

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**

March 11, 2014

Tyler L. Arnold 171 17th Street NW, Suite 2100 Atlanta, GA 30363-1031

No Review

Business:

Brookdale Senior Living Inc.

Project Description:

Merger of a subsidiary of Brookdale Senior Living, Inc. into Emeritus

Corporation which owns the following facilities:

Henderson:

FID# 944350 Emeritus at Heritage Lodge (ACH)

Henderson:

FID# 970216 Emeritus at Pine Park (HC)

Guilford:

FID# 970071 Emeritus at Greensboro (ACH)

Iredell:

FID# 001199 Emeritus at Churchill (ACH)

Mecklenburg: FID# 970632 Emeritus at South Park (ACH)

Mecklenburg Cumberland: FID# 970113 Emeritus at Eastover (ACH)

Wayne:

FID# 970014 Emeritus at the Pines of Goldsboro (ACH)

Dear Mr. Arnold:

The Certificate of Need Section (CON Section) received your letter of February 25, 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 and the Acute and Home Care 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



Certificate of Need Section

Tyler L. Arnold March 11, 2014 Page 2

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.

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

Martha J. Frisone, Interim Chief Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR

Acute and Home Care Licensure and Certification Section, DHSR

Adult Care Licensure Section, DHSR







Tyler L. Arnold 171 17th Street NW, Suite 2100 Atlanta, Georgia 30363-1031 Direct phone: 404.873.8746 Direct fax: 404.873.8747 E-mail: tyler.arnold@agg.com www.agg.com

February 25, 2014

VIA FEDERAL EXPRESS

Ms. Martha Frisone, Interim Chief
State of North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
809 Ruggles Drive
Raleigh, North Carolina 27603

Re: Merger of Emeritus Corporation/Brookdale Senior Living Inc.

Dear Mr. Frisone:

This letter is to notify you of a merger involving our client, Brookdale Senior Living Inc. ("Brookdale"), and Emeritus Corporation ("Emeritus"), a corporation that owns the facilities listed on the diagram/facility list attached as Attachment A (the "Facilities"). Specifically, the merger involves a subsidiary of Brookdale being merged into Emeritus, which will result in Brookdale and public shareholders becoming the ultimate owners of Emeritus and the Facilities.

The merger will not change the operators of the Facilities, and there will be no change to the operators as licensees. The operators will continue to exist and their federal tax identification numbers will not change. To the extent the operators hold Medicare/Medicaid provider agreements, such agreements will remain in place. Other than changes resulting in the ordinary course of business, there is no current intention to replace the staff for the Facilities, and none of the Facilities' day-to-day operations should be impacted.

For your reference, we have enclosed a diagram/facility list as Attachment A that illustrates the relationship between the entities involved in the merger. The merger is expected to close on or about July 1, 2014.

It is our understanding that this merger will not constitute a change of ownership that would require new certificates of need, that no additional filings are required prior to the merger taking place, and that the Facilities' existing certificates of need will not be impacted by the merger, and that we may proceed as scheduled. We will provide post-closing notice to your office once the merger occurs. We respectfully request a letter or email acknowledgment from your office confirming our understanding.



Ms. Martha Frisone February 25, 2014 Page 2 of 5

For your convenience, I have enclosed a stamped, self-addressed envelope and a copy of this letter for your signature in the space provided below indicating confirmation of our understanding, as stated above.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me at 404-873-8746 or tyler.arnold@agg.com.

Sincerely,

Tyler L. Arnold

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

Signature:		
Printed Name:	41	
Title:	**************************************	<u>-</u>
Date:		

Enclosures

ce: Anna F. C. Munoz, Esq.

Ms. Sue Coppola Ms. Ana de la Cerda Hedy S. Rubinger, Esq.