

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

December 19, 2014

Linda B. Asby

Ron Buttry

John S. Asby

Kimberly Ann Asby

Washington Manor 609 West 2nd Street

Washington, North Carolina 27889

No Review

Facility or Business:

Washington Manor

Project Description:

Change licensee but not the owner of the building

County:

Beaufort

FID #:

941309

Dear Ms. L. Asby, Mr. Buttry, Mr. Asby and Ms. K. Asby:

The Certificate of Need Section (CON Section) received your letter of December 15, 2014 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 Section of the Division of Health Service Regulation (DHSR) 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



Linda B. Asby Ron Buttry John S. Asby Kimberly Ann Asby December 19, 2014 Page 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

Martha J. Frisone, Interim Chief Certificate of Need Section

cc: Adult Care Licensure Section, DHSR

Medical Facilities Planning Branch, DHSR

WASHINGTON MANOR 609 WEST 2ND STREET Washington, North Carolina 27889



December 15, 2014

Division of Health Service Regulation and Rhoe-Jones Project Ananyst For Beaufort County Cartaficate of Need

This is for the purpose of obtaining a letter of exemption from review from the Certificate of Need of the intent to change licensee. The owner of the building is not changing. Ron Buttry will remain the owner of the property.

This change of ownership is due to the sudden death of Tiffany Everett Draughon, the prior operator.

Taunk you for your assistance.

Sincerely,

Linda B. Asby

Administrator

Building Owner

John S. Asby New Lease Owner

Kimberly Ann Asby

Co-owner New Lease