



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 8, 2018

Jo-Ann Marchica
1717 K Street, NW
Washington, DC 20006-5344

No Review

Record #: 2765
Facility Name: Brighton Gardens of Greensboro
FID #: 970066
Business Name: HCP Greensboro NC OpCo, LLC
Business #: 2951
Project Description: Change in Licensee
County: Guilford

Dear Ms. Marchica:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence 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 that correspondence is not governed by, and therefore, does not currently require a certificate of need. 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.

You may need to contact the Agency's Adult Care Licensure Section to determine if they have any requirements for development of the proposed project.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Celia C. Inman
Project Analyst

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

cc: Adult Care Licensure Section, DHSR
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757



November 2, 2018

Jo-Ann Marchica

Counsel
202.857.6097 DIRECT
202.857.6395 FAX
jo-ann.marchica@arentfox.com

Reference Number: 026216.00512

VIA FEDEX

Ms. Celia Inman
Division of Health Service Regulation
Department of Health and Human Services
809 Ruggles Drive
Raleigh, North Carolina 27603

**Re: REQUEST FOR CERTIFICATE OF NEED EXEMPTION
Adult Care Home Change of Ownership**

Dear Ms. Inman:

We are writing to request an exemption from Certificate of Need review pursuant to N.C.G.S.A. § 131E-184 in connection with a transaction involving the change of ownership of Brighton Gardens of Greensboro, a licensed adult care home located at 1208 New Garden Road, Greensboro, NC 27410 (the "Facility"). The owner of the real property comprising the Facility is HCP MA4 Greensboro NC, LP ("Owner") and the licensed operator of the Facility is Solomon Holdings I – The Triangle, LLC (the "Licensee"). On or about January 1, 2019, the Owner will terminate the existing lease with the Licensee and enter into a new lease of the Facility with HCP Greensboro NC OpCo, LLC, which will be submitting an application to the Adult Care Licensure Section of the Department of Health and Human Services to become the licensed operator of the Facility.

Please do not hesitate to contact me at (202) 857-6097 if you have any questions. Thank you.

Sincerely yours,

A handwritten signature in black ink that reads "JoAnn Marchica".

Jo-Ann Marchica

cc: Ms. Libby Kinsey
Adult Care Licensure Section
North Carolina Department of Health and Human Services