

## 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

July 1, 2015

Nelson Robaina 417 Mountain Trace Road Sylva, NC 28779

No Review

Record #:

1624

Facility Name:

Mountain Trace Rehabilitation & Nursing Center

FID #:

944643

Business Name:

Blue Ridge on the Mountain, LLC

Business #:

2214

Project Description:

Change in operator of facility

County:

Jackson

Dear Mr. Robaina:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter on May 22, 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.

Moreover, you need to contact the Agency's Nursing Home Licensure and Certification Section to determine if it has 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
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Nelson Robaina July 1, 2015 Page 2

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,

Julie Halatek
Project Analyst

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Martha J. Frisone

Assistant Chief, Certificate of Need

cc:

Nursing Home Licensure and Certification Section, DHSR

Assistant Chief, Healthcare Planning

## Blue Ridge on the Mountain

417 Mountain Trace Road Sylva, North Carolina 28779

May 1, 2015

Health Planning and CON Section Division of Health Service Regulations 2704 Mail Service Center Raleigh, North Carolina 27699-2704 Via: e-mail RE: Letter of Prior Notification - Change of Operator

Provider No.: 341-5302

Dear CON Manager:

Today we called the Certificate of Need department and were asked to send a Letter of Prior Notification, regarding our change of Operator for a skilled nursing facility, effective June 1, 2015. The prior operator and landlord are as follows:

- Legal Name: Mountain Trace Nursing ADK LLC
- Doing Business As: Mountain Trace Nursing Center

The previous operator and landlord were the same LLC listed above. There will be no change to the Landlord. The new Operator will be as follows:

- Legal: Blue Ridge on the Mountain LLC
- Doing Business As: Blue Ridge on the Mountain
- New NPI: 178-007-4286
- New Tax ID: 47-2964635

There are no open Certificate of Need projects for this facility.

If you have any questions or require any additional information, please call me today at (305) 864-9191 or you may reach me via e-mail at: Nelson.R@millennium-mgt.com

Thank you in advance for your assistance.

Sincerely,

Nelson Robaina

VP of Reimbursement