



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

November 20, 2017

Meghan F. Weinberg
Sidley Austin, LLP
1501 K Street, N.W.
Washington D.C. 20005

No Review

Record #: 2442
Facility Name: Sunrise of Cary
FID #: 070629
Project Description: Internal corporate restructuring of facility ownership
County: Wake

Dear Ms. Weinberg:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of November 10, 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.

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

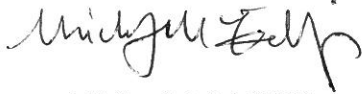
MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER

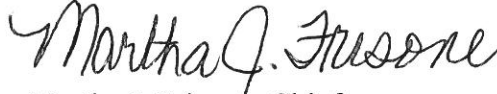


Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Michael J. McKillip
Project Analyst



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

cc: Adult Care Licensure Section, DHSR
Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR

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November 10, 2017

VIA FEDEX

Mr. Michael McKillip
North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704



re: Sunrise of Cary
Adult Care Home – License # HAL-092-152
Notice of Internal Corporate Restructuring

Dear Mr. McKillip:

Sunrise of Cary (“Sunrise”) operates an Adult Care Home, located at 1206 West Chatham Street, Cary, NC 27513, Wake County. Sunrise currently holds the above referenced license in the state of North Carolina.

On behalf of Sunrise, I am writing to inform you of an upcoming internal corporate restructuring that will have an impact on Sunrise’s ownership structure. Specifically, the legal entity licensed to operate Sunrise, Sunrise Wake County NC Senior Living, LLC, will be merged up into another corporate entity, which will be the surviving entity. After the proposed restructuring, Welltower OpCo Group LLC will become the operator of Sunrise.

This is an internal restructuring only and does not involve the sale or transfer of assets to an outside party, or an acquisition. Please also note that the restructuring will not impact the operation or the physical structure of the facility in any manner. The proposed effective date for the internal restructuring is December 15, 2017.

When we spoke by phone on November 8, 2017, you advised that for the internal corporate restructuring described above, Sunrise should submit a notice letter describing the restructuring and identifying the proposed effective date. We are in the process of submitting a Change License Application to the Division, and request a determination as to whether there are any Certificate of Need requirements associated with this internal restructuring. If there are not

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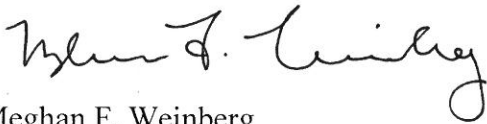
Michael McKillip
November 10, 2017
Page 2

additional Certificate of Need requirements, we respectfully request that your office issue a No Review Letter.

If you have any questions about this notice letter, please feel free to contact me by phone at (202) 736-8129, or by email at MWeinberg@sidley.com.

Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read "Meghan F. Weinberg". The signature is fluid and cursive, with the first name "Meghan" and the last name "Weinberg" being the most prominent parts.

Meghan F. Weinberg