



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

January 25, 2013

Alina Rippy  
133 Bankroft Court  
Raeford, NC 28376

**No Review—Change of Licensee**

Facility or Business: Avalon Hills Assisted Living  
Project Description: Change of licensee to Nana's Assisted Living Facility  
County: Buncombe  
FID #: 920322

Dear Ms. Rippy:

The Certificate of Need Section (CON Section) received your letter of January 16, 2013 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.

Moreover, you need to contact the Adult Care Licensure Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

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.

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,

Julie Halatek  
Project Analyst

Craig R. Smith, Chief  
Certificate of Need Section

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



**Certificate of Need Section**

[www.ncdhhs.gov](http://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

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*Julie*

Mr. Craig Smith, Chief  
Certificate of Need Section  
2704 Mail Service Center  
Raleigh, NC 27699-2709

January 16, 2013

Re-Certificate of Need Application 49 Beds License Facility Need to change over Licensee and asking for no review or exempt from review.

I am asking for exempt from review for Nana's Assisted Living Facility. I am requesting to change over licensee from Avalon Hills Assisted Living located at 1114 Montreat Road, Black Mountain NC 28711 and the County is Buncombe. The Current License Number is HAL-011-309. The new licensee would be Nana's Assisted Living Facility. The transition will take place on February 16, 2013. I am hoping you will consider please. If you should have any question please call me at 910-391-6925.

*or 910-527-6600 (better)*

*Thanks,*

*133 Bankcroft Court  
Raford, NC 28376*

*Alina Rippy*