: 1170 Linkhaw Road, , Lumberton, NC, 28358 SITE: 1170 Linkhaw Road, Lumberton, NC, 28358 Contact Name: Maurice W. Rozier (910) 671-1163 Fax: (910) 671-1625 NH0472 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 5 **Pembroke Center** SunBridge Retirement Care Associates LLC Administrator Name: Syreeta Parham MAIL: 310 East Wardell Drive, , Pembroke, NC, 28372 SITE: 310 East Wardell Drive, Pembroke, NC, 28372 Contact Name: Syreeta Parham (910) 521-1273 Fax: (910) 521-3593 NH0518 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 84 Adult Care Home Beds Total: 0 Wesley Pines Retirement Community The United Methodist Retirement Homes Inc Administrator Name: Amy L. Shooter MAIL: 1000 Wesley Pines Road, , Lumberton, NC, 28358 SITE: 1000 Wesley Pines Road, Lumberton, NC, 28358 Contact Name: Amy Shooter (910) 738-9691 Fax: (910) 738-8905 NH0240 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 62 Adult Care Home Beds Total: 42

| Harborview Lumberton                                   |
|--|
| Harborview Lumberton, LLC                              |
| Administrator Name: Anna Williamson                    |
| MAIL: 1555 Willis Avenue, , Lumberton, NC, 28358       |
| SITE: 1555 Willis Avenue, Lumberton, NC, 28358         |
| Contact Name: Anna Williamson                          |
| (910) 739-6048 Fax: (910) 239-2533 NH0289              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 122                       |
| Adult Care Home Beds Total: 0                          |
| Woodhaven Nursing Center                               |
| Liberty Commons of Robeson County, LLC                 |
| Administrator Name: Ashley B. Kling                    |
| MAIL: 1150 Pine Run Drive, , Lumberton, NC, 28358      |
| SITE: 1150 Pine Run Drive, Lumberton, NC, 28358        |
| Contact Name: Ashley B. Kling                          |
| (910) 671-5703 Fax: NH0662                             |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 115                       |
| Adult Care Home Beds Total: 0                          |
| GlenFlora  |
| North Carolina Cancer Institute Inc                    |
| Administrator Name: Austin Locklear                    |
| MAIL: 5701 Fayetteville Road, , Lumberton, NC, 28360   |
| SITE: 5701 Fayetteville Road, Lumberton, NC, 28360     |
| Contact Name: Austin Locklear                          |
| (910) 739-2821 Fax: (910) 738-4539 NH0533              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 52                        |
| Adult Care Home Beds Total: 20                         |
| OCKINGHAM  |
| Penn Nursing Center                                    |
| The Moses H Cone Memorial Hospital Operating Corp      |
| Administrator Name: Raymond Cooper                     |
| MAIL: 618-A South Main Street, , Reidsville, NC, 27320 |
| SITE: 618-A South Main Street, Reidsville, NC, 27320   |
| Contact Name: Raymond Cooper                           |

Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 82

(336) 951-6090 Fax: (336) 951-6008

NH0614

Adult Care Home Beds Total: 10

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| Cypress Valley Center for Nursing and Rehabilitation         |
|--|
| Pelican Health Reidsville, LLC                               |
| Administrator Name: Tanya McPhaul                            |
| MAIL: 543 Maple Avenue, , Reidsville, NC, 27320              |
| SITE: 543 Maple Avenue, Reidsville, NC, 27320                |
| Contact Name: Tanya McPhaul                                  |
| (336) 342-1382 Fax: (336) 496-4090 NH0293                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 110                             |
| Adult Care Home Beds Total: 0                                |
| Jacob's Creek Nursing and Rehabilitation Center              |
| Granite Falls LTC LLC  |
| Administrator Name: Katie Wilson                             |
| MAIL: (Bailey Road), 1721 Bald Hill Loop, Madison, NC, 27025 |
| SITE: 1721 Bald Hill Loop (Bailey Road), Madison, NC, 27025  |
| Contact Name: Katie Wilson                                   |
| (336) 548-9658 Fax: (336) 548-1764 NH0092                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 170                             |
| Adult Care Home Beds Total: 0                                |
| Eden Rehabilitation and Healthcare Center                    |
| Eden Opco LLC  |
| Administrator Name: Cassandrea Madison                       |
| MAIL: 226 North Oakland Avenue, , Eden, NC, 27288            |
| SITE: 226 North Oakland Avenue, Eden, NC, 27288              |
| Contact Name: Cassandrea Madison                             |
| (336) 623-1750 Fax: (336) 623-6610 NH0361                    |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 112                             |
| Adult Care Home Beds Total: 0                                |
| ROWAN  |
| The Citadel Salisbury  |
| The Citadel Salisbury LLC                                    |
| Administrator Name: Sarah Flathmann                          |
| MAIL: 980 Sylvan Ave., , Englewood Cliffs, NJ, 07632         |
| SITE: 710 Julian Road, Salisbury, NC, 28147                  |
| Contact Name: Rachel Kosowsky                                |
| (201) 928-7816 Fax: NH0441                                   |
| Expiry Date: 31-Dec-24                                       |
| Nursing Facility Beds Total: 160                             |

Adult Care Home Beds Total: 20

| Compass Healthcare and Rehab Rowan, LLC                 |
|---|
| Compass Healthcare and Rehab Rowan, LLC                 |
| Administrator Name: Georgeann                           |
| MAIL: 1404 South Salisbury Avenue, , Spencer, NC, 28159 |
| SITE: 1404 South Salisbury Avenue, Spencer, NC, 28159   |
| Contact Name: Georgeann Moore                           |
| (704) 633-3892 Fax: (704) 637-2784 NH0442               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 70                         |
| Adult Care Home Beds Total: 0                           |
| Autumn Care of Salisbury                                |
| Autumn Corporation                                      |
| Administrator Name: Glenn Terry                         |
| MAIL: 1505 Bringle Ferry Road, , Salisbury, NC, 28146   |
| SITE: 1505 Bringle Ferry Road, Salisbury, NC, 28146     |
| Contact Name: Glenn Terry                               |
| (704) 637-5885 Fax: (704) 636-6974 NH0424               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 97                         |
| Adult Care Home Beds Total: 3                           |
| Salisbury Rehabilitation and Nursing Center             |
| Accordius Health at Salisbury LLC                       |
| Administrator Name: Jeffrey Golden                      |
| MAIL: 635 Statesville Boulevard, , Salisbury, NC, 28144 |
| SITE: 635 Statesville Boulevard, Salisbury, NC, 28144   |
| Contact Name: Jeffrey Golden                            |
| (704) 633-7390 Fax: (704) 636-5525 NH0449               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 185                        |
| Adult Care Home Beds Total: 0                           |
| Big Elm Retirement and Nursing Centers                  |
| Senior Ventures & Management Inc                        |
| Administrator Name: Izabela Gignac                      |
| MAIL: 1285 West A Street, , Kannapolis, NC, 28081       |
| SITE: 1285 West A Street, Kannapolis, NC, 28081         |
| Contact Name: Izabela Gignac                            |
| (704) 932-0000 Fax: (704) 938-6039 NH0471               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 50                         |
| Adult Care Home Beds Total: 96                          |
|   |

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| Piedmont Healtl | 1 & I | Rehab | Center |
|-----------------|-------|-------|--------|
|-----------------|-------|-------|--------|

Piedmont Health & Rehab Center, LLC Administrator Name: Say'eh Campbell MAIL: 610 West Fisher Street, , Salisbury, NC, 28144 SITE: 610 West Fisher Street, Salisbury, NC, 28144 Contact Name: Say'eh K. Campbell (704) 633-2781 Fax: (704) 633-1661 NH0050 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 58 Adult Care Home Beds Total: 0 **Trinity Oaks** Lutheran Home at Trinity Oaks Inc Administrator Name: Timothy W. Cornelison MAIL: 820 Klumac Road, , Salisbury, NC, 28144 SITE: 820 Klumac Road, Salisbury, NC, 28144 Contact Name: Ann Bruce (704) 637-3784 Fax: (704) 636-9464 NH0197 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 115 Adult Care Home Beds Total: 12 NC State Veterans Home - Salisbury NC Dept of Military&Veterans Aff NC Div of Veterans Aff Administrator Name: Jonathan Mangum MAIL: P.O. Box 599, , Salisbury, NC, 28145 SITE: 1601 Brenner Avenue, Building 10, Salisbury, NC, 28144 Contact Name: Jonathan Mangum (704) 639-2303 Fax: (704) 636-4577 NH0616 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 99 Adult Care Home Beds Total: 0 The Laurels of Salisbury Oak Health Care Investors of Salisbury Inc Administrator Name: Catherine Maynard MAIL: 215 Lash Drive, , Salisbury, NC, 28147 SITE: 215 Lash Drive, Salisbury, NC, 28147 Contact Name: Catherine Maynard (704) 637-1182 Fax: (704) 638-2328 NH0538 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 60 Adult Care Home Beds Total: 20

| Liberty Commons Nsg and Rehab Ctr of Rowan Cty       |
|--|
| Liberty Commons Nsg & Rehab Ctr of Rowan Cty LLC     |
| Administrator Name: Gary A. Henderson                |
| MAIL: 4412 South Main Street, , Salisbury, NC, 28147 |
| SITE: 4412 South Main Street, Salisbury, NC, 28147   |
| Contact Name: Gary A. Henderson                      |
| (704) 637-3040 Fax: (704) 637-1583 NH0591            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 90                      |
| Adult Care Home Beds Total: 0                        |
| RUTHERFORD   |
| Willow Ridge Rehabilitation and Living Center        |
| Willow Ridge Healthcare LLC                          |
| Administrator Name: Penny G. McCoy                   |
| MAIL: 237 Tryon Road, , Rutherfordton, NC, 28139     |
| SITE: 237 Tryon Road, Rutherfordton, NC, 28139       |
| Contact Name: Penny G. McCoy                         |
| (828) 645-4297 Fax: (828) 287-3668 NH0590            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 136                     |
| Adult Care Home Beds Total: 0                        |
| Oak Grove Healthcare Center                          |
| Oak Grove HealthCare LLC                             |
| Administrator Name: Sherry S. Kennedy                |
| MAIL: 518 Old US Hwy 221, , Rutherfordton, NC, 28139 |
| SITE: 518 Old US Hwy 221, Rutherfordton, NC, 28139   |
| Contact Name: Sherry S. Kennedy                      |
| (828) 287-7655 Fax: (828) 351-2294 NH0566            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 60                      |
| Adult Care Home Beds Total: 0                        |
| Fair Haven Home                                      |
| Fair Haven Home Inc                                  |
| Administrator Name: Daniel M. McKeithan              |
| MAIL: 149 Fair Haven Drive, , Bostic, NC, 28018      |
| SITE: 149 Fair Haven Drive, Bostic, NC, 28018        |
| Contact Name: Daniel McKeithan                       |
| (828) 245-9095 Fax: (828) 245-7856 NH0531            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 30                      |
| Adult Care Home Beds Total: 37                       |

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#### Hilltop Health and Rehabilitation

Rutherfordton NC Opco LLC Administrator Name: Wesley R Summerlin MAIL: 188 Oscar Justice Rd., , Rutherfordton, NC, 28139 SITE: 188 Oscar Justice Rd., Rutherfordton, NC, 28139 Contact Name: Wesley R. Summerlin (828) 286-9001 Fax: (828) 286-9070 NH0153 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 80 Adult Care Home Beds Total: 0 **Fair Haven of Forest City** Fair Haven of Forest City LLC Administrator Name: Brian Hutchison MAIL: 830 Bethany Church Road, , Forest City, NC, 28043 SITE: 830 Bethany Church Road, Forest City, NC, 28043 Contact Name: Brian Hutchison (828) 245-2852 Fax: (828) 248-2590 NH0474 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 100 Adult Care Home Beds Total: 28

#### SAMPSON

#### Mary Gran Nursing Center

Liberty Healthcare Services of Mary Gran Nsg Ctr LLC Administrator Name: Marilynn D. Spell MAIL: 120 Southwood Drive, P.O. Box 379, Clinton, NC, 28329 SITE: 120 Southwood Drive, Clinton, NC, 28329 Contact Name: Marilynn Daughtry Spell (910) 592-7981 Fax: (910) 592-3538 NH0089 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 212 Adult Care Home Beds Total: 30 Southwood Nursing and Retirement Center Liberty Healthcare Services of Southwood Nsg Ctr LLC Administrator Name: Taylor D. Baxley MAIL: 2334 S 41st Street, Wilmington, NC, 28403 SITE: 180 Southwood Drive, Clinton, NC, 28328 Contact Name: Taylor Baxley (910) 592-8165 Fax: (910) 596-2253 NH0571 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 100 Adult Care Home Beds Total: 0 SCOTLAND

| Scottish Pines Rehabilitation and Nursing Center       |
|--|
| Century Care of Laurinburg Inc                         |
| Administrator Name: Margaret Dickerson                 |
| MAIL: 620 Johns Road, , Laurinburg, NC, 28352          |
| SITE: 620 Johns Road, Laurinburg, NC, 28352            |
| Contact Name: Margaret Dickerson                       |
| (910) 361-4000 Fax: (910) 361-4051 NH0340              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 149                       |
| Adult Care Home Beds Total: 0                          |
| Scotia Village   |
| The Presbyterian Homes Inc                             |
| Administrator Name: Arthur A. Johnson                  |
| MAIL: 2200 Elm Avenue, , Laurinburg, NC, 28352         |
| SITE: 2200 Elm Avenue, Laurinburg, NC, 28352           |
| Contact Name: Allen Johnson                            |
| (910) 266-5020 Fax: (910) 277-2025 NH0457              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 58                        |
| Adult Care Home Beds Total: 32                         |
| STANLY   |
| <b>Bethany Woods Nursing and Rehabilitation Center</b> |
| Spruce LTC Group LLC                                   |
| Administrator Name: Stella A. Babson                   |
| MAIL: 33426 Old Salisbury Road, , Albemarle, NC, 28002 |
| SITE: 33426 Old Salisbury Road, Albemarle, NC, 28002   |
| Contact Name: Stella Alambis Babson                    |
| (704) 983-1195 Fax: (704) 982-0446 NH0462              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 180                       |
| Adult Care Home Beds Total: 10                         |
| Stanly Manor   |
| AHSNF, Inc.  |
| Administrator Name: Jennifer A. Morgan                 |
| MAIL: 625 Bethany Road, , Albemarle, NC, 28001         |
| SITE: 625 Bethany Road, Albemarle, NC, 28001           |
| Contact Name: Jennifer A. Morgan                       |
| (980) 323-7373 Fax: (980) 323-7374 NH0464              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 90                        |
| Adult Care Home Beds Total: 10                         |

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#### **Trinity Place**

Lutheran Home-Albemarle Inc Administrator Name: Eric T. Gabriel Jr. MAIL: 24724 South Business 52, , Albemarle, NC, 28001 SITE: 24724 South Business 52, Albemarle, NC, 28001 Contact Name: Joyce Hathcock (704) 982-8191 Fax: (704) 983-1118 NH0140 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 76 Adult Care Home Beds Total: 27 **Forrest Oakes Healthcare Center** Forrest Oakes HealthCare LLC Administrator Name: Tangela L. Phillips-Lane MAIL: 620 Heathwood Drive, , Albemarle, NC, 28001 SITE: 620 Heathwood Drive, Albemarle, NC, 28001 Contact Name: Charlene Johnson (704) 983-2686 Fax: (704) 984-6458 NH0550 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 60 Adult Care Home Beds Total: 0

#### STOKES

**Universal Health Care/King** Universal Health Care/King Inc Administrator Name: Jerry G. Horne MAIL: 115 White Road, , King, NC, 27021 SITE: 115 White Road, King, NC, 27021 Contact Name: Jerry Horne (336) 983-6505 Fax: (336) 985-5340 NH0555 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 96 Adult Care Home Beds Total: 24 Walnut Cove Health and Rehabilitation Center Walnut Cove HealthCare LLC Administrator Name: Nita J Davis MAIL: PO Box 158, , Walnut Cove, NC, 27052 SITE: 511 Windmill Street, Walnut Cove, NC, 27052 Contact Name: Nita J. Davis (336) 591-4353 Fax: (336) 591-7659 NH0316 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 90 Adult Care Home Beds Total: 0

| Village Care of King                                       |
|--|
| Village Care of King, LLC                                  |
| Administrator Name: Amy Musick                             |
| MAIL: 440 Ingram Road, , King, NC, 27021                   |
| SITE: 440 Ingram Road, King, NC, 27021                     |
| Contact Name: Amy Musick                                   |
| (336) 983-4900 Fax: (336) 983-4710 NH0507                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 96                            |
| Adult Care Home Beds Total: 20                             |
| SURRY  |
| Central Continuing Care                                    |
| CCC of Mount Airy Inc                                      |
| Administrator Name: Kyle Payne                             |
| MAIL: 1287 Newsome Street, , Mount Airy, NC, 27030         |
| SITE: 1287 Newsome Street, Mount Airy, NC, 27030           |
| Contact Name: Kyle Payne                                   |
| (336) 786-2133 Fax: (336) 786-2014 NH0516                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 120                           |
| Adult Care Home Beds Total: 0                              |
| PruittHealth-Elkin   |
| PruittHealth-Elkin LLC                                     |
| Administrator Name: Linda Reece                            |
| MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 |
| SITE: 560 Johnson Ridge Road, Elkin, NC, 28621             |
| Contact Name: Linda Reece                                  |
| (336) 835-7802 Fax: (336) 526-2881 NH0303                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 100                           |
| Adult Care Home Beds Total: 0                              |
| Surry Community Health Center by Harborview                |
| Surry Community Health Center by Harborview, LLC           |
| Administrator Name: Wanda Howlett                          |
| MAIL: 542 Allred Mill Road, , Mount Airy, NC, 27030        |
| SITE: 542 Allred Mill Road, Mount Airy, NC, 27030          |
| Contact Name: Wanda L Howlett                              |
| (336) 789-5076 Fax: (336) 530-1360 NH0276                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 120                           |
| Adult Care Home Beds Total: 0                              |

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#### **Chatham Nursing & Rehabilitation**

DGS Healthcare Elkin Inc Administrator Name: Julie Stafford MAIL: 700Johnson Ridge Road, , Elkin, NC, 28621 SITE: 700 Johnson Ridge Road, Elkin, NC, 28621 Contact Name: Julie Stafford (336) 527-7600 Fax: (336) 527-6056 NH0640 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 99 Adult Care Home Beds Total: 28

#### SWAIN

#### **Mountain View Manor Nursing Center**

Southeastern Health Facilities Inc Administrator Name: Dennis C. Ramsey MAIL: 410 Buckner Branch Road, , Bryson City, NC, 28713 SITE: 410 Buckner Branch Road, Bryson City, NC, 28713 Contact Name: Dennis Ramsey (828) 488-2101 Fax: (828) 488-8502 NH0251 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 120 Adult Care Home Beds Total: 0

#### TRANSYLVANIA

#### Sapphire Ridge Health and Rehabilitation

Brevard NC Opco LLC Administrator Name: Susan Robinson MAIL: 115 N. Country Club Road, , Brevard, NC, 28712 SITE: 115 N. Country Club Road, Brevard, NC, 28712 Contact Name: Susan Robinson (828) 884-2031 Fax: (828) 884-2831 NH0277 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 147 Adult Care Home Beds Total: 0 The Oaks-Brevard The Oaks-Brevard LLC Administrator Name: Angelita A. Norman MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 SITE: 300 Morris Road, Brevard, NC, 28712 Contact Name: Angel Norman (470) 330-7816 Fax: (828) 877-3858 NH0563 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 110 Adult Care Home Beds Total: 10 UNION

| Lake Park Nursing and Rehabilitation Center                |
|--|
| Everest Long Term Care LLC                                 |
| Administrator Name: Sarah J. Furman                        |
| MAIL: 3315 Faith Church Rd., , Indian Trail, NC, 28079     |
| SITE: 3315 Faith Church Road, Indian Trail, NC, 28079      |
| Contact Name: Sarah J. Furman                              |
| (704) 882-3420 Fax: (704) 882-5197 NH0592                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 120                           |
| Adult Care Home Beds Total: 0                              |
| PruittHealth-Union Pointe                                  |
| The Heritage of Union County LLC                           |
| Administrator Name: Tyrone Lewis                           |
| MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 |
| SITE: 3510 West Highway 74, Monroe, NC, 28110              |
| Contact Name: Mark Childs                                  |
| (704) 291-8500 Fax: (704) 291-8501 NH0644                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 90                            |
| Adult Care Home Beds Total: 0                              |
| Jesse Helms Nursing Center                                 |
| AHSNF, Inc.  |
| Administrator Name: Linden Scotland                        |
| MAIL: 1411 Dove Street, , Monroe, NC, 28112                |
| SITE: 1411 Dove Street, Monroe, NC, 28112                  |
| Contact Name: Linden Scotland                              |
| (980) 993-5700 Fax: (980) 993-5879 NH0657                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 70                            |
| Adult Care Home Beds Total: 0                              |
| White Oak of Waxhaw  |
| White Oak Manor - Waxhaw, Inc.                             |
| Administrator Name: Lauren Cecil                           |
| MAIL: 700 Howie Mine Road, , Waxhaw, NC, 28173             |
| SITE: 700 Howie Mine Road, Waxhaw, NC, 28173               |
| Contact Name: Lauren Cecil                                 |
| (704) 243-7640 Fax: (704) 243-7641 NH0628                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 100                           |
| Adult Care Home Beds Total: 0                              |

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#### **Monroe Rehabilitation Center**

Monroe Rehabilitation Center LLC Administrator Name: Kevin G. Walsh MAIL: 1212 Sunset Drive East, , Monroe, NC, 28112 SITE: 1212 Sunset Drive East, Monroe, NC, 28112 Contact Name: Kevin G. Walsh (704) 283-8548 Fax: (704) 283-4664 NH0310 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 147 Adult Care Home Beds Total: 5 **Rock Rest Nursing & Rehabilitation** Accordius Health at Monroe LLC Administrator Name: David M. Plemons MAIL: 204 Old Highway 74 East, , Monroe, NC, 28112 SITE: 204 Old Highway 74 East, Monroe, NC, 28112 Contact Name: David M. Plemons (704) 800-0601 Fax: (704) 282-0935 NH0493 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 60 Adult Care Home Beds Total: 12 Autumn Care of Marshville Autumn Corporation Administrator Name: Kimberly Josephs MAIL: 311 West Phifer Street, , Marshville, NC, 28103 SITE: 311 West Phifer Street, Marshville, NC, 28103 Contact Name: Kimberly Josephs (704) 624-6643 Fax: (704) 624-2022 NH0421 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 110 Adult Care Home Beds Total: 10 VANCE

# Senior Citizens Home

Henderson SCH Operating LLC Administrator Name: Rebecca Martin MAIL: 2275 Ruin Creek Road, , Henderson, NC, 27537 SITE: 2275 Ruin Creek Road, Henderson, NC, 27537 Contact Name: Rebecca Martin (704) 834-4806 Fax: (252) 492-0911 NH0477 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 60 Adult Care Home Beds Total: 54

| Camellia Gardens Center for Nursing and Rehabilitation |
|--|
| Pelican Health Henderson LLC                           |
| Administrator Name: Natalie Desty                      |
| MAIL: 280 South Beckford Drive, , Henderson, NC, 2753  |
| SITE: 280 South Beckford Drive, Henderson, NC, 27536   |
| Contact Name: Natalie desty                            |
| (252) 438-6141 Fax: (252) 438-6865 NH0307              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 78                        |
| Adult Care Home Beds Total: 0                          |
| Kerr Lake Nursing and Rehabilitation Center            |
| Eagle Peak LTC Group                                   |
| Administrator Name: Nancy Hughes                       |
| MAIL: PO Box 1148, , Henderson, NC, 27536              |
| SITE: 1245 Park Avenue, Henderson, NC, 27536           |
| Contact Name: Nancy Hughes                             |
| (252) 492-7021 Fax: (252) 492-2985 NH0353              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 92                        |
| Adult Care Home Beds Total: 23                         |
| WAKE   |
| Tower Nursing and Rehabilitation Center                |
| Everest Long Term Care LLC                             |
| Administrator Name: Jacqueline Mitchell                |
| MAIL: 3609 Bond Street, , Raleigh, NC, 27604           |
| SITE: 3609 Bond Street, Raleigh, NC, 27604             |
| Contact Name: Jacqueline Mitchell                      |
| (919) 231-8113 Fax: (919) 231-6896 NH0354              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 180                       |
| Adult Care Home Beds Total: 6                          |
| Zebulon Rehabilitation Center                          |
| Zebulon Rehabilitation Center LLC                      |
| Administrator Name: Gabriella Skillen                  |
| MAIL: 509 West Gannon Avenue, , Zebulon, NC, 27597     |
| SITE: 509 West Gannon Avenue, Zebulon, NC, 27597       |
| Contact Name: Steven Kerley                            |
| (919) 269-9621 Fax: (919) 269-5703 NH0317              |
| Expiry Date: 31-Dec-24                                 |
| Nursing Facility Beds Total: 60                        |
| Adult Care Home Beds Total: 0                          |

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| Capital Nursing and Rehabilitation Center                  |
|--|
| Liberty Commons Nsg and Rehab Ctr of Wake Cty LLC          |
| Administrator Name: Brandon Wood                           |
| MAIL: 3000 Holston Lane, , Raleigh, NC, 27610              |
| SITE: 3000 Holston Lane, Raleigh, NC, 27610                |
| Contact Name: Brandon Wood                                 |
| (919) 865-0808 Fax: (919) 231-0943 NH0268                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 125                           |
| Adult Care Home Beds Total: 0                              |
| Sunnybrook Rehabilitation Center                           |
| Sunnybrook Rehabilitation Center LLC                       |
| Administrator Name: Steven Kerley                          |
| MAIL: 25 Sunnybrook Road, , Raleigh, NC, 27610             |
| SITE: 25 Sunnybrook Road, Raleigh, NC, 27610               |
| Contact Name: Steven Kerley                                |
| (919) 231-6150 Fax: (919) 231-8258 NH0146                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 95                            |
| Adult Care Home Beds Total: 0                              |
| Raleigh Rehabilitation Center                              |
| Raleigh Rehabilitation Center LLC                          |
| Administrator Name: Christina Jackson                      |
| MAIL: 616 Wade Avenue, , Raleigh, NC, 27605                |
| SITE: 616 Wade Avenue, Raleigh, NC, 27605                  |
| Contact Name: Christina Jackson                            |
| (919) 828-6251 Fax: (919) 828-3294 NH0115                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 157                           |
| Adult Care Home Beds Total: 0                              |
| The Oaks at Whitaker Glen-Mayview                          |
| Whitaker Glen Inc  |
| Administrator Name: None                                   |
| MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093 |
| SITE: 513 East Whitaker Mill Road, Raleigh, NC, 27608      |
| Contact Name: Lynethia NyTonya Holley                      |
| (919) 828-2348 Fax: (919) 828-7554 NH0007                  |
| Expiry Date: 31-Dec-24                                     |
| Nursing Facility Beds Total: 139                           |
| Adult Care Home Beds Total: 0                              |

| The Laurels of Forest Glenn   |  |  |
|---|--|--|
| Oak Health Care Investors of North Carolina Inc   |  |  |
| Administrator Name: Darryl Taylor   |  |  |
| MAIL: 1101 Hartwell Street, , Garner, NC, 27529   |  |  |
| SITE: 1101 Hartwell Street, Garner, NC, 27529   |  |  |
| Contact Name: Darryl Taylor   |  |  |
| (919) 772-8888 Fax: (919) 772-4814 NH0506   |  |  |
| Expiry Date: 31-Dec-24  |  |  |
| Nursing Facility Beds Total: 120  |  |  |
| Adult Care Home Beds Total: 20  |  |  |
| Hillside Nursing Center of Wake Forest  |  |  |
| Hillside Nursing Center of Wake Forest Inc  |  |  |
| Administrator Name: Nicholas B. Cruz  |  |  |
| MAIL: P.O. Box 1826, , Wake Forest, NC, 27588   |  |  |
| SITE: 968 East Wait Avenue, Route 98 East, Wake Forest, NC, 27588   |  |  |
| Contact Name: Justin L Dixon  |  |  |
| (919) 556-4082 Fax: (919) 554-4650 NH0525   |  |  |
| Expiry Date: 31-Dec-24  |  |  |
| Nursing Facility Beds Total: 130  |  |  |
| Adult Care Home Beds Total: 20  |  |  |
| Cary Health and Rehabilitation Center   |  |  |
| Cary HealthCare LLC   |  |  |
| -   |  |  |
| Administrator Name: Jon D. Salter   |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518   |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518   |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter  |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511   |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24   |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120   |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120<br>Adult Care Home Beds Total: 0  |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120<br>Adult Care Home Beds Total: 0<br>Hillcrest Raleigh at Crabtree Valley  |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120<br>Adult Care Home Beds Total: 0<br>Hillcrest Raleigh at Crabtree Valley<br>Hillcrest Raleigh at Crabtree LLC   |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120<br>Adult Care Home Beds Total: 0<br><b>Hillcrest Raleigh at Crabtree Valley</b><br>Hillcrest Raleigh at Crabtree LLC<br>Administrator Name: Lisa H. Lee   |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120<br>Adult Care Home Beds Total: 0<br>Hillcrest Raleigh at Crabtree Valley<br>Hillcrest Raleigh at Crabtree LLC<br>Administrator Name: Lisa H. Lee<br>MAIL: 3830 Blue Ridge Road, , Raleigh, NC, 27612  |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120<br>Adult Care Home Beds Total: 0<br>Hillcrest Raleigh at Crabtree Valley<br>Hillcrest Raleigh at Crabtree LLC<br>Administrator Name: Lisa H. Lee<br>MAIL: 3830 Blue Ridge Road, , Raleigh, NC, 27612<br>SITE: 3830 Blue Ridge Road, Raleigh, NC, 27612  |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120<br>Adult Care Home Beds Total: 0<br><b>Hillcrest Raleigh at Crabtree Valley</b><br>Hillcrest Raleigh at Crabtree LLC<br>Administrator Name: Lisa H. Lee<br>MAIL: 3830 Blue Ridge Road, , Raleigh, NC, 27612<br>SITE: 3830 Blue Ridge Road, Raleigh, NC, 27612<br>Contact Name: Lisa Lee   |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120<br>Adult Care Home Beds Total: 0<br>Hillcrest Raleigh at Crabtree Valley<br>Hillcrest Raleigh at Crabtree LLC<br>Administrator Name: Lisa H. Lee<br>MAIL: 3830 Blue Ridge Road, , Raleigh, NC, 27612<br>SITE: 3830 Blue Ridge Road, Raleigh, NC, 27612<br>Contact Name: Lisa Lee<br>(919) 781-4900 Fax: (919) 424-4637 NH0428                           |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120<br>Adult Care Home Beds Total: 0<br>Hillcrest Raleigh at Crabtree Valley<br>Hillcrest Raleigh at Crabtree LLC<br>Administrator Name: Lisa H. Lee<br>MAIL: 3830 Blue Ridge Road, , Raleigh, NC, 27612<br>SITE: 3830 Blue Ridge Road, Raleigh, NC, 27612<br>Contact Name: Lisa Lee<br>(919) 781-4900 Fax: (919) 424-4637 NH0428<br>Expiry Date: 31-Dec-24 |  |  |
| Administrator Name: Jon D. Salter<br>MAIL: 6590 Tryon Road, , Cary, NC, 27518<br>SITE: 6590 Tryon Road, Cary, NC, 27518<br>Contact Name: Jon D. Salter<br>(919) 851-8000 Fax: (919) 859-6234 NH0511<br>Expiry Date: 31-Dec-24<br>Nursing Facility Beds Total: 120<br>Adult Care Home Beds Total: 0<br>Hillcrest Raleigh at Crabtree Valley<br>Hillcrest Raleigh at Crabtree LLC<br>Administrator Name: Lisa H. Lee<br>MAIL: 3830 Blue Ridge Road, , Raleigh, NC, 27612<br>SITE: 3830 Blue Ridge Road, Raleigh, NC, 27612<br>Contact Name: Lisa Lee<br>(919) 781-4900 Fax: (919) 424-4637 NH0428                           |  |  |

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| Dan E & Mary Louise Stewart Health Center of                        | The Rosewood Health Center  |
|---|---|
| Springmoor Inc  | The Cypress of Raleigh Club Inc   |
| Administrator Name: Jessica T. Pagan                                | Administrator Name: Wyatt B. Pramann  |
| MAIL: 1500 Sawmill Road, , Raleigh, NC, 27615                       | MAIL: 8801 Cypress Lakes Drive, , Raleigh, NC, 27615                                |
| SITE: 1500 Sawmill Road, Raleigh, NC, 27615                         | SITE: 8710 Cypress Club Drive, Raleigh, NC, 27615                                   |
| Contact Name: Jessica T Pagan                                       | Contact Name: Wyatt B. Pramann  |
| (919) 848-7078 Fax: (919) 848-7392 NH0383                           | (919) 518-8951 Fax: (919) 518-8970 NH0622   |
| Expiry Date: 31-Dec-24  | Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 173                                    | Nursing Facility Beds Total: 57   |
| Adult Care Home Beds Total: 18                                      | Adult Care Home Beds Total: 4   |
| Brittany Place  | Universal Health Care/North Raleigh   |
| Samaritan Housing Foundation Inc                                    | Universal Health Care/North Raleigh Inc   |
| Administrator Name: Sivaprasad Parnam                               | Administrator Name: Michelle T. Baldwin   |
| MAIL: 17001 Searstone Drive, , Cary, NC, 27513                      | MAIL: 5201 Clarks Fork Drive, NW, , Raleigh, NC, 27616                              |
| SITE: 210 Walker Stone Drive, Cary, NC, 27513                       | SITE: 5201 Clarks Fork Drive, NW, Raleigh, NC, 27616                                |
| Contact Name: Sivaprasad Parnam                                     | Contact Name: Karisha E. Summers  |
| (919) 234-0319 Fax: (919) 234-0319 NH0636                           | (919) 872-7033 Fax: (919) 872-7035 NH0611   |
| Expiry Date: 31-Dec-24  | Expiry Date: 31-Dec-24  |
| Nursing Facility Beds Total: 25                                     | Nursing Facility Beds Total: 132  |
| Adult Care Home Beds Total: 14                                      | Adult Care Home Beds Total: 0   |
| Universal Health Care/Fuquay-Varina                                 | Swift Creek Health Center   |
| Universal Health Care/Fuquay-Varina Inc                             | Cary Senior Housing I OPCO, LLC   |
| Administrator Name: Cheryl Smith                                    | Administrator Name: Melissa Godwin  |
| MAIL: 410 S Judd Parkway SE, , Fuquay Varina, NC, 27526             | MAIL: One Town Center Road Ste 300, , Boca Raton, FL,                               |
| SITE: 410 S Judd Parkway SE, Fuquay Varina, NC, 27526               | 33486   |
| Contact Name: Cheryl A Smith  | SITE: 221 Brightmore Drive, Cary, NC, 27511   |
| (919) 577-0421 Fax: (919) 557-3683 NH0637                           | Contact Name: Melissa P. Godwin   |
| Expiry Date: 31-Dec-24  | (984) 465-4088 Fax: (000) 000-0000 NH0658   |
| Nursing Facility Beds Total: 100                                    | Expiry Date: 31-Dec-24  |
| Adult Care Home Beds Total: 0                                       | Nursing Facility Beds Total: 28   |
| PruittHealth-Raleigh  | Adult Care Home Beds Total: 82  |
| PruittHealth-Raleigh LLC  | The Cardinal at North Hills   |
| Administrator Name: Jill Hess-Campbell                              | The Cardinal at North Hills Healthcare, LLC<br>Administrator Name: Jaime D. Pacheco |
| MAIL: 1626 Jeurgens Court, Legal Dept, Norcross, GA, 30093          | MAIL: 311 Garden at North Hills Street, , Raleigh, NC,                              |
| SITE: 2420 Lake Wheeler Road, Raleigh, NC, 27603                    | 27609   |
| Contact Name: Jill HessCampbell                                     | SITE: 311 Garden at North Hills Street, Raleigh, NC, 27609                          |
| -   | Contact Name: Jaime Pacheco   |
| (919) 755-0226 Fax: (919) 755-0313 NH0618<br>Expiry Date: 31-Dec-24 | (984) 204-8444 Fax: (984) 204-8479 NH0653   |
| Nursing Facility Beds Total: 150                                    | Expiry Date: 31-Dec-24  |
| Adult Care Home Beds Total: 0                                       | Nursing Facility Beds Total: 15   |
| Adat Care Home Deus Total. U  | Adult Care Home Beds Total: 55  |

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| BellaRose Nursing and Rehab                            | Glenaire   |
|--|--|
| BellaRose Nursing and Rehab Center, Inc.               | Glenaire Inc   |
| Administrator Name: Justin L Dixon                     | Administrator Name: Christian L. Childs                  |
| MAIL: P.O. Box 469, , Garner, NC, 27529                | MAIL: 4000 Glenaire Circle, , Cary, NC, 27511            |
| SITE: 200 BellaRose Lake Way, Garner, NC, 27529        | SITE: 4000 Glenaire Circle, Cary, NC, 27511              |
| Contact Name: Justin L Dixon                           | Contact Name: Luke Childs                                |
| (919) 985-8400 Fax: (919) 985-8399 NH0654              | (919) 818-6520 Fax: (919) 467-0844 NH0549                |
| Expiry Date: 31-Dec-24                                 | Expiry Date: 31-Dec-24                                   |
| Nursing Facility Beds Total: 100                       | Nursing Facility Beds Total: 71                          |
| Adult Care Home Beds Total: 0                          | Adult Care Home Beds Total: 9                            |
| UNC Rex Rehabilitation and Nursing Care Center of Apex | Wellington Rehabilitation and Healthcare                 |
| Rex Hospital Inc                                       | Wellington HealthCare LLC                                |
| Administrator Name: Michael Hess                       | Administrator Name: Lionel J. McCullough                 |
| MAIL: 911 South Hughes St., , Apex, NC, 27502          | MAIL: 1000 Tandal Place, , Knightdale, NC, 27545         |
| SITE: 911 South Hughes St., Apex, NC, 27502            | SITE: 1000 Tandal Place, Knightdale, NC, 27545           |
| Contact Name: Michael Hess                             | Contact Name: Lionel J. McCullough                       |
| (919) 363-6011 Fax: (919) 363-6014 NH0594              | (919) 266-7744 Fax: (919) 266-2274 NH0544                |
| Expiry Date: 31-Dec-24                                 | Expiry Date: 31-Dec-24                                   |
| Nursing Facility Beds Total: 107                       | Nursing Facility Beds Total: 80                          |
| Adult Care Home Beds Total: 0                          | Adult Care Home Beds Total: 0                            |
| Windsor Point Continuing Care Retirement Community     | WARREN   |
| Windsor Point Inc                                      | Warren Hills Nursing Center                              |
| Administrator Name: Amanda Green                       | Liberty Commons Nursing and Rehabilitation Center of     |
| MAIL: 1221 Broad Street, , Fuquay-Varina, NC, 27526    | Warren County LLC  |
| SITE: 1221 Broad Street, Fuquay-Varina, NC, 27526      | Administrator Name: Nelson M. Bogonko                    |
| Contact Name: AMANDA GREEN                             | MAIL: P.O. Box 618, , Warrenton, NC, 27589               |
| (919) 552-4580 Fax: (919) 552-4979 NH0580              | SITE: 864 US Hwy 158 Business West, Warrenton, NC, 27589 |
| Expiry Date: 31-Dec-24                                 | Contact Name: Nelson M. Bogonko                          |
| Nursing Facility Beds Total: 45                        | (910) 980-1271 Fax: (252) 257-5164 NH0360                |
| Adult Care Home Beds Total: 55                         | Expiry Date: 31-Dec-24                                   |
| Litchford Falls Healthcare and Rehabilitation Center   | Nursing Facility Beds Total: 140                         |
| Universal Health Care/Raleigh Inc                      | Adult Care Home Beds Total: 20                           |
| Administrator Name: John David Heath                   | WASHINGTON   |
| MAIL: 8200 Litchford Road, , Raleigh, NC, 27615        | The Carrolton of Plymouth                                |
| SITE: 8200 Litchford Road, Raleigh, NC, 27615          | The Carrolton of Plymouth, LLC                           |
| Contact Name: John Heath                               | Administrator Name: Carrol S. Roberson                   |
| (919) 878-7772 Fax: (919) 878-0950 NH0558              | MAIL: 1084 US 64 East, , Plymouth, NC, 27962             |
| Expiry Date: 31-Dec-24                                 | SITE: 1084 US 64 East, Plymouth, NC, 27962               |
| Nursing Facility Beds Total: 90                        | Contact Name: Carrol S. Roberson Jr.                     |
| Adult Care Home Beds Total: 24                         | (252) 793-2100 Fax: (252) 793-1243 NH0419                |
|  | Expiry Date: 31-Dec-24                                   |

Nursing Facility Beds Total: 114 Adult Care Home Beds Total: 9

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#### WATAUGA

**Glenbridge Health and Rehabilitation** Glenbridge Health and Rehabilitation SNF, LLC Administrator Name: Kristy Jones MAIL: 211 Milton Brown Heirs Road, , Boone, NC, 28607 SITE: 211 Milton Brown Heirs Road, Boone, NC, 28607 Contact Name: Kristy Jones (828) 264-6720 Fax: (828) 264-9023 NH0400 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 134 Adult Care Home Beds Total: 0 The Foley Center at Chestnut Ridge Liberty Commons Nrsg & Rehab Center of Watauga Co., LLC Administrator Name: Laura Patrick MAIL: 621 ChestnutRidge Parkway, , Blowing Rock, NC, 28605 SITE: 621 ChestnutRidge Parkway, Blowing Rock, NC, 28605 Contact Name: Laura Patrick (828) 386-3251 Fax: (828) 386-3320 NH0638 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 92 Adult Care Home Beds Total: 20 WAYNE

## **Mount Olive Center**

SunBridge Regency-North Carolina LLC Administrator Name: Dennis F. McKinney MAIL: 228 Smith Chapel Road, , Mount Olive, NC, 28365 SITE: 228 Smith Chapel Road, Mount Olive, NC, 28365 Contact Name: Dennis F. McKinney (919) 658-9522 Fax: (919) 658-0543 NH0401 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 150 Adult Care Home Beds Total: 0

| Willow Creek Nursing and Rehabilitation Center          |
|---|
| Birch LTC Group LLC                                     |
| Administrator Name: Wendy Stroud                        |
| MAIL: 2401 Wayne Memorial Drive, , Goldsboro, NC, 27532 |
| SITE: 2401 Wayne Memorial Drive, Goldsboro, NC, 27532   |
| Contact Name: Wendy Stroud                              |
| (919) 736-2121 Fax: (919) 736-2922 NH0379               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 200                        |
| Adult Care Home Beds Total: 0                           |
| Goldsboro Rehabilitation and Healthcare Center          |
| Goldsboro Opco LLC                                      |
| Administrator Name: Cassandra Miller                    |
| MAIL: 1700 Wayne Memorial Drive, , Goldsboro, NC, 27534 |
| SITE: 1700 Wayne Memorial Drive, Goldsboro, NC, 27534   |
| Contact Name: Cassandra Miller                          |
| (919) 731-2805 Fax: (919) 734-8882 NH0492               |
| Expiry Date: 31-Dec-24                                  |
| Nursing Facility Beds Total: 130                        |
| Adult Care Home Beds Total: 0                           |

#### WILKES

| Wilkesboro Health and Rehabilitation, LLC                   |
|---|
| Wilkesboro Health and Rehabilitation, LLC                   |
| Administrator Name: Shelley J. Rogers                       |
| MAIL: 204 Old Brickyard Road, , North Wilkesboro, NC, 28659 |
| SITE: 204 Old Brickyard Road, North Wilkesboro, NC, 28659   |
| Contact Name: Shelley J. Rogers                             |
| (336) 667-2020 Fax: (336) 667-5357 NH0509                   |
| Expiry Date: 31-Dec-24                                      |
| Nursing Facility Beds Total: 111                            |
| Adult Care Home Beds Total: 19                              |
| Ridge Valley Center for Nursing and Rehabilitation          |
| Accordius Health at Wilkesboro LLC                          |
| Administrator Name: Stacy Linhoff                           |
| MAIL: 1000 College Street, , Wilkesboro, NC, 28697          |
| SITE: 1000 College Street, Wilkesboro, NC, 28697            |
| Contact Name: Stacy Linhoff                                 |
| (336) 575-4315 Fax: (336) 838-4019 NH0451                   |
| Expiry Date: 31-Dec-24                                      |
| Nursing Facility Beds Total: 120                            |
| Adult Care Home Beds Total: 0                               |

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#### As of 05/2024

#### Westwood Hills Nursing and Rehabilitation Center

Eagle Peak LTC Group LLC Administrator Name: Phillip Hill MAIL: 1016 Fletcher Street, , Wilkesboro, NC, 28697 SITE: 1016 Fletcher Street, Wilkesboro, NC, 28697 Contact Name: Phillip Hill (336) 667-9261 Fax: (336) 667-4825 NH0295 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 176 Adult Care Home Beds Total: 10

#### WILSON

Harmony Park at Wilson Accordius Health at Wilson LLC Administrator Name: Ingrid Houston MAIL: 1804 Forest Hills Road W, , Wilson, NC, 27893 SITE: 1804 Forest Hills Road W, Wilson, NC, 27893 Contact Name: Ingrid L. Houston (252) 237-8161 Fax: (252) 237-0447 NH0272 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 110 Adult Care Home Beds Total: 0 Wilson Pines Nursing and Rehabilitation Center Spruce LTC Group LLC Administrator Name: Michael Kelly MAIL: 403 Crestview Avenue, , Wilson, NC, 27893 SITE: 403 Crestview Avenue, Wilson, NC, 27893 Contact Name: Michael Kelly (252) 237-0724 Fax: (252) 234-0499 NH0218 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 95 Adult Care Home Beds Total: 30 Wilson Healthcare and Rehabilitation Center Wilson Opco LLC Administrator Name: James P. Carlone Jr. MAIL: 2501 Downing St SW, , Wilson, NC, 27893 SITE: 2501 Downing St SW, Wilson, NC, 27893 Contact Name: James Carlone (252) 237-6300 Fax: (252) 234-0488 NH0487 Expiry Date: 31-Dec-24 Nursing Facility Beds Total: 99 Adult Care Home Beds Total: 0

| Wilson Rehabilitation and Nursing Center             |
|--|
| DLP WilMed Nursing Care and Rehabilitation Ctr LLC   |
| Administrator Name: Julia Batts                      |
| MAIL: 1705 South Tarboro Street, , Wilson, NC, 27893 |
| SITE: 1705 South Tarboro Street, Wilson, NC, 27893   |
| Contact Name: Julia Batts                            |
| (252) 399-8998 Fax: (252) 399-8996 NH0530            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 90                      |
| Adult Care Home Beds Total: 0                        |
| YADKIN   |
| Willowbrook Rehabilitation and Care Center           |
| Willowbrook HealthCare LLC                           |
| Administrator Name: Brandi Semones                   |
| MAIL: 333 E. Lee Avenue, , Yadkinville, NC, 27055    |
| SITE: 333 E. Lee Avenue, Yadkinville, NC, 27055      |
| Contact Name: Brandi Semones                         |
| (336) 679-8028 Fax: (336) 679-4072 NH0568            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 76                      |
| Adult Care Home Beds Total: 0                        |
| Yadkin Nursing Care Center                           |
| Liberty Commons Nsg and Rehab Ctr of Yadkin Co, LLC  |
| Administrator Name: Elizabeth Lockett                |
| MAIL: 903 West Main Street, , Yadkinville, NC, 27055 |
| SITE: 903 West Main Street, Yadkinville, NC, 27055   |
| Contact Name: Elizabeth Lockett                      |
| (336) 679-8863 Fax: (336) 679-3009 NH0224            |
| Expiry Date: 31-Dec-24                               |
| Nursing Facility Beds Total: 147                     |
| Adult Care Home Beds Total: 20                       |
| YANCEY   |
| Smoky Ridge Health and Rehabilitation                |
| Smokey Ridge Health and Rehabilitation SNF LLC       |
| Administrator Name: Carla Shade                      |
| MAIL: 310 Pensacola Road, , Burnsville, NC, 28714    |
| SITE: 310 Pensacola Road, Burnsville, NC, 28714      |

#### Total number of facilities: 422

NH0467

Contact Name: Carla Vee Shade

Nursing Facility Beds Total: 140 Adult Care Home Beds Total: 0

Expiry Date: 31-Dec-24

(828) 682-9759 Fax: (828) 682-9825