



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

July 25, 2016

Georgette Johnson
P.O. Box 1803
Shelby, NC 28151

No Review

Record #: 1996
Facility Name: Shallotte Assisted Living
FID #: 940164
Business Name: Aaron Enterprises, Inc.
Business #: 33
Project Description: Change Licensee from Waterside Health Care Inc. d/b/a Shallotte Assisted Living to Johnson Adult Care LLC d/b/a Shallotte Assisted Living
County: Brunswick

Dear Ms. Johnson:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of July 8, 2016 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 Adult Care Licensure Section 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



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



Georgette Johnson

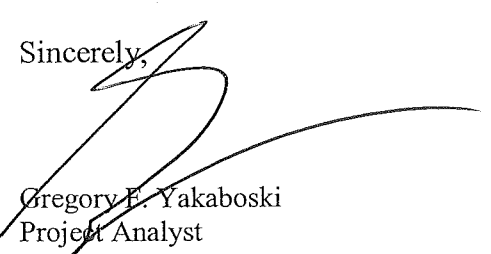
July 25, 2016

Page 2

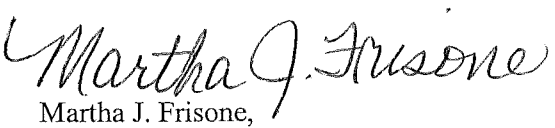
original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Please contact 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,



Gregory E. Yakaboski
Project Analyst



Martha J. Frisone,
Assistant Chief, Certificate of Need

cc: Adult Care Licensure Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

Yakaboski, Greg

From: Georgette Johnson <harrisjohnson6656@yahoo.com>
Sent: Friday, July 08, 2016 2:52 PM
To: Yakaboski, Greg
Subject: Fw: change of licensee
Attachments: Scan0360.pdf

GREG I AM RESENDING THIS NOT SURE WITH HOLIDAY YOU WERE ABLE TO WORK ON THIS DANIELLE BROWN HAS CHANGE OF LICENSEE AT ADULT CARE LICENSURE HER PHONE NUMBER IS 9198553786 PLEASE ADVISE US WHEN YOU HAVE TIME THANK YOU 704-460-4072 GEORGETTE JOHNSON

On Friday, July 1, 2016 7:07 AM, Georgette Johnson <harrisjohnson6656@yahoo.com> wrote:

DEAR GREG
I TALKED TO PAULETTE BROCK IN ADULT CARE LICENSURE AND SHE SAID THIS MUST BE DONE FIRST WITH CON. THIS IS ONLY A CHANGE OF LICENSEE . OWNERS T&G PROPERTIES REMAIN THE SAME AND CHANGED LICENSEE NAME WILL BE JOHNSON ADULT CARE LLC DBA SHALLOTTE ASSISTED LIVING SITE ADDRESS 520 MULBERRY STREET SHALLOTTE NC 28470. MAILING ADDRESS IS PO BOX 1803 SHELBY NC 28151
NO STRUCTURAL CHANGES TO 80 BED FACILITY IN BRUNSWICK COUNTY ONLY NAME CHANGE FOR LICENSEE. PLEASE CALL IF YOU HAVE ANY QUESTIONS 704-460-4072
SINCERELY
GEORGETTE JOHNSON
ADM

Yakaboski, Greg

From: Georgette Johnson <harrisjohnson6656@yahoo.com>
Sent: Friday, July 01, 2016 7:08 AM
To: Yakaboski, Greg
Subject: change of licensee
Attachments: Scan0360.pdf

DEAR GREG

I TALKED TO PAULETTE BROCK IN ADULT CARE LICENSURE AND SHE SAID THIS MUST BE DONE FIRST WITH CON. THIS IS ONLY A CHANGE OF LICENSEE . OWNERS T&G PROPERTIES REMAIN THE SAME AND CHANGED LICENSEE NAME WILL BE

JOHNSON ADULT CARE LLC DBA SHALLOTTE ASSISTED LIVING SITE ADDRESS 520 MULBERRY STREET SHALLOTTE NC 28470. MAILING ADDRESS IS PO BOX 1803 SHELBY NC 28151

NO STRUCTURAL CHANGES TO 80 BED FACILITY IN BRUNSWICK COUNTY ONLY NAME CHANGE FOR LICENSEE. PLEASE CALL IF YOU HAVE ANY QUESTIONS 704-460-4072

SINCERELY

GEORGETTE JOHNSON
ADM

JOHNSON ADULT CARE LLC

PO BOX 1803

SHELBY, NC 28151

JULY 1, 2016

TO : NC ADULT CARE CONSTRUCTION SECTION

FROM: GEORGETTE JOHNSON

NC ADMINISTRATOR/ MANAGING MEMBER JOHNSON ADULT CARE LLC

DEAR CONSTRUCTION DIVISION.

I AM WRITING IN BEHALFF OF JOHNSON ADULT CARE LLC TO PROVIDE NOTICE TO THE NC DEPARTMENT OF HEALTH AND HUMAN SERCICES (CERTIFICATE OF NEED).

THIS TRANSACTION INVOLVES THE WATERSIDE HEALTH CARE INC DBA SHALLOTTE ASSISTED LIVING / LICENSE NUMBER HAL-010-004. LICENSED FOR 80 BEDS, COUNTY IS BRUNSWICK AND SITE ADDRESS IS 520 MULBERRY STREET SHALLOTTE NC 28470. THERE HAVE BEEN NO STRUCTURAL OR BED SIZE CHANGES TO THIS FACILITY.

THIS REQUEST ONLY INVOLVES CHANGE OF LICENSEE FROM WATERSIDE HEALTH CARE INC

TO JOHNSON ADULT CARE LLC AND CURRENT OWNERS OF PROPERTY AND BUILDING T&G PROPERTIES STILL REMAIN OWNERSHIP OF PROPERTY AND BUILDING.

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS AT 704-460-4072.

SINCERELY.

GEORGETTE JOHNSON

NC ADMINISTRATOR

MANANGING MEMBER JOHNSON ADULT CARE LLC

WATERSIDE HEALTH CARE INC
DBA SHALLOTTE ASSISTED LIVING
520 MULBERRY STREET
SHALLOTTE. NC 28470
LICENSE NUMBER HAL-010-004

JULY 1, 2016

WATERSIDE HEALTH CARE DBA SHALLOTTE ASSISTED LIVING LICENSE MUMBER HAL-010-004 IS
RELINQUISHING OWNERSHIP OF THE 80 BEDS LICENSED TO JOHNSON ADULT CARE LLC. RELINQUISH
DATE WILL BE AUGUST 1, 2016.

SINCERLY

T & S Properties
by Kandra Anderson - partner

**Construction Licensure Plan Review
Information For
Adult Care Licensure Section**

Please complete this form only if structural changes to the building have been made

**Please do not send Construction Section Fee payment for Adult Care Home projects.
The Construction Section will bill you.**

No Review

PLEASE PRINT

Current Name of Facility Waterside Health Care Inc DBA Charlotte
New Name of Facility (if applicable) Johnson Adult Care LLC Assisted Living
Site Address 520 Mulberry Street DBA Charlotte Assisted Living
Site City, State, and Zip Charlotte NC 28470
County Brunswick
Contact Person Georgette Johnson
Contact Phone Number (704) 460 4072
Address PO Box 1803
Site City, State, and Zip Shelby NC 28151

Requested Information:

Applicable Licensure Rules: Adult Care Rules

Number of beds requested 80

Status of Residents:

- All Ambulatory
- Non-Ambulatory, 1-3
- Non-Ambulatory, More than 3

Review For : Initial Licensure Capacity Increase Remodeling Other Change in Licensee

Return this form: Adult Care Licensure Section
2720 Mail Service Center
Raleigh, NC 27699-2720
ATTN: Karen Jones

Office Use Only

Date Received _____

FID _____ LICENSE NUMBER _____

Team Supervisor/Branch Manager (C A R L) _____

Comments _____