



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

August 25, 2017

Termaine Moore  
Post Office Box 464  
Wendell, NC 27591

**Exempt from Review – Acquisition of Facility**


**Record #:** 2371  
**Facility Name:** Autumn Wind Assisted Living  
**Type of Facility:** Adult Care Home  
**FID #:** 920051  
**Acquisition by:** Providence Healthcare of the Carolinas, LLC  
**Business #:** 2706  
**County:** Johnston

Dear Ms. Moore:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that based on your letter of July 27, 2017, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(8). Therefore, Providence Healthcare of the Carolinas, LLC may proceed to acquire the above referenced health service facility without first obtaining a certificate of need. However, you need to contact the Agency’s Adult Care Licensure Section to obtain instructions for changing ownership of the existing facility. Note that pursuant to N.C. Gen. Stat. §131E-181(b): *“A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.”*

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

  
Bernetta Thorne-Williams  
Project Analyst

  
Martha J. Frisone, Chief  
Healthcare Planning and Certificate of Need Section

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

**HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**  
WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

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



# Providence Healthcare of the Carolinas, LLC.

Post Office Box 464 Wendell, NC 27591

919.247.4760

July 27, 2017

Chief Frisone & Ms.Thorne-Williams,

This letter serves as notice to the NC DHSR Healthcare Planning and Certificate of Need Section that Providence Healthcare of the Carolinas, LLC. will be taking ownership of facility and certificate of need (CON) for Autumn Wind Assisted Living. This facility is located in Johnston County at 4302 NC-210, Smithfield, NC 27577. August 7, 2017 is the effective date of CON transfer. Below you will find facilities owner name, identification number and license number. If you require any additional information, please do not hesitate to contact me at phone number listed above.

Autumn Wind Assisted Living

Ade Ganiyu, Owner

Facility ID#: 920051

License #: HAL-051-037



Best regards,

Termaine Moore

Executive Director

# State of North Carolina

## Department of Health and Human Services Division of Health Service Regulation

*Effective January 1, 2017, this license is issued to*

*Autumn Wind, Inc*

*to operate an Adult Care Home known as*

*Autumn Wind Assisted Living*

*located at 4302 NC 210*

*Smithfield, NC, Johnston County.*

*This license is issued subject to the statutes of the State of North  
Carolina, is not transferable and shall expire*

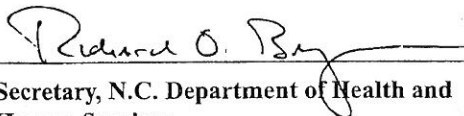
*December 31, 2017.*

*License Number: HAL-051-037*

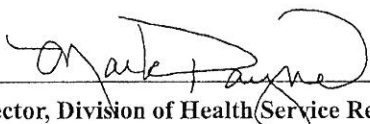
*Capacity: 20*

*Special Care Units:  Yes  No*

Authorized by:

  
Secretary, N.C. Department of Health and  
Human Services



  
Director, Division of Health Service Regulation