



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

August 6, 2015

Paula Vinson
Director, Regulatory
5959 S. Sherwood Forest Blvd.
Baton Rouge, LA 70816

No Review

Record #: 1678
Facility Name: Amedisys Home Health
FID #: 953990
Business Name: Tender Loving Care Health Care Services Southeast, LLC
Business #: 2248
Project Description: Change of address from 1111 Huffman Mill Road to 2929 Crouse Ln, Suite F, Burlington, NC 27215-8316
County: Alamance

Dear Ms. Vinson:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of July 30, 2015 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.

However, you need to contact the Agency's Acute and Home Care Licensure and Certification Sections 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 in your correspondence. 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 this office. 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.

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

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



Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Celia C. Inman
Project Analyst



Martha J. Frisone
Assistant Chief, Certificate of Need

cc: Acute and Home Care Licensure and Certification Section, DHSR
Assistant Chief, Healthcare Planning



CON
Rec'd 8/4/15

CON

July 30, 2015

sent via email to DHSR.homecare@dhhs.nc.gov and FedEx

DHSR
Acute and Home Care Licensure & Certification
Attn: Change of Address
Facility Licensing & Investigations Section
2712 Mail Service Center
Raleigh, NC 27699-2712

RE: Notification of a Completed Change of Address for Branch Hospice Agency of:

**Branch: Tender Loving Care Health Care Services Southeast, LLC
d/b/a Amedisys Hospice
1111 Huffman Mill Road, Suite 102A
Burlington, NC 27215-8862
Medicare Number: 34-7110
NC License Number: HOS3823
Medicaid Number: 1215976436**

Dear Ms. Joyce:

This letter is to provide written notification of a **Completed Change of the Physical and Mailing Address** for the above-referenced Branch hospice agency, effective July 30, 2015.

Old Address:	New Address:
1111 Huffman Mill Road, Suite 102A	2929 Crouse LN, Suite E
Burlington, NC 27215-8862	Burlington, NC 27215-8316
County: Alamance	County: Alamance
336-584-4440 (Telephone Number)	336-584-4440 (Telephone Number)
336-584-4404 (Fax Number)	336-584-4404 (Fax Number)

This relocation will not involve a change in County.

Telephone and Fax numbers will not change as a result of this relocation.

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DHSR
Acute and Home Care Licensure & Certification
Attn: Change of Address
Facility Licensing & Investigations Section
2712 Mail Service Center
Raleigh, NC 27699-2712

If further information is required, please contact me at (225)-299-3548 or by email at paula.vinson@amedisys.com.

Sincerely,



Paula Vinson
Director, Regulatory
PV/pg

Copy to:

CON

NC Department of Health and Human Services
Certificate of Need
2704 Mail Service Center
Raleigh, NC 27696-2704

FI/MAC

DMA-DIV OF MED ASSIST

North Carolina Dept of Human Services
2501 Mail Service Center
Raleigh, NC 27699-2501

MEDICAID

**NORTH CAROLINA DEPARTMENT OF HEALTH
AND HUMAN SERVICES**
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501

ORIGIN D:BTBA (225) 388-2701
 RALEIGH NC
 6959 S. SHERWOOD FOREST BLVD
 UNITED STATES US

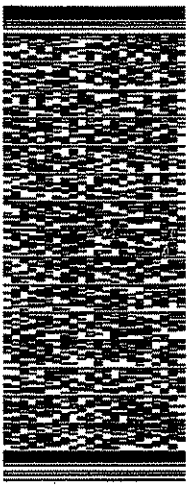

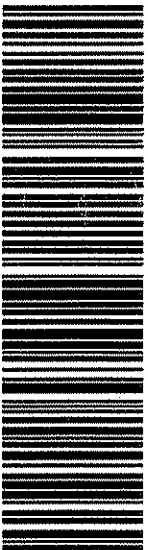
SHIP DATE: 30 JUL 15
 COUNTRY: US
 CARRIER: 1520152281
 BILL NUMBER: 3970

**TO ATTN: CHANGE OF ADDRESS-FAC LIC
 DHSR-ACUTE & HOME CARE LIC & CERTIF
 2712 MAIL SERVICE CENTER**

RALEIGH NC 27699
 (919) 885-4820 REF: 3222
 FAX: 919-885-4820 DEPT:
 PO: 3222-2712 NC SHERWOOD FOREST BLVD

539,631/1A1531D0

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