



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

May 23, 2017

Tracy L. Smith
1316 Wayne Memorial Drive, Suite B
Goldsboro, North Carolina 27534

No Review

Record #: 2273
Facility Name: Hunter Hill Assisted Living
FID #: 920581
Business Name: RTS Enterprises Healthcare, LLC
Business #: 2651
Project Description: Change in licensee
County: Nash

Dear Ms. Smith:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of May 4, 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 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 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,

Jane Rhoe-Jones
Project Analyst


Martha J. Frisone
Assistant Chief, Certificate of Need

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

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





RTS Enterprises HealthCare, LLC
1316 Wayne Memorial Drive Ste B
Goldsboro, NC 27534
919-947-0656 PH
919-947-0707 FX
919-923-6031 C



May 4, 2017

Martha Frisone
Assistant Chief of C.O.N.
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Hunter Hill Assisted Living
HAL064020

Dear Ms Frisone,

I am writing this letter to formally request that you consider an exemption of the Certificate of Need for the Change of Ownership that will take place on June 1, 2017.

There will be no new construction or changes to the existing building. The brick and mortar of the building will still be owned by the current owner, Rose Hill Enterprises, LLC.

There will be no additional request for bed increase.

I will be taking over the lease and applying for an Adult Home Care license for the current operating business as Hunter Hill Assisted Living.

Thank you

Tracy L Smith
Executive Director
Lic# A00001390