



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section

2704 Mail Service Center • Raleigh, North Carolina 27699-2704
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor
Albert A. Delia, Acting Secretary

Craig R. Smith, Section Chief
Phone: (919) 855-3873
Fax: (919) 733-8139

March 6, 2012

Reema Owens
Managing Member
Raintree Healthcare of Wilkesboro, LLC
176 Rest Home Road
Wilkesboro, NC 28697

RE: No Review / Raintree Healthcare of Wilkesboro, LLC / Lease Wilkes County Adult Care, LLC /
Wilkes County
FID# 970093

Dear Ms. Owens::

The Certificate of Need (CON) Section received your letters of February 29 and March 1, 2012 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

In addition, you should contact the Adult Care Licensure Section if they have any requirements for development of the proposed project. Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D.# (FID) if the facility is licensed.

Sincerely,

Les Brown
Project Analyst

Craig R. Smith, Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DHSR
Adult Care Licensure Section, DHSR



RAINTREE HEALTHCARE OF WILKESBORO LLC

03/01/2012

To: DHHS/ CON Section
Les Brown

From: Reema Owens/ managing member

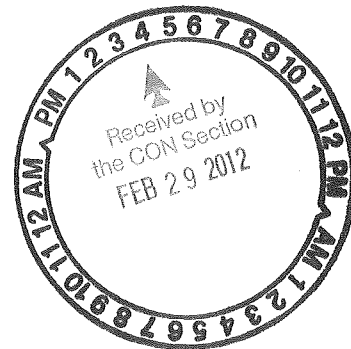
Effective today the Facility located at 176 Rest Home Rd, Wilkesboro, NC 28697 under the previous licensee Wilkes County Adult Care LLC is now operated by RainTree Healthcare of Wilkesboro LLC (the new licensee). There will be no additional beds added to the existing 99 bed license.

Signed,
Reema Owens
Reema Owens
Managing member

176 Rest Home Rd
Wilkesboro, NC 28697
USA

PHONE (336) 973-3890
FAX (704) 332-4131
E-MAIL raintreehealth@aol.com
WEB SITE

02/29/2012



To: Certificate of Need Section

From: Reema Owens/ RainTree Healthcare of Wilkesboro LLC

Re: Wilkes County Adult Care HAL-097-013

This letter is in regards to the current change of operations and management of the above mentioned facility, we are requesting an exemption letter from your department in order to facilitate the change of license. We will be adding no new beds to the State nor do we intend to. Thank you for your time and consideration in this matter.

Signed,

A handwritten signature in black ink, appearing to be "Reema Owens".

Reema Owens

RAINTREE HEALTHCARE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
CON SECTION	Reema Owens

COMPANY:	DATE:
DHSR	2/29/12

FAX NUMBER:	TOTAL NO. OF PAGES, INCLUDING COVER:
919-733-8139	2

PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
---------------	----------------------------

RE:	YOUR REFERENCE NUMBER:
-----	------------------------

- URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS: