

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, 2015

Carolyn Western 2905 Autumn Sunset Court Raleigh, NC 27616

No Review

Facility or Business: Primrose Villa Retirement Home II

Project Description:

Change of Ownership from Primrose Villa Retirement Home II to

Absolute Care Assisted Living II

County:

Harnett

FID #:

970273

Dear Ms. Western:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of March 11, 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 Construction and Adult 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

Carolyn Western March 11, 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,

Tanya S. Rupp Project Analyst

Martha J. Frisone

Assistant Chief, Certificate of Need

cc:

Construction Section, DHSR

Adult Care Licensure Section, DHSR Assistant Chief, Healthcare Planning

Hams and Miracles Community Support, LLC 70:

I Hroad Street Dunn, NC 28334

112 41800 (Office) 910-892-1984 (Fax)



To: Fax: 919) Phone: Pages:

CONFIDENTIAL

Please resord ASAP. Thanks

- Prime Rose Villa

STATEMENT OF CONFIDENTIALITY: The information contained in this facsimile message is a client privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message IS NOT the intended recipient, you are hereby notified that any dissemination distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the US Postal Service. Thank you.

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NORTH CAROLINA RALEIGH DIVISION

IN THE MATTER OF:

CASE NO.:

PRIMROSE VILLA INCORPORATED

14-02392-5-SWH

SALE AGREEMENT OFFER TO PURCHASE REAL PROPERTY 431 Junny Road, Angier, NC

LOCATION OF PROPERTY: 431 Junny Road, Angier, NC. Parcel # 0674-850285.000
Tevome Western Line Cor, as Buyer, hereby offer(s) to purchase from the above entitled estate, through Walter L. Hinson, the Trustee herein, all that plat, piece or parcel of land described above for the purchase price and terms set out herein.
The purchase price for said property is \$_\[\frac{270,000}{000} \]. The Buyer has deposited with the Auctioneer/Trustee an earnest money deposit of \$\frac{37000}{000} \]. representing 10% of the bid price.
This property is being sold with the following agreements and stipulations:

- 1. The property is being sold free of liens but subject to all matters of title, zoning and survey.
- 2. Any buildings, fixtures or other improvements on the property are being sold without warranty, "as is where is".
- 3. All property is being sold subject to the orders and confirmation of the U.S. Bankruptcy Court for the Eastern District of North Carolina.
- 4. There will be no upset bid period and, subject to Court confirmation, the property will not be resold.
- 5. Any rental proceeds or other income generated by the property shall be prorated as of the day of closing.

- 6. Buyer shall henceforth be responsible for any casualty losses occurring to the property prior to closing. The Buyer shall be responsible for insuring the property.
- 7. The Buyer will close on the sale of the property within 30 days of the date of confirmation.
- 8. At the sole discretion of the Trustee/Seller, Buyer may obtain an additional period to close, but in any event if the property is not closed within 30 days of confirmation, the sale price shall be subject to a surcharge of \$100.00 per day until closed, including the closing day. In any event, the failure to close within 60 days of confirmation shall constitute a forfeiture of the earnest money deposit to the estate at the option of the Trustee.

Dated: 1-29-15

Walter L. Hinson, Trustee

(SEAL)

BUYER

~ (SEAL)

BUYER

onnson Properties, Inc., Auctioneer

REAL ESTATE BID ACKNOWLEDGEMENT

Lot#		Buyer#
	/	560
Description	Primk	Pose Villa
BASE BID		\$270,000
Buyer's Pren	nium	\$
	Total Bi	7
Deposit		\$ 27,000
e e e e e e e e e e e e e e e e e e e	Balance Du	2112
vate _ / -	29-21	915
igned		
nereby acknowl	ledge that I have	become the winning bidder on

I hereby acknowledge that I have become the winning bidder on the property listed above and hereby agree to settle for said property before I leave the premises today. I understand all property is sold "AS IS". I also understand that all sales are final, and that I agree to be bound by any and all other terms of this auction sale.

Rupp, Tanya

From:

Rupp, Tanya

Sent:

Wednesday, March 11, 2015 12:10 PM

To:

'Carolyn Western'

Subject:

RE: Re:CON

Ms. Western,

Thank you; I received your email and will prepare a response.

I performed a search of all of the mailboxes on my computer email, including "junk" and trash. There is no record of any other correspondence from you before the one I received moments ago.

I am glad that it has been received; I know you are facing deadlines with this and are anxious to have it completed. I will process this as expeditiously as I am able.

Thank you; if you have any questions before you hear back from me, please do not hesitate to contact me by email or telephone.

Tanya S. Rupp, J.D.

N.C. Department of Health and Human Services Project Analyst, Healthcare Planning and Certificate of Need Section – Division of Health Service Regulation 809 Ruggles Drive, Raleigh, NC 27603

Tanya.rupp@dhhs.nc.gov
www.ncdhhs.gov/dhsr

(919) 855-3873

----Original Message----

From: Carolyn Western [mailto:cbyrdwestern@yahoo.com]

Sent: Wednesday, March 11, 2015 12:01 PM

To: Rupp, Tanya Subject: Re:CON

Hi Tanya,

This is a follow up email in response to our conversation on January 30, 2015. I requested the CON be transferred to me Carolyn Western. I am in the process of purchasing the property at 431 Junny Road Angier, NC. I have submitted my application for Change of License and Change of Ownership to NC DHSR. I have spoken with Ms. Libby Kinsey in reference to this property and we are in need of the CON. I would like to request that Primrose Villa Retirement 2 be changed to Absolute Care Assisted Living II and the Primrose Villa Retirement III be changed to Absolute Care Assisted Living, LLC. I purchased this property on January 29th, 2015 and will be closing on this property within the next two weeks. If you have any additional questions please give me a call at 919-673-2146.

Thanks,

Cardivit Western	Western,	Carolvn
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On Wed, 3/11/15, Rupp, Tanya <tanya.rupp@dhhs.nc.gov> wrote:

Subject:

To: "cbyrdwestern@yahoo.com" <cbyrdwestern@yahoo.com>

Date: Wednesday, March 11, 2015, 11:58 AM

test

Tanya S. Rupp, J.D.

N.C. Department of Health
and Human Services

Project Analyst,
Healthcare Planning and Certificate of Need Section — Division of Health Service Regulation
809 Ruggles Drive,
Raleigh, NC 27603

Tanya.rupp@dhhs.nc.gov

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(919) 855-3873

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official.

Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law.

If you have received this email in error, please notify the sender immediately and delete all records of this email.

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