



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 22, 2017

Christopher Sprenger
229 Airport Road, Suite 7-104
Arden, NC 28704

No Review

Record #: 2196
Facility Name: The Rehabilitation and Health Care Center at Village Green
FID #: 943524
Business Name: Village Green Health and Rehabilitation, LLC
Business #: 2598
Project Description: Village Green Health and Rehabilitation, LLC to lease The Rehabilitation and Health Care Center at Village Green from Village Green Healthcare Properties, LLC
County: Cumberland

Dear Mr. Sprenger:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of March 8, 2017 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 Nursing Home Licensure and Certification 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

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

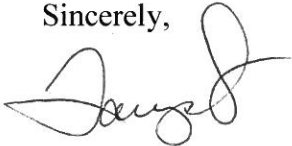
AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



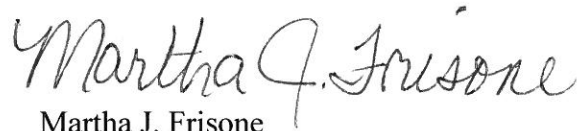
required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

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: Nursing Home Licensure and Certification Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

see Long Term Care

MASTER FACILITY FILE

Master Search List Facility / Save Admin D.G.V. Mgmt. Cancel Parent Mail Director

Can't find? Search on "View By - Current & Historical Names". [Only for Viewing of Facilities]

FID	Facility	
943524	The Rehabilitation and Health Care Ctr at Village Gree	New
943524	REHAB & HEALTH CARE CTR AT VILLAGE GREEN, THE	Edit
943524	THE REHAB & HEALTH CARE CTR AT VILLAGE GREEN	Delete
943524	The Rehabilitation and Health Care Ctr at Village Gree	View
943524	The Rehabilitation and Health Care Ctr at Village Green	
943524	Village Green Care Center	

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CORPORATIONS

- Corporations Home
- Professional Corporations
- Scheme Alerts
- Official Notices
- Resale of Tickets Online
- Statewide Cable Franchise Rules
- Corporations Division FAQs
- Guidelines
- Tobacco Manufacturers
- Unincorporated Non-Profits
- Dissolution Reports
- Suspension Reports
- Verify Certification
- Online Annual Reports
- Print Forms

SEARCHES

- Search By Corporate Name
- Search For New & Dissolved
- Search For New Non-Profits
- Search By Registered Agent
- Search By Company Official
- E-mail Notification Subscriptions
- Account Login
- Instructions for E-Mail Notification
- Non-Profits by county

ONLINE SERVICES

- Start An Order/Upload a Document
- Pay A Paper Invoice
- Creating and Managing My Account
- Place and View an Order

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Corporate Names

Legal: VILLAGE GREEN HEALTH AND REHABILITATION, LLC

Limited Liability Company Information

Sosid: 1552701
Status: Current-Active
Annual Report Status: Current
Citizenship: Domestic
Date Formed: 10/31/2016
Fiscal Month: January
Registered Agent: Sprenger, Christopher J.

Corporate Addresses

Mailing: 229 Airport Road Suite 7-104
Arden, NC 28704-6402
Principal Office: 229 Airport Road Suite 7-104
Arden, NC 28704-6402
Reg Office: 229 Airport Road Suite 7-104
Arden, NC 28704-6402
Reg Mailing: 229 Airport Road Suite 7-104
Arden, NC 28704-6402

Company Officials

All LLCs are managed by their managers pursuant to N.C.G.S. 57D-3-20.

Village Green Health and Rehabilitation, LLC
Village Green Healthcare Properties, LLC
229 Airport Rd. Suite 7-104
Arden, NC 28704

March 8, 2017

Martha Frisone, Assistant Chief
Certificate of Need Section
N.C. Department of Health and Human Services
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603

NR 2192



RE: Notice of Exempt Acquisition by Lease of North Carolina Skilled Nursing Facility Pursuant to N.C. Gen. Stat. 131E-184(a)(1) and (8): The Rehabilitation and Health Care Center at Village Green—Fayetteville; Village Green Health and Rehabilitation, LLC

FID 943524
Bus id 1958
(Village Green Care Ctr, Ltd)

Dear Ms. Frisone:

Pursuant to N.C. Gen. Stat. 131E-184(a)(1) and (8) to provide notice to the N.C. Department of Health and Human Services, Division of Health Service Regulation, Certificate of Need Section, I am writing regarding Village Green Health and Rehabilitation, LLC intent to acquire via a lease a facility in Fayetteville, NC. The Rehabilitation and Health Care Center at Village Green, located at 1601 Purdue Dr. Fayetteville, NC 28304-3674 (License number: NH0502). The facility is licensed for 170 nursing facility beds. Pursuant to N.C. Gen. Stat. 131E-176(9b), the Facility is a "health service facility".

Village Green Health and Rehabilitation, LLC is a North Carolina Limited Liability Company. Village Green Health and Rehabilitation intends to lease the Facility from Village Green HealthCare Properties, LLC. Village Green Healthcare Properties, LLC is also a North Carolina Limited Liability Company and will purchase the land and building on April 1st, 2017. *Current owner Rehabilitation + MCC at Village Green LLC Bus id 2591*

N.C. Gen. Stat. 131E-176(16)(l) provides that the purchase, lease, or acquisition of any health service facility, or portion thereof, which was developed pursuant to a certificate of need qualifies as a "new institutional health service". N.C. Gen. Stat. 131E-178(b) provides that "[n]o person shall make an acquisition by donation, lease, transfer or comparable arrangement without first obtaining a certificate of need from the Department, if the acquisition would have been a new institutional health service if it had been made by purchase". N.C. Gen Stat. 131E-184(a)(1) and (8) provide that the acquisition of an existing health service facility, including equipment owned by the health service facility at the time of acquisition, is exempt from CON review upon prior written notice to the Agency of the proposed acquisition.

The acquisition of the Facility via the lease and purchase arrangement I have described herein will not involve the development of any new health service facility or otherwise qualify as a "new institutional health service" which would be subject to Agency review under applicable Certificate of Need statutes or

regulations. Rather, the transaction I have described herein qualifies as an "exempt transaction, within the meaning of N.C. Gen Stat. 131E-184(a)(8). This correspondence is intended to serve as the prior written notice to the Agency required by N.C. Gen. Stat. 131E-184(a)(1) and (8).

Please provide me with written confirmation that this transaction is exempt from CON review pursuant to N.C. Gen. Stat. 131E-184(a)(1) and (8). We would be very appreciative if this reply could be expedited.

I appreciate your attention to this matter. Please contact me with any questions at 919-608-9123

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Sprenger". The signature is fluid and cursive, with a large initial "C" and "S".

Christopher Sprenger
Owner

Ind. id 222

Village Green Health and Rehabilitation, LLC
Village Green Healthcare Properties, LLC

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Nursing Home Licensure and Certification Section
2711 Mail Service Center
Raleigh, North Carolina 27699-2711
Telephone: (919) 855-4520

Application Rec'd Date	10/24/16
Fee Paid - Ck #	42521
Amount	\$3395.00
Initials	LPK
DHSR Nursing Home L & C	
2017	

JN 4/2/17
RCW 11/23/17 QC ✓

For Official Use Only	
License #	NH0502
Beds: Nursing:	170 ACH: 0
FID:	943524
Returned	_____
Reviewed	LPK
MEF	_____
License Fee:	\$3,395.00

**LICENSE RENEWAL APPLICATION
TO OPERATE A NURSING HOME**
(Including Adult Care Home Beds in Combination Facilities)

Legal Identity of Applicant: Rehabilitation & HCC at Village Green LLC
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As (name(s) under which the facility or services are advertised or presented to the public):

PRIMARY: The Rehabilitation and Health Care Ctr at Village Green
Other: _____
Other: _____

Facility Mailing Address: 1601 Purdue Drive
Fayetteville, NC 28304-3674

Facility Site Address: 1601 Purdue Drive
Fayetteville, NC 28304-3674
County: Cumberland
Telephone: (910)486-5000 Fax: (910)485-6388

E-mail Address of Administrator: rciokan@villagegreennnc.com

National provider identifier (NPI): 1659367480

1. Was this facility in operation throughout the entire 12-month reporting period ending September 30, 2016?
 Yes No

If No, for what period was the facility in operation? _____ / _____ / _____ through _____ / _____ / _____
month/day/year month/day/year

If No, for what reason was the facility not in full operation during this period? _____

2. Was there a change of ownership anytime between October 1, 2015 and September 30, 2016? Yes No

If Yes, what was the date of the change? _____ / _____ / _____

PART A

OWNERSHIP DISCLOSURE

(Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Rehabilitation & HCC at Village Green LLC

Street: 1601 Purdue Drive

Mailing:

(if different from street)

City: Fayetteville State: NC Zip: 28304-3674

Telephone: (910)486-5000 Fax: (910)485-6388

Senior Officer: Dr. John Henley

a. Legal entity is: For Profit Not For Profit

b. Legal entity is: (check ALL that apply)

Corporation

LLC

LLP

Partnership

Proprietorship

Government Unit

Religious/Fraternal

c. Does the above entity (partnership, corporation, etc.) lease the building? Yes No

If Yes, name of building owner:

HC Enterprises LLC

2. Is the business operated under a management contract? Yes No

If Yes, name and address of the management company.

Name: Village Green Related Companies LLC

Street: 1945 Fordham Drive

Mailing:

(if different from street)

City: Fayetteville State: NC Zip: 28304

Telephone: (910)483-7666

3. If this business is a subsidiary of another entity, please identify the parent company below:

Name: _____

Street: _____

Mailing: _____

(if different from street)

City: _____

State: _____

Zip: _____

Telephone: (____) _____ Fax: (____) _____

Senior Officer: _____

PART C PATIENT SERVICES

(Please fill in any blanks and make changes where necessary. Check Yes or No.)

1. Continuing Care Retirement Communities (CCRC)
 - a. Is the facility licensed by the Department of Insurance as a Continuing Care Retirement Community? ___ Yes X No
2. Was there a change to the licensed bed capacity between Oct 1, 2015 and Sept 30, 2016? ___ Yes X No
 - a. If Yes, what was the effective date of the change? ___/___/___
 - b. If Yes, indicate previous number of licensed beds (Nursing Fac, Adult Care). ___NF ___ACH
3. Is the facility a Combination Facility, thereby incorporating licensed ACH beds? ___ Yes X No

If Yes, indicate which rules the facility chooses to apply to the operation of the ACH BEDS (NH rules, ACH rules or both NH & ACH). If both NH & ACH rules are checked, download an "ACH Rule Choice" checklist from <http://www.ncdhis.gov/dhsr/nhics/forms.html>. Complete and return with the License Renewal Application. This checklist is found under the heading of CHOW.

- Nursing Home Licensure Rules**
 ACH Licensure Rules

4. Beds By Type (*Must complete Alzheimer's Special Care Unit data supplement sheet)
 - a. Nursing Facility Beds (NF) (TOTAL) 170
 1. General Nursing Facility Beds 170
 2. *Alzheimer's Special Care Unit Beds 0*
 3. Ventilator Beds 0
 4. Traumatic brain injury beds 0

Are you equipped to accommodate bariatric residents? ___ Yes X No
 - b. Adult Care Home Beds (ACH) (TOTAL) 0
 1. General Adult Care Home Beds 0
 2. * Alzheimer's Special Care Unit Beds 0*

Are you equipped to accommodate bariatric residents? ___ Yes ___ No
 - c. Total Licensed Beds 170
 - d. Total Operational Beds on September 30, 2016 Nursing 109 ACH _____
 - "Operational Beds" means all the physical beds in the facility that are available for resident/patient use on September 30, 2016.

5. Nursing Home Bed Certification

a. Number of beds certified for Medicare only (Title 18 only)	<u>42</u>
b. Number of beds dually certified for both Medicare & Medicaid (Title 18/19)	<u>128</u>
c. Number of beds certified for Medicaid only (Title 19 only)	<u>2</u>

PART D PATIENT CENSUS

If you have questions about the items on this page, please call Healthcare Planning at (919) 855-3865

Important: Report patient census data for September 30, 2016 only.

1. Number of patients in facility on September 30, 2016

Nursing	Adult Care
89	N/A

2. Statistics on Nursing Home Patients on September 30, 2016 by age groups

	Male	Female
18 - 20 years old	—	—
21 - 34 years old	—	—
35 - 54 years old	—	—
55 - 64 years old	2	—
65 - 74 years old	4	6
75 - 84 years old	9	6
85 years old and older	8	19
Subtotals	4	31
Total (Total = subtotal of males + subtotal of females)	27	62
	89	

NOTE: Total for Item # 2 must match the number reported in Item # 1 for Nursing Patients.

3. Statistics on adult care home residents on September 30, 2016 by age groups

	Male	Female
Under 35		
35 - 64 years old		
65 - 74 years old	N/A	
75 - 84 years old		
85 years old and older		
Subtotals		
Total (Total = subtotal of males + subtotal of females)		

NOTE: Total for Item # 3 must match the number reported in Item # 1 for Adult Care Patients.

PART E PATIENT UTILIZATION DATA

If you have questions about the items on this page, please call Healthcare Planning at (919) 855-3865

1. Beginning Census, Admissions, Discharges, and Deaths by Level of Care

Complete the chart below for the reporting period of October 1, 2015 through September 30, 2016.

Patients/Residents	Beginning Census (Oct. 1, 2015)	Admissions (Oct. 1, 2015 - Sept. 30, 2016)	Discharges (excluding deaths) (Oct. 1, 2015 - Sept. 30, 2016)	Deaths (Oct. 1, 2015 - Sept. 30, 2016)	Total*
(1) Nursing Patients	92	678	648	33	89
(2) Adult Care Patients	N/A				

Totals must match totals reported for Part D: Patient Census, Item # 1 (page 5)

*To calculate: *Beginning Census + Admissions - Discharges - Deaths = Total*

Note: *Beginning Census* is the number of patients in your facility on October 1, 2015.
Admissions is the number of patients admitted from Oct. 1, 2015 through Sept. 30, 2016.
Discharges and Deaths are all discharges and deaths from Oct. 1, 2015 through Sept. 30, 2016.

2. Inpatient Days of Care

Complete the charts below for the reporting period of October 1, 2015 through September 30, 2016.

a. Nursing Care (NC)

(1) NC Days reimbursed by Medicare	10,580
(2) NC Days reimbursed by Medicaid	14,614
(3) NC Days reimbursed by Private Pay	2,324
(4) NC Days reimbursed by Other	3,361
(5) Total { (1) + (2) + (3) + (4) }	30,879

Figures entered in this column should reflect the number of days of care, not the number of patients nor the amount of dollars reimbursed from each source.

b. Adult Care Home (ACH)

(1) ACH Days reimbursed by Private Pay	N/A
(2) ACH Days reimbursed by County Special Assistance	
(3) ACH Days reimbursed by Other	
(4) Total { (1) + (2) + (3) }	

Note: Report inpatient days of care as cumulative totals.

Example: total number of days reimbursed by Medicare for Patient #1+
 total number of days reimbursed by Medicare for Patient #2+
 total number of days reimbursed by Medicare for Patient #3+...

(Continue for each patient in the facility and then repeat for all categories in both tables 2a. and 2b.)

CONNECTED COPY

*corrected DE
DE 2/16/17*

2017 License Renewal Application for Nursing Home:
The Rehabilitation and Health Care Ctr at Village Green, Cumberland County

License No: NH0502
Facility ID: 943524

3. Counties of Origin for Nursing Care Patients

For questions regarding this section, please call Healthcare Planning at (919) 855-3865

Please list in Column B the number of nursing patients, from that county, who were living in the facility on October 1, 2015. In Column C give the total number of additional nursing patients, from that county, who were admitted between October 1, 2015 and September 30, 2016. Report patients who were not NC residents as "Out-of-State" on lines 101 through 105.

A	B	C	A	B	C	A	B	C
Permanent County of Residence for Individuals Prior to Admission	Living in Facility (10/1/2015)	Admitted During the Period	Permanent County of Residence for Individuals Prior to Admission	Living in Facility (10/1/2015)	Admitted During the Period	Permanent County of Residence for Individuals Prior to Admission	Living in Facility (10/1/2015)	Admitted During the Period
1. Alamance			37. Gates			73. Person		
2. Alexander			38. Graham			74. Pitt		
3. Alleghany			39. Granville			75. Polk		
4. Anson			40. Greene			76. Randolph		
5. Ashe			41. Guilford		1	77. Richmond		
6. Avery			42. Halifax		1	78. Robeson	2	16
7. Beaufort			43. Harnett	1	4	79. Rockingham		
8. Bertie			44. Haywood			80. Rowan		
9. Bladen		7	45. Henderson			81. Rutherford		
10. Brunswick			46. Hertford			82. Sampson	3	15
11. Buncombe			47. Hoke	3	12	83. Scotland		
12. Burke			48. Hyde			84. Stanly		
13. Cabarrus			49. Iredell			85. Stokes		
14. Caldwell			50. Jackson			86. Surry		
15. Camden			51. Johnston			87. Swain		
16. Carteret			52. Jones			88. Transylvania		
17. Caswell			53. Lee	1	2	89. Tyrrell		
18. Catawba			54. Lenoir			90. Union		
19. Chatham			55. Lincoln			91. Vance		
20. Cherokee			56. Macon			92. Wake		1
21. Chowan			57. Madison			93. Warren		
22. Clay			58. Martin			94. Washington		
23. Cleveland			59. McDowell			95. Watauga		
24. Columbus			60. Mecklenburg			96. Wayne		
25. Craven			61. Mitchell			97. Wilkes		
26. Cumberland	79	614	62. Montgomery			98. Wilson		
27. Currituck			63. Moore		2	99. Yadkin		
28. Dare			64. Nash			100. Yancey		
29. Davidson			65. New Hanover					
30. Davie			66. Northampton			101. Georgia		
31. Duplin			67. Onslow			102. South Carolina	1	
32. Durham			68. Orange			103. Tennessee		
33. Edgecombe			69. Pamlico			104. Virginia		
34. Forsyth			70. Pasquotank			105. Other States	2	3
35. Franklin			71. Pender			106. Other		
36. Gaston			72. Perquimans			Total	92	678

*R. J. C. Administration
2/16/17*

N/A

4. Counties of Origin for Adult Care Home Residents

For questions regarding this section, please call Healthcare Planning at (919) 855-3865

Please list in Column B the number of Adult Care Home residents, from that county, who were living in the facility on October 1, 2015. In Column C give the total number of additional Adult Care Home residents, from that county, who were admitted between October 1, 2015 and September 30, 2016. Report patients who were not NC residents as "Out-of-State" on lines 101 through 105.

A	B	C	A	B	C	A	B	C
Permanent County of Residence for Individuals Prior to Admission	Living in Facility (10/1/2015)	Admitted During the Period	Permanent County of Residence for Individuals Prior to Admission	Living in Facility (10/1/2015)	Admitted During the Period	Permanent County of Residence for Individuals Prior to Admission	Living in Facility (10/1/2015)	Admitted During the Period
1. Alamance			37. Gates			73. Person		
2. Alexander			38. Graham			74. Pitt		
3. Alleghany			39. Granville			75. Polk		
4. Anson			40. Greene			76. Randolph		
5. Ashe			41. Guilford			77. Richmond		
6. Avery			42. Halifax			78. Robeson		
7. Beaufort			43. Hamett			79. Rockingham		
8. Bertie			44. Haywood			80. Rowan		
9. Bladen			45. Henderson			81. Rutherford		
10. Brunswick			46. Hertford			82. Sampson		
11. Buncombe			47. Hoke			83. Scotland		
12. Burke			48. Hyde			84. Stanly		
13. Cabarrus			49. Iredell			85. Stokes		
14. Caldwell			50. Jackson			86. Surry		
15. Camden			51. Johnston			87. Swain		
16. Carteret			52. Jones			88. Transylvania		
17. Caswell			53. Lee			89. Tyrrell		
18. Catawba			54. Lenoir			90. Union		
19. Chatham			55. Lincoln			91. Vance		
20. Cherokee			56. Macon			92. Wake		
21. Chowan			57. Madison			93. Warren		
22. Clay			58. Martin			94. Washington		
23. Cleveland			59. McDowell			95. Watauga		
24. Columbus			60. Mecklenburg			96. Wayne		
25. Craven			61. Mitchell			97. Wilkes		
26. Cumberland			62. Montgomery			98. Wilson		
27. Currituck			63. Moore			99. Yadkin		
28. Dare			64. Nash			100. Yancey		
29. Davidson			65. New Hanover					
30. Davie			66. Northampton			101. Georgia		
31. Duplin			67. Onslow			102. South Carolina		
32. Durham			68. Orange			103. Tennessee		
33. Edgecombe			69. Pamlico			104. Virginia		
34. Forsyth			70. Pasquotank			105. Other States		
35. Franklin			71. Pender			106. Other		
36. Gaston			72. Perquimans			Total		

PART F CURRENT OPERATING STATISTICS

1. Current Per Diem Reimbursement Rates/Charges.

Please state the CURRENT (as of the date the application is signed) basic daily charges/rates for residents or patients in your facility in the following categories of care.

For questions please call Certificate of Need (CON) at (919) 855-3873

Private Pay (Usual Customary Charge)

	Private Room (1 bed/room)	Semi-Private (2 beds/room)	3 or more beds/room
Nursing Care	\$ 205 - 275	\$ 185	\$ —
Adult Care Home	\$ —	\$ —	\$ —
Special Care Unit (specify)	\$ —	\$ —	\$ —
Special Care Unit (specify)	\$ —	\$ —	\$ —

Medicare

Three most frequent resource utilization group (RUG) codes and rates paid for them	Code	Rate
	1. RYA	\$ 406.52
	2. RVB	\$ 408.10
	3. RYA	\$ 459.33

Medicaid

Medicaid	Quarterly Rates			
	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.
Nursing Care	\$ 162.45	\$ 162.45	\$ 162.45	\$ 162.45 (RATE FROZEN)

Medicaid Nursing Care

	Rate
Special Care Unit (specify)	\$ —
Special Care Unit (specify)	\$ N/A

State/County Special Assistance

	Rate
Adult Care Home	\$ —
Special Care Unit (specify)	\$ N/A
Special Care Unit (specify)	\$ —

Please complete only if applicable:

Alzheimer's/Dementia Special Care Unit

	Rate
Additional cost or fee to resident	\$ —

2. Total Current Staff for Existing Facility

Do not include the following: courtesy or attending staff, private duty nurses, volunteer workers or the same employee in more than one category. These employees were on the payroll as of 9/10/16 month/day/year.

For questions please call CON at (919) 855-3873

	Total Facility *FTE's	Total Facility Annual Consul. Hrs.
Routine Services		
Registered Nurses	2	
Licensed Practical Nurses (LPNs)	15	
Certified Nurse Aides	35	
Medical Director		52
Director of Nurses	1	
Assistant Director of Nurses	0	
Staff Development Coordinator	1	
Ward Secretary	1	
Medical Records	1	
Pharmacy Consultant		208
Administration and General		
Administrator	1	
Assistant Administrator	0	
Other Office Personnel	4	
Dietary		
Licensed Dietitian		182
Food Service Supervisor		4,160
Cooks		6,240
Dietary Aides		9,152
Social Work Services		
Social Services Director	1	
Social Services Assistant(s)	1	
Activity Services		
Activity Director	1	
Activity Assistant(s)	2	
Housekeeping/Laundry		
Housekeeping Supervisor		2,080
Laundry Supervisor		8
Housekeeping Aides		8,528
Laundry Aides		3,536
Maintenance		
Maintenance Supervisor	1	
Janitors	1	
Ancillary Services		
Physical Therapist		2,756
Rehabilitation Aide		11,830
Respiratory Therapist		8
Occupational Therapist		3,224
Speech/Hearing Therapist		1,378
Total Positions/Total Consultant Hours	68	53,326

*FTE - For each position in the table, the FTEs (full-time equivalents) are calculated as follows:

- Determine the total number of full and part-time employees as of September 30th.
- Each full-time employee equals one FTE.
- For each part-time employee, determine the average number of hours worked each week and multiply that number times 52 weeks per year to determine the total number of hours worked each year. To convert to FTEs, divide the total hours worked each year by 2,080 hours per year.
- Add the fulltime FTEs and the part-time FTEs together and report that number in the table.

ADULT CARE HOME (ACH) SUPPLEMENT

N/A

For questions please call Healthcare Planning at (919) 855-3865

1. Please give the number (1, 2, 3, etc.) of Adult Care residents currently in facility with a physician's diagnosis of the following: a) Mental Illness (MI) which includes a psychiatric illness but does not include intellectual disability, developmental disability or Alzheimer's Disease/Related Dementia: ***For the purpose of this application Mental Illness is an illness which lessens the capacity of the individual to use self-control, judgment and discretion in the conduct of his affairs and social relations so as it makes it necessary or advisable to be under treatment, care, supervision, guidance or control. Mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post traumatic stress disorder, and borderline personality disorder.*** b) Intellectual Disability/Developmental disability (ID/DD) *This reflects change in wording from MR to ID or c) Alzheimer's Disease or related dementia. If a resident is dually diagnosed, only count the resident once, based on the primary diagnosis.*

Resident Age - years	MI	ID/DD	Alzheimer's/Related Dementia
18 - 20			
21 - 34			
35 - 54			
55 - 64			
65 - 74			
75 - 84			
85 or older			
TOTAL			

2. On September 30, 2016, number of Adult Care residents receiving Medicaid reimbursed Consolidated Personal Care _____
3. On September 30, 2016, number of Adult Care residents on State/County Special Assistance (SA): _____
4. On September 30, 2016, number of private pay Adult Care residents: _____
5. Current total monthly private pay charge (average base plus add-ons if more than one price) for:

	Rate
Private Room (1 bedroom)	\$
Semi-Private (2 beds/room)	\$
3 or more beds/room	\$

6. Check any that apply:

	Number of Beds
<input type="checkbox"/> Alzheimer's Special Care Unit in facility	
On September 30, 2016 number of occupied Special Care Unit beds	

This application must be completed and submitted with the license fee to the Nursing Home Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2017 nursing home license.

The undersigned submits this application for licensure for the year 2017 (subject to the provision of the Nursing Home Licensure Act, Article 6, Chapter 131E of the General Statutes of North Carolina and to the rules adopted thereunder by the North Carolina Medical Care Commission) and certifies the accuracy of this information.

ROGEN J. CIOKAN
Name of Chief Administrative Officer

ADMINISTRATOR
Title

Signature: 
(Chief Administrative Officer or Representative)

Date: 10/17/16

Facility

- VG Care Center, Ud
- VG H-R, WC, yearbook
- VG Helia Prop, WC
- ~~the~~ Rehabilitation + HCC @ Village 5 WC

VG H-R we lease from VG H-Prop WC.

↓
Purchase property from Rehab and
ACC @ 15

(The rehab is done and (19))