

# 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**

30 July 2013

Dana Rock, Senior Licensure Analyst Signature Healthcare 12201 Bluegrass Parkway Louisville, Kentucky 40299

#### No Review

Facility or Business: Kindred Transitional Care and Rehabilitation - Ahoskie

Project Description: LP Ahoskie, LLC to acquire operations of and lease the facility. The

facility will be known as Creekside Care & Rehabilitation Center.

County:

Hertford

FID #:

923205

Dear Ms. Rock:

The Certificate of Need Section (CON Section) received your letter of June 1, 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 Construction and the Nursing Home Licensure and Certification Section 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. 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.



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

Dana Rock 30 July 2013 Page 2 of 2

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,

Jane Rhoe-Jones, Project Analyst

Craig R Smith, Chief

Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR

Construction Section, DHSR (Not Hospice Home Care/ Home Health)

Nursing Home Licensure and Certification Section, DHSR



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12201 Bluegrass Parkway Louisville, KY 40299 502.804.3711 drock@shccs.com



July 1, 2013

#### VIA UPS NEXT DAY AIR

Mr. Craig Smith, Chief Certificate of Need Section Division of Health Service Regulation Department of Health and Human Services Dorothea Dix Hospital Campus 809 Ruggles Drive Raleigh, NC 27603

RE: Exemption Notice for Creekside Care & Rehabilitation Center (SNF in Hertford County)
FID #923205

Dear Mr. Smith,

LP Ahoskie, LLC is planning to operate a skilled nursing facility in Hertford County, currently known as Kindred Transitional Care and Rehabilitation - Ahoskie (hereafter the "Facility") and the FID # is 923205. The Facility is located at 604 Stokes Street East, Ahoskie, North Carolina. The Facility is licensed by the State of North Carolina, Department of Health and Human Services, Division of Health Service Regulation for 151 nursing facility beds (license attached).

LP Ahoskie, LLC will lease the Facility through a lease agreement. The purpose of this letter is to provide prior notice of this acquisition of operations, which is exempt from Certificate of Need ("CON") review, to the North Carolina Department of Health and Human services, Division of Health Services Regulation, Certificate of Need Section (the "Agency"). LP Ahoskie, LLC seeks confirmation that it is permitted to operate the Facility as described herein without CON Review, thus transferring the Facility's existing CON rights to that existing health service facility (as defined in the CON statute) with 151 nursing facility beds.

#### I. THE PROPOSAL

As of this date, Johnson & Stone Associates owns the property and building comprising the Facility, which is an existing "health service facility," as that term is defined in N.C. Gen. Stat. § 131E-176(9)(b), and Kindred Nursing Centers East, LLC is the Licensee. LP Ahoskie, LLC will acquire the operations of and lease the Facility, and the Licensee will be LP Ahoskie, LLC. The Facility will then be known as Creekside Care & Rehabilitation Center.

Mr. Craig Smith, Chief Division of Health Service Regulation Exemption Notice for Autumn Village Page -2-

## II. EXEMPTION NOTICE

Under North Carolina law, a Certificate of Need ("CON") is required only prior to offering or developing a "new institutional health service." "New institutional health service" includes a variety of services and activities, including a capital expenditure exceeding \$2 million. N.C. Gen. Stat. § 131E-176 (16)(b).

The North Carolina General Assembly saw fit to exempt certain types of services or proposals from CON review, pursuant to N.C. Gen. Stat. § 131E-184. One such exempt service or proposal includes the acquisition of an existing health service facility, "including equipment owned by the health service facility at the time of acquisition." N.C. Gen. Stat. § 131E-184 (a)(8).

This project involves only the acquisition of operations of an existing skilled nursing facility, which falls within the purview of the statutory definition of "health service facility." After the acquisition of operations, the new Licensee, LP Ahoskie, LLC, will operate the Facility as a skilled nursing facility. Furthermore, LP Ahoskie, LLC's acquisition of operations of the Facility does not entail the purchase of any major medical equipment or any *per se* reviewable equipment as defined in N.C. Gen. Stat. §§ 131E-176(14)(o) and (16)(fl). Likewise, the acquisition of operations does not include the offering of any *per se* reviewable services. N.C. Gen. Stat. § 131E-176(16)(f). Thus, given that the transaction involves only the acquisition of operations of an existing health services facility, it is exempt from CON review.

### III. CONCLUSION

Based on the foregoing information, we hereby request the Agency's confirmation that the proposal described above is exempt from CON review, pursuant to N.C. Gen. Stat. § 131E-184 (a)(8), and thus LP Ahoskie, LLC may acquire the operations of the Facility with all its existing CON rights without a CON.

In addition, we respectfully request that this request be considered on an <u>expedited basis</u> because the parties wish to proceed with this transaction as soon as possible. If you require additional information to consider this request, please contact us at (502) 804-3711 or by email at drock@shccs.com as soon as possible. We thank you for your consideration of this request.

Sincerely,

Dana Rock

Sr. Licensure Analyst

Dana Rock

Attachment

# tate of Aorth Carolina Spruices Department of Health and Human Services Division of Health Service Regulation

Effective January 01, 2013, this license is issued to

Kindred Nursing Centers East LLC

to operate a nursing facility known as

Kindred Transitional Care and Rehab-Ahoskie

located in Ahoskie, Hertford 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: 923205

License Number: NH0299

Bed Capacity:

151

Nursing Facility Beds 151

Authorized by:

Acting Secretary, N.C. Department of Health and

**Human Services** 



Director, Division of Health Service Regulation