



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

April 17, 2013

Mr. Robert V. Bode
Bode, Call & Stroupe, LLP
3105 Glenwood Avenue, Suite 300
Raleigh, North Carolina 27612

Exempt from Review

Facility: Carolina Care Center of Cherryville, Inc.
Project Description: Renovation and expansion of nursing facility
County: Gaston
FID #: 923063

Dear Mr. Bode:

In response to your letter of April 10, 2013, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S. 131E-184(e). Therefore, you may proceed to renovate and expand Carolina Care Center of Cherryville, Inc. d/b/a Carolina Care Center, a nursing home located at 111 Harrilson Road, in Cherryville, North Carolina without obtaining a certificate of need. This determination is based on your representations that the proposed capital expenditure will be used solely for the purpose of renovating and expanding the existing nursing home facility on the same campus; the renovation and expansion will not result in a change in bed capacity; and the proposed capital expenditure will be used for one or more of the purposes outlined in N.C. G. S. 131E-184(e), as amended. However, you need to contact the Construction Section and Nursing Home Licensure and Certification Section of the Division of Health Service Regulation to determine if they have any special requirements for development of the proposed project.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Gloria C. Hale
Project Analyst

Craig R. Smith, Chief
Certificate of Need Section

cc: Construction Section, DHSR
Nursing Home Licensure and Certification Section, DHSR

Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

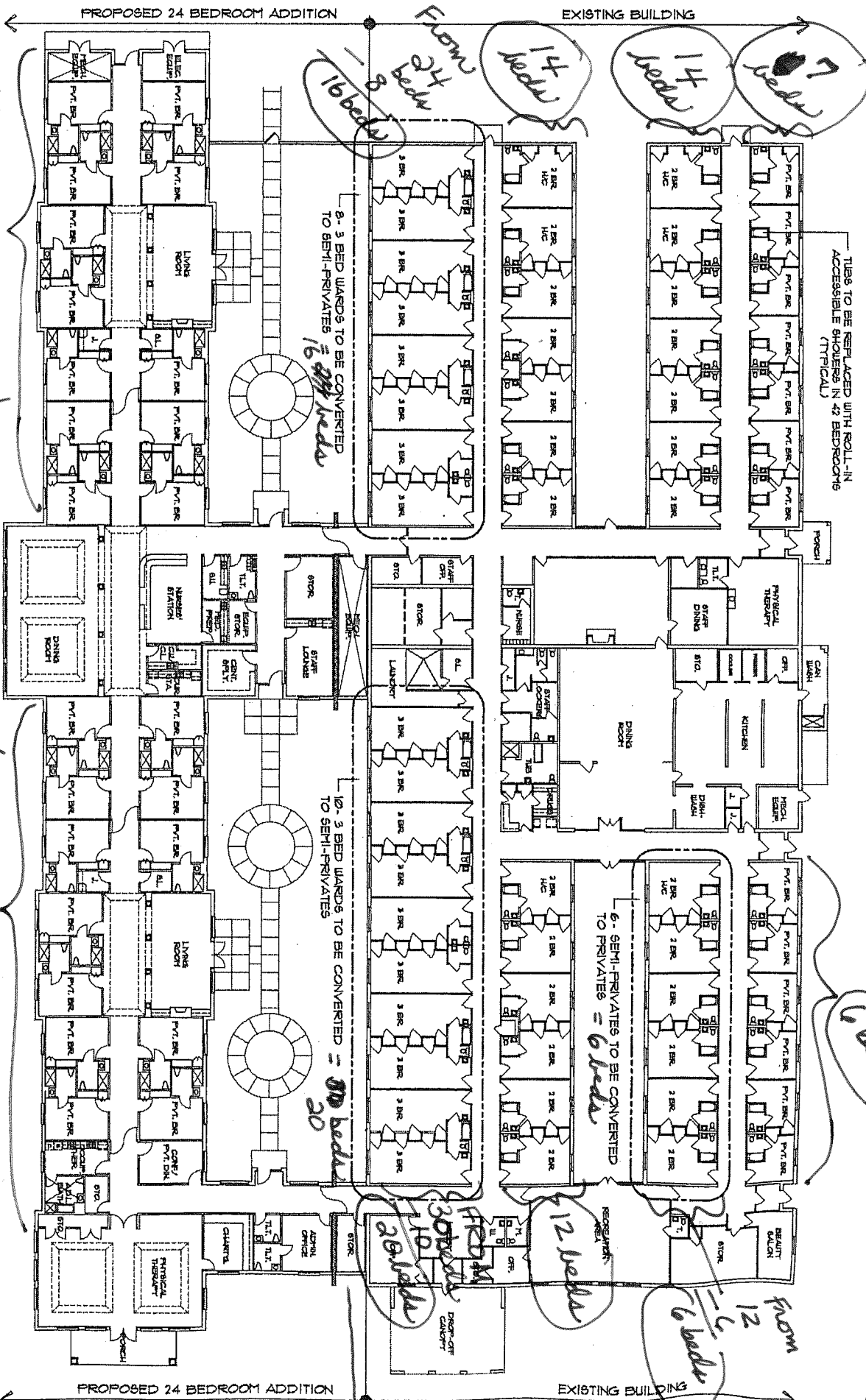
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



DAVID R. POLSTON - ARCHITECT
 3806 PARK AVENUE, SUITE 2-1
 WILMINGTON, NORTH CAROLINA 28403
 PH. 910-350-8900 FAX. 910-350-0240

CAROLINA CARE CENTER
 CHERRYVILLE, NORTH CAROLINA



Total = 119

Handwritten signature

BODE, CALL & STROUPE, L.L.P.

ATTORNEYS AT LAW

3105 GLENWOOD AVENUE, SUITE 300
RALEIGH, NORTH CAROLINA 27612

(919) 881-0338

TELECOPIER (919) 881-9548

JOHN V. HUNTER III
RETIRED

MAILING ADDRESS
POST OFFICE BOX 6338
RALEIGH, NORTH CAROLINA
27628-6338

JOHN T. BODE
W. DAVIDSON CALL
ROBERT V. BODE
ODES L. STROUPE, JR.
S. TODD HEMPHILL
MATTHEW A. FISHER
DAVID R. BROYLES

April 10, 2013

VIA HAND DELIVERY

Craig R. Smith, Chief
Certificate of Need Section
N.C. Department of Health and Human Services
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, North Carolina 27603



Re: REQUEST FOR LETTER OF EXEMPTION FOR RENOVATION AND ADDITION TO
NURSING FACILITY
CAROLINA CARE CENTER OF CHERRYVILLE, INC. (License No. NH0287)
111 Harrilson Road
Cherryville, NC 28021

Dear Mr. Smith:

We are writing you on behalf of our client, Carolina Care Center of Cherryville, Inc., a North Carolina corporation (hereinafter "CCC"), requesting the CON Section to issue a letter determining that CCC's proposed capital expenditure to renovate its facility and add a 24 bedroom addition on the same site is exempt from certificate of need review, within the meaning of G.S. 131E-184(e).

BACKGROUND

The background regarding this request is as follows. CCC is a 5 star, 119 bed facility with 107 NF beds and 12 HA beds operating in Cherryville, North Carolina located on approximately 6 acres. It was established in 1978 as a rest home but built to nursing facility standards. A Certificate of Need was issued on 4/29/81 and the facility has continually operated as a nursing facility. There have been no significant renovations to the facility since 1981.

The facility is owned and operated by CCC, a North Carolina corporation. See 2012 facility License and License Renewal Application, attached as Exhibit1.

Mr. Smith
April 10, 2013
Page 2

Since the facility is approximately 35 years old, it is in need of significant upgrades. The most effective manner to effectuate these upgrades is to renovate and build the proposed addition to the facility on site, in stages, so that patients are able to remain at the facility during construction.

EXEMPTION DETERMINATION REGARDING FACILITY REPLACEMENT

G.S. 131E-184(e) provides as follows:

(e) The Department shall exempt from certificate of need review a capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

- (1) The proposed capital expenditure would:*
 - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding an existing:*
 - 1. Nursing home facility,*
 - 2. Adult care home facility, or*
 - 3. Intermediate care facility for the mentally retarded; and*
 - b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.*
- (2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:*
 - a. Conversion of semiprivate resident rooms to private rooms.*
 - b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.*
 - c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents.*

The proposed renovation and addition at CCC is exempt because it is a renovation and addition of an existing facility on the same site. It will not result in a change in bed capacity or create a new institutional health service other than that allowed in G.S. 131E-176(16)b. As set forth in the letter from David Polston attached as Exhibit 2, and consistent with the requirements of G.S. 131E-184(e), the proposed capital expenditure will be used for the following purposes:

1. The capital expenditure will be used solely for the purpose of renovating and making an addition to the facility on the same site;
2. The capital expenditure will not result in a change in bed capacity;
3. The capital expenditure will be used for:

Mr. Smith
April 10, 2013
Page 3

- a. Conversion of 3 patient wards to semi-private rooms; semi-private rooms to private rooms and construction of 24 private rooms as more fully set forth in Exhibit 2; and
- b. Renovating and expanding residential living and common areas to improve the quality of life of residents.

Based on the foregoing it is our opinion that all of the requirements of the exemption statute have been met.

CONCLUSION

Because this project involves the renovations and additions to an existing health service facility, and is exempt from CON review, we would appreciate your office reviewing this information and providing us with the appropriate exemption letter.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me.

Very truly yours,

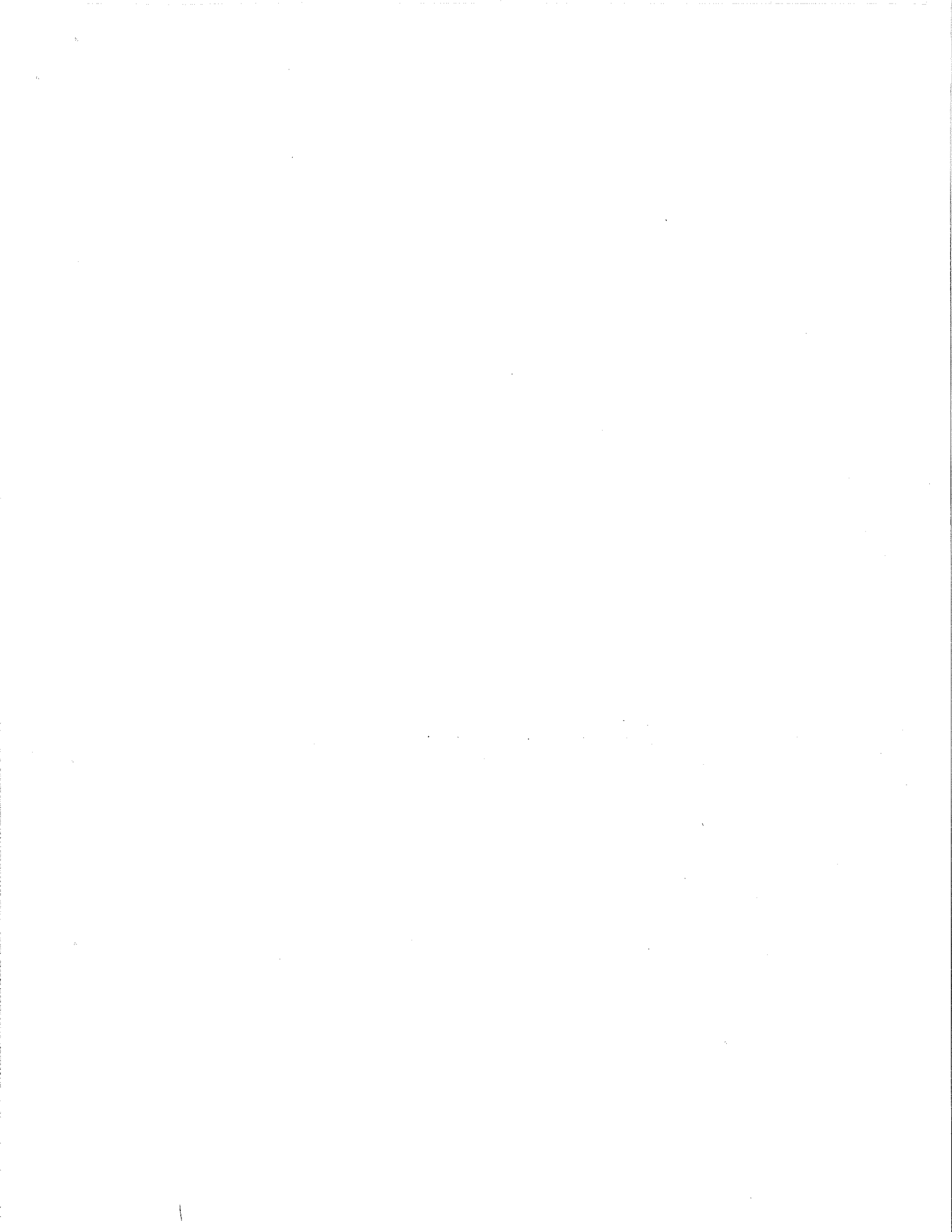
BODE, CALL & STROUPE, L.L.P.



Robert V. Bode

RVB/jgp

cc w/encl: Judy Beam



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Nursing Home Licensure and Certification Section
2711 Mail Service Center
Raleigh, North Carolina 27699-2711
Telephone: (919) 855-4520 Fax: (919) 733-8274

For Official Use Only
License # NH0287
Beds: Nursing: 107 ACH: 12
Computer FID: 923063
Returned _____ Reviewed _____
MFF _____
License Fee: \$2,502.50

2012
RENEWAL APPLICATION FOR
LICENSE TO OPERATE A NURSING HOME
(Including Adult Care Home Beds in Combination Facilities)

Legal Identity of Applicant: Carolina Care Center of Cherryville, Inc.
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As (name(s) under which the facility or services are advertised or presented to the public):

PRIMARY: Carolina Care Center

Other: _____

Other: _____

Facility Mailing Address: 111 Harrilson Road
Cherryville, NC 28021-9541

Facility Site Address: 111 Harrilson Road
Cherryville, NC 28021-9541

County: Gaston

Telephone: (704)435-4161 Fax: (704)435-8979

E-mail Address of Administrator: jbeam@carolinacarecenter.com

National provider identifier (NPI): 1215066147

Federal tax ID #: 56-1203802

Was this facility in operation throughout the entire 12-month reporting period ending September 30, 2011?
 Yes No

If No, for what period was the facility in operation? ____ / ____ / ____ through ____ / ____ / ____
month/day/year month/day/year

If No, for what reason was the facility not in full operation during this period? _____

2. Was there a change of ownership anytime between October 1, 2010 to September 30, 2011? Yes No

If Yes, what was the date of the change? ____ / ____ / ____

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."



PART B OPERATIONS

1. Facility Personnel

a. Administration

Name of the Administrator: Judy B. Beam
 Date Hired As Administrator: March 1, 1998 N.C. License Number: 075444 22

b. Nursing

Name of the Director: Mary B. DeGroot
 Date Hired As D.O.N.: August 21, 2006 License Number: 075111

c. Medical Director:

Name of Medical Director: Thomas White
 Date Hired as Medical Director 1/1/2000
 Office Address: 112 S. Oak Street
Cherryville, NC 28021

1. Environmental Enhancements Supporting Culture Change

("Enhancements" refer to practices and products that help create a homelike atmosphere within the nursing home. Some may be unique to one facility while others may be central to a particular model of culture change.) Listed below are the enhancement components reported on your renewal application last year. Please update these records, as they are used by the North Carolina Coalition for Long Term Care Enhancement.

Please check all the environmental enhancements that apply:

Please check Yes or No if the facility is:		Yes	No
a.	Currently practicing a formalized culture change process/program?		X
b.	Currently implementing enhancements, but following no formalized culture change process?		X

If Yes to 2a or 2b above, please check which components have been implemented:

- | | | | |
|----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Cats | <input type="checkbox"/> Children | <input type="checkbox"/> Staff Empowerment | <input type="checkbox"/> Residential building design |
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Plants | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Residential dining enhancements |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Gardens | <input type="checkbox"/> Other Animals | <input type="checkbox"/> Sensory Room |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Teams | <input type="checkbox"/> Aroma Therapy | <input type="checkbox"/> Other enhancements |
| | | | Please specify |

If applicable, please indicate either the culture change philosophy being practiced (i.e.: Eden Alternative, Person Centered Care, Well Spring Model, etc.) or a philosophy unique to your home:

PART D PATIENT CENSUS

Important: Report patient census data for September 30, 2011 only.

1. Number of patients in facility on September 30, 2011

Nursing	Adult Care
99	11

2. Statistics on Nursing Home Patients

(a) Number of Nursing Level of Care patients on September 30, 2011 by age group	Male	Female
Under 35	0	0
35 - 64 years old	1	0
65 - 74 years old	3	4
75 - 84 years old	6	23
85 years old and older	51	6

(b) Nursing hours worked on this day for Nursing Patients by direct care RNs, LPNs and Nurse Aides.

301

3. Statistics on Adult Care Home residents on September 30, 2011 by age groups

	Male	Female
Under 35	0	0
35 - 64 years old	0	0
65 - 74 years old	0	0
75 - 84 years old	0	1
85 years old and older	0	10

PART E PATIENT UTILIZATION DATA

Answer these questions for the reporting period of October 1, 2010 through September 30, 2011.

1. Beginning Census, Admissions, Discharges, and Deaths by Level of Care

- The "Beginning Census" refers to the number of patients/residents in your facility on October 1, 2010.
- "Admissions" refers to the number of persons admitted during the period from Oct 1, 2010 through Sept 30, 2011.
- "Discharges" and "Deaths" refer to all discharges and deaths from October 1, 2010 through September 30, 2011.

Tips:

- Your "Beginning Census" plus "Admissions" minus your total "Discharges" plus "Deaths" should be equal to, or less than, your facility's licensed capacity.
- Your totals for "Beginning Census" and for "Admissions" should agree with your totals on "Counties of Patient Origin" for Nursing Care and Adult Care, respectively.

Patients/Residents	Beginning Census	Admissions	Discharges (excluding deaths)	Deaths
(1) Nursing Patients	98	194	162	31
(2) Adult Care Home Residents	12	12	10	3

2. Inpatient Days of Care

Number of Days of Inpatient Care rendered during the reporting period.

a. Nursing Care (NC)

(1) NC Days Reimbursed by Medicare	5305
(2) NC Days Reimbursed by Medicaid	26444
(3) NC Days Reimbursed by Private Pay	5529
(4) NC Days Reimbursed by Other	0
(5) Total { (1) + (2) + (3) + (4) }	37278

b. Adult Care Home (ACH)

(1) ACH Days reimbursed by Private Pay	4129
(2) ACH Days reimbursed by County Special Assistance	0
(3) ACH Days reimbursed by Other	0
(4) Total { (1) + (2) + (3) }	4129

3. Counties of Origin for Nursing Care Patients

- For the period of October 1, 2010 through September 30, 2011, list in Column A the counties where Nursing Care patients lived before coming to your facility.
- For each county in Column B1 give the number of nursing patients, from that county, who were living in the facility on October 1, 2010.
- For each county, in Column B2 give the total number of additional Nursing Care patients, from that county, who were admitted between October 1, 2010 and September 30, 2011.
- Report patients who were not NC residents as "Out-of-State" on lines 26 through 30. **Attach additional sheets if needed.**

For questions please call Medical Facilities Planning at (919) 855-3865

A Permanent County of Residence for Individuals prior to Admission (if "out-of-state" indicate in last lines below)	B Patient Census during reporting period:		C TOTAL B1 plus B2	D For each county indicate number of patients whose care was paid for, in whole or in part by Medicaid (Title XIX) program
	B1 In Facility at beginning	B2 Admitted during period		
EXAMPLE: 1. Wake	50	185	235	175
2. Yadkin	1	2	3	2
1. Gaston	59	114	173	78
2. Cleveland	26	47	73	46
3. Lincoln	9	29	38	16
4. Mecklenburg	3	1	4	4
5. Catawba	1	1	2	2
6. Cabarrus	0	2	2	0
7.				
8.				
9.				
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21.				
22.				
23.				
24.				
25.				
26. Georgia				
27. South Carolina				
28. Virginia				
29. Tennessee				
30. Other Out-of-State				
31. TOTALS	98	194		156

NOTE: Totals should correspond with the figures given in response to Question 1 under "Patient Utilization"

4. Counties of Origin for Adult Care Home Residents

- For the period of October 1, 2010 through September 30, 2011, list in Column A the counties where **Adult Care Home residents** lived before coming to your facility.
- For each county in Column B1 give the number of Adult Care Home residents, from that county, who were living in the facility on October 1, 2010.
- For each county, in Column B2 give the total number of additional Adult Care Home residents, from that county, who were admitted between October 1, 2010 and September 30, 2011.
- Report residents who were not NC residents as "Out-of-State" on lines 26 through 30. **Attach additional sheets if needed.**

For questions please call Medical Facilities Planning at (919) 855-3865

A Permanent County of Residence for Individuals prior to Admission (if "out-of-state" indicate in last lines below)	B Patient Census during reporting period:		C TOTAL B1 plus B2	D For each county indicate number of patients whose care was paid for, in whole or in part by Medicaid (Title XIX) program
	B1 In Facility at beginning	B2 Admitted during period		
EXAMPLE: 1. Wake	50	185	235	175
2. Yadkin	1	2	3	2
1. Gaston	7	11	18	0
2. Cleveland	1	0	1	0
3. Lincoln	3	1	4	0
4.				
5.				
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21.				
22.				
23.				
24.				
25.				
26. Georgia				
27. South Carolina				
28. Virginia				
29. Tennessee				
30. Other Out-of-State	1	0	1	0
31. TOTALS	12	12	24	0

NOTE: Totals should correspond with the figures given in response to Question 1 under "Patient Utilization"

PART F CURRENT OPERATING STATISTICS

1. Current Per Diem Reimbursement Rates/Charges.

Please state the CURRENT (as of the date the application is signed) basic daily charges/rates for residents or patients in your facility in the following categories of care.

For questions please call Certificate of Need at (919) 855-3873

Private Pay (Usual Customary Charge)	Private Room (1 bed/room)	Semi-Private (2 beds/room)	3 or more beds/room
Nursing Care	\$238.00	\$ 220.00	\$207.00
Adult Care Home	\$145.00	\$ 130.00	\$ N/A
Special Care Unit (specify)	\$ N/A	\$ N/A	\$ N/A
Special Care Unit (specify)	\$ N/A	\$ N/A	\$ N/A

Medicare	Code	Rate
Three most frequent resource utilization group (RUG) codes and rates paid for them	1. RVA	\$ 447.54
	2. RVC	\$ 529.34
	3. RUA	\$ 492.14

Medicaid	Quarterly Rates			
	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.
Nursing Care	\$149.78	\$151.65	\$ 151.85	\$ 143.67

Medicaid Nursing Care	Rate
Special Care Unit (specify)	\$ N/A
Special Care Unit (specify)	\$ N/A

State/County Special Assistance	Rate
Adult Care Home	\$ N/A
Special Care Unit (specify)	\$ N/A
Special Care Unit (specify)	\$ N/A

Please complete only if applicable:

Alzheimer's/Dementia Special Care Unit	Rate
Additional cost or fee to resident	\$ N/A

(Use reverse side or separate sheet if needed)

2. Total Current Staff for Existing Facility

Do not include the following: courtesy or attending staff, private duty nurses, volunteer workers or the same employee in more than one category. These employees were on the payroll as of 11/03/2011.
 month/day/year

For questions please call Certificate of Need at (919) 855-3873

	Total Facility FTE's	Total Facility Annual Consul. Hrs.
Routine Services		
Registered Nurses	10.00	
Licensed Practical Nurses (LPNs)	17.00	
Certified Nurse Aides	40.00	
Medical Director		93.00
Director of Nurses	1.00	
Assistant Director of Nurses	1.00	
Staff Development Coordinator	1.00	
Ward Secretary	2.55	
Medical Records	1.00	18.00
Pharmacy Consultant		310.75
Administration and General		
Administrator	1.00	
Assistant Administrator	1.61	
Other Office Personnel	3.44	
Dietary		
Licensed Dietitian		96.00
Food Service Supervisor	1.00	
Cooks	4.83	
Dietary Aides	14.43	
Social Work Services		
Social Services Director	1.00	
Social Services Assistant(s)	2.34	
Activity Services		
Activity Director	1.00	
Activity Assistant(s)	1.00	
Housekeeping/Laundry		
Housekeeping Supervisor	.50	
Laundry Supervisor	.50	
Housekeeping Aides	7.94	
Laundry Aides	2.00	
Maintenance		
Maintenance Supervisor	1.00	
Janitors	1.00	
Ancillary Services		
Physical Therapist		2546
Rehabilitation Aide		
Respiratory Therapist		
Occupational Therapist		2195
Speech/Hearing Therapist		274
Total Positions/Total Consultant Hours	118.14	5532.75

ADULT CARE HOME (ACH) SUPPLEMENT

For questions please call Adult Care Licensure at (919) 855-3765

1. Please give the number (1, 2, 3, etc.) of Adult Care residents currently in facility with a physician's diagnosis of the following: a) **Mental Illness (MI)** which includes a psychiatric illness but does not include mental retardation, developmental disabilities or Alzheimer's/Dementia; b) **Mental Retardation/Developmentally Disabled (MR/DD)** such as Downs syndrome, autism, cerebral palsy, or epilepsy; or c) **Alzheimer's Disease** or related dementia which may include multi-infarct dementia, Parkinson's Disease, Huntington's Disease, Creutzfeldt-Jakob Disease or Picks Disease. If a resident is dually diagnosed, only count the resident once, based on the primary diagnosis.

Resident Age - years	MI	MR/DD	Alzheimer's/Related Dementia
Under 35	0	0	0
35 - 64	0	0	0
65 - 74	0	0	0
75 - 84	0	0	6
85 or older	0	0	6
TOTAL	0	0	12

2. On September 30, 2011, number of Adult Care residents receiving Medicaid reimbursed Basic Adult Care Home Personal Care (not Enhanced):
3. On September 30, 2011, number of Adult Care residents receiving Medicaid reimbursed Enhanced Adult Care Home Personal Care: 0
4. On September 30, 2011, number of Adult Care residents on State/County Special Assistance (SA): 0
5. On September 30, 2011, number of private pay Adult Care residents: 0
6. Current total monthly private pay charge (average base plus add-ons if more than one price) for:

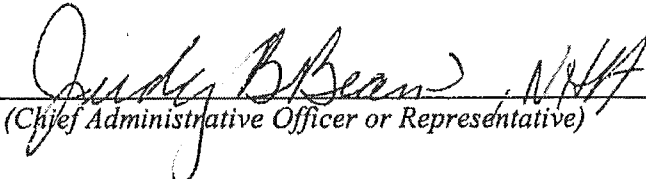
	Rate
Private Room (1 bedroom)	\$145.00
Semi-Private (2 beds/room)	\$130.00
3 or more beds/room	\$N/A

7. Check any that apply:

	Number of Beds
<input type="checkbox"/> Alzheimer's <u>Special Care Unit</u> in facility [Rules 13F .1300 apply]	N/A

This application must be completed and submitted with the license fee to the Nursing Home Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2012 nursing home license.

The undersigned submits this application for licensure for the year 2012 (subject to the provision of the Nursing Home Licensure Act, Article 6, Chapter 131E of the General Statutes of North Carolina and to the rules adopted thereunder by the North Carolina Medical Care Commission) and certifies the accuracy of this information.

<u>Judy B. Beam, NHA</u>	<u>President</u>
Name of Chief Administrative Officer	Title
Signature: <u></u>	Date: <u>11/11/11</u>
(Chief Administrative Officer or Representative)	

This information will not be filed as part of your renewal application.

Please complete the following information for the most recent, completed payroll year (do not include contracted labor figures). **Please make sure totals are for a year, not just one month.**

Amount of total Nurse Aide wages paid \$ 951,200 (round to nearest dollar) *

If total wages paid includes paid time off (e.g. sick leave, vacation time) and you are able to translate paid time off wages into hours worked, please include those wages in the total reported above and also include those hours in the total hours worked that you report below.

If you are not able to equate paid time off wages into hours worked please do not include those corresponding wages into the total wages paid above. Likewise, you will not include those paid time off hours in the hours worked below. This will provide consistency between the total wages reported with the total number of hours worked.

Total number of Nurse Aide hours worked 83,508 (do not include contracted labor figures)

Remember only include hours worked that are associated with the total wages reported above.

Computed Average Hourly Wage \$ 11.39 (divide amount of total NA wages paid by total hours worked – round to two decimal points (e.g. \$9.02))

Payroll Year referenced 10/10 - 09/11 (mo./yr – mo./yr)

*** Please do not include wages/hours of nurse aides who work exclusively as medication aides**

Once completed, please include this form with your license renewal application. This form will be forwarded to the DHHS Division of Aging and Adult Services. It will not be retained as part of your license renewal application.

For questions, please call Jan Moxley at 919-855-4429.
Thank you.

Staff Turnover Rate Information for Nursing Homes - Questions about this form: Call Jan Moxley (919) 855-4429

Please complete the following information regarding aide (e.g., nurse aides, personal care aides and/or home management aides) turnover rates and return with your application. This information is requested to enable the Division of Health Service Regulation and the Department of Health and Human Services to track turnover rates in nursing homes, adult care homes and home care agencies. The information you provide by answering questions below will be compiled and aggregated with other responses by type (i.e., nursing homes, adult care homes, home care agencies). Collection and analysis of data on an annual basis helps measure the size and stability of this workforce over time. **This information is not filed as a part of your renewal application.**

1. Licensed as: ACH Nursing Home Combination facility Home Care Agency
 2. Licensed bed capacity: 119 /Beds
 3. Are you an NC NOVA (New Organizational Vision Award) Special License recipient? Yes No
 For information about NC NOVA go to: www.ncnova.org

For the period **October 1, 2010 through September 30, 2011:**

(IF NONE WRITE "0")	Full Time	Part Time
3. How many aides at your facility QUIT their jobs?	2	1
4. How many aides at your facility were FIRED or terminated?	7	1
5. How many NEW aides were hired?	10	7
6. How many aide positions are currently budgeted?	42	15
7. How many aides were on your payroll on September 30, 2011?	42	13

8. Do you feel that you have an Aide Turnover Problem?
 No problem Yes, it's a mild problem Yes, it's a substantial problem

Circle one response for each question below:	Almost Impossible	Very Difficult	Slightly Difficult	Not Difficult
9. How difficult has it been to find enough aides to fill vacant positions?	1	2	3	4
10. How difficult has it been for your facility to retain aides?	1	2	3	4

About your leadership positions...

11	In what MONTH and YEAR did your current ADMINISTRATOR begin working in that position?	MONTH 0 1	YEAR 1 9 7 9			
12	Is your current ADMINISTRATOR working on a regular basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1: REGULAR / PERMANENT	2: INTERIM / TEMPORARY			
13	<i>If your current ADMINISTRATOR started within the last year</i> , please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2010? (DO NOT include "temporary" or "acting" administrators) (CIRCLE ONE NUMBER)	0	1	2	3	4 OR MORE
14	In what MONTH and YEAR did your current DIRECTOR OF NURSING begin working in that position?	MONTH 0 8	YEAR 2 0 0 6			
15	Is your current DIRECTOR OF NURSING working on a regular/ permanent basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1: REGULAR / PERMANENT	2: INTERIM / TEMPORARY			
16	<i>If your current DIRECTOR OF NURSING started within the last year</i> , then please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2010? (DO NOT include "temporary" or "acting" DONs) (CIRCLE ONE NUMBER)	0	1	2	3	4 OR MORE

See next page for statewide turnover survey results from previous years

State of North Carolina
Department of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2013, this license is issued to

Carolina Care Center of Cherryville Inc

to operate a nursing facility known as

Carolina Care Center

located in Cherryville, Gaston County

*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
midnight December 31, 2013.*

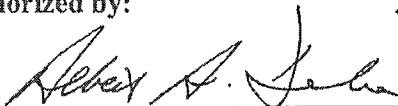
Facility ID: 923063

License Number: NH0287

Bed Capacity: 119

Nursing Facility Beds 107 / Adult Care Home Beds 12

Authorized by:



**Acting Secretary, N.C. Department of Health and
Human Services**



Director, Division of Health Service Regulation



DAVID R. POLSTON • ARCHITECT



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March 25, 2013

Mr. Craig Smith, Chief
Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, North Carolina 27603

RE: 24 Bedroom Addition
24 Bedroom Conversion/Renovations
Carolina Care Center
Cherryville (Gaston County)
License No. NH0287 Provider 345255

Dear Mr. Smith:

We are the design architects for the proposed 24 bedroom addition and conversion of 24 existing bedrooms for the existing Carolina Care Center in Cherryville, North Carolina. We have reviewed the feasibility of several design alternatives and the attached master plan is the most cost effective.

The first phase of the plan is to build a 24 bedroom addition with new living rooms, dining room, therapy suite and nurses' station with support spaces. The addition is arranged to have two neighborhood pods each with 12 private bedrooms and a central open living/social area. The smaller neighborhood concept will provide a more residential environment and will promote increased socialization with the open living room. Each of the new bedrooms will have a private bath/toilet with an accessible roll-in shower. This feature will increase the privacy and dignity of the residents. The new neighborhood living areas open onto new central exterior courtyards. The courtyards will provide controlled exterior activities such as walking, gardening and exterior dining. The new therapy suite will house an expanded therapy gym, OT kitchen, ADL bath and speech therapy. The new therapy suite will expand the available therapy services and enhance the facility's mission to return the residents home as soon as possible.

The second phase of the project is to convert 18 three bed wards to semi-private bedrooms and convert 6 semi-private bedrooms to private bedrooms. This change will instantly improve the quality of life for the 54 residents currently living in the three bed wards along with the 12

residents in the semi-private bedrooms. During this phase, the bathtub in 42 existing bedroom toilets will be replaced with 5 feet wide roll-in accessible shower units. This will allow the resident to safely bathe in their own bedroom and increase the staff efficiency.

The new addition (Phase 1) is approximately 21,530 square feet. I would estimate the construction cost to be approximately \$110 per square foot for a total building budget of \$2,368,300. The site preparation including utilities, grading and new walks will be approximately \$145,000. Phase Two renovations including the bedrooms conversion and bath modifications should be approximately \$120,000. The architectural fee will be \$125,000. The total budget for the addition, site improvements, bedrooms conversion/renovations and architectural fees will be approximately \$2,758,300.

In summary, the project will improve the quality of life for the residents by eliminating all three bed wards and increasing the choice of private and semi-private bedrooms. The two neighborhood pods provide smaller social groups in a more residential environment. The new therapy suite will expand the rehab services for the residents.

I appreciate your assistance and please contact me should you have any questions.

Sincerely,

A handwritten signature in black ink that reads "DAVID POLSTON". The signature is written in a cursive, slightly slanted style.

David R. Polston, AIA

DRP/sp

Enclosure

