



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

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Mark Payne, Director  
Health Service Regulation

October 5, 2016

Juanita Reed  
Regal Legacy Group, LLC  
185 Crutchfield Road  
Reidsville, NC 27320

**No Review**

**Record #:** 2071  
**Facility Name:** Moyer's Assisted Living  
**FID #:** 920829  
**Business Name:** Regal Legacy Group LLC  
**Business #:** 2470  
**Project Description:** Change in Licensee and Name of Facility from Abundance of Faith X 5 d/b/a Moyer's Rest Home to Regal Legacy Group LLC d/b/a Moyer's Assisted Living  
**County:** Rockingham

Dear Ms. Reed:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter on September 29, 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 original cost estimate; (3) modifications 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

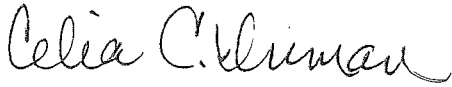
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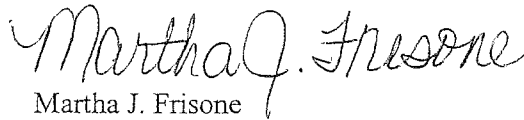
design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

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,



Celia C. Inman  
Project Analyst

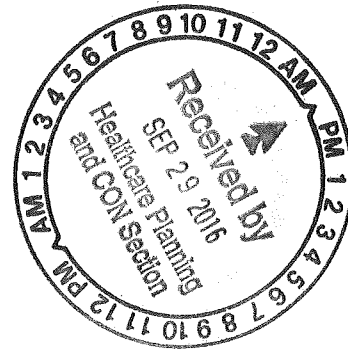


Martha J. Frisone  
Assistant Chief, Certificate of Need

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

09/29/2016

North Carolina Department of Health Service Regulation  
Adult Care Section - Certificate of Need  
801 Biggs Drive  
Raleigh, North Carolina 27603



To whom it may Concern,

I am writing to inform you of the intent to change licensee ownership for Moyer's Rest Home Inc. The building owner remains the same, Moyer's Rest Home, INC. The new proposed licensee is Juanita Reed. The effective date of change is October 31, 2016. The name of the facility will change from Moyer's Rest Home (Abundance of Faith X 5) to Moyer's Assisted Living (Regal Legacy Group LLC).

If you have additional question you may contact Juanita Reed at (336)587-4603. A copy of the letter relinquishing ownership of Moyer's Rest is attached.

Thank you for your assistance.

Sincerely,

*Anna S. Price*

Moyer's Rest Home, INC



The licensee will be Regal Legacy Group LLC instead of Juanita Reed.

*Anna S. Price*

## Inman, Celia C

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**From:** jlreed777@gmail.com  
**Sent:** Tuesday, October 04, 2016 1:40 PM  
**To:** Inman, Celia C  
**Subject:** Relinquishing Letter  
**Attachments:** image1.PNG; ATT00001.txt

Ms. Inman,

I have attached a copy of the letter. Also, please send correspondence to the following address

Regal Legacy Group, LLC  
Attn: Juanita Reed  
185 Crutchfield Road  
Reidsville, NC 27320

The building ownership of Moyer's Assisted Living will remain the same.

Moyers Rest Home  
5767 Hwy 135  
Stoneville, NC 27048

N. C. Department of Health Service Regulations  
Adult Care Licensure Section  
801 Biggs Drive  
Raleigh, North Carolina 27603

To whom it may concern;

I am writing to inform you of my intent to change ownership of Moyer Rest Home (Abundance of Faith X 5) located at 5767 Hwy 135 Stoneville, North Carolina 27048. Please accept this as my formal letter relinquishing business ownership/license of Moyer's Rest home.

The new proposed business owner/licensee is Regal Legacy Group, LLC (Juanita R  
Please accept this as my formal letter relinquishing business ownership/license of Moyer's Rest Home. The new business owner/licensee is concurrently making application to assume business ownership effective immediately upon approval.

All residents of Moyer's Rest Home and their responsible parties are being notified immediately of the impending change of ownership.

Thank you your assistance in this matter. If additional information is needed, you may contact me at the phone number below.

Sincerely,

  
Latoya Thurston-Griggs, Licensee/Administrator

Phone # 336.432.7141