



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 21, 2019

Chrissie Gulden
P.O. Box 7588
Asheville, NC 28802

No Review

Record #: 3022
Facility Name: See Attachment A
FID #: See Attachment A
Business Name: BlueWest Opportunities, Inc.
Business #: 2059
Project Description: Blue Ridge Area Foundation, Inc. Merging with BlueWest Opportunities, Inc.
County: Buncombe

Dear Ms. Gulden:

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 Mental Health Licensure and Certification 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,

[Handwritten signature of Ena Lightbourne]

Ena Lightbourne
Project Analyst

[Handwritten signature of Martha J. Frisone]

Martha J. Frisone
Chief

cc: Mental Health Licensure and Certification Section, 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: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873



## Attachment A

| BlueWest Opportunities, Inc.    |                                                |        |
|---------------------------------|------------------------------------------------|--------|
| Entity Current Name             | Entity Proposed Name                           | FID#   |
| Blue Ridge Area Foundation Inc. | BlueWest Opportunities, Inc.                   | N/A    |
| Swannanoa Residential           | BlueWest Opportunities- Swannanoa Residential  | 922418 |
| Mars Hills Residential          | BlueWest Opportunities- Mars Hills Residential | 922427 |
| New Stock House                 | BlueWest Opportunities-New Stock House         | 971255 |





Ms. Martha Frisone  
Health Care Planning and Certificate of Need  
Department of Health and Human Services  
809 Ruggles, Edgerton  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Re: Blue Ridge Area Foundation, Inc. merger  
Western North Carolina Group Home for Autistic Persons, Inc. name change/merger

Dear Ms. Frisone:

Western North Carolina Group Home for Autistic Persons, Inc. has changed its name to BlueWest Opportunities, Inc. effective July 1, 2019. All the licenses for the facilities under this entity have been updated to reflect the name change. See attached information.

Blue Ridge Area Foundation, Inc. merged into BlueWest Opportunities, Inc. effective July 1, 2019. All the licenses for the facilities under this entity have been updated to reflect the name change. See attached information.

This letter and attached information are being submitted to request exemption of Certificate of Need review. Please advise if there is any additional information or process to facilitate regarding this matter.

Sincerely,

Chrissie Gulden, MPH  
Chief Executive Officer  
BlueWest Opportunities, Inc.





**Western North Carolina Group Home for Autistic Persons, Inc. to BlueWest Opportunities, Inc.**

BlueWest Opportunities – Pisgah House 28 Pisgah View Ave. Asheville NC 28803 Buncombe County MHL: 011-047 FID:922401 ✓

BlueWest Opportunities – Ora House 95 Ora Street Asheville NC 28801 Buncombe County MHL: 011-011 FID: 942816 ✓

BlueWest Opportunities – Kenmore House 1 Kenmore Street Asheville NC 28803 Buncombe County MHL: 011-076 FID: 932083 ✓

BlueWest Opportunities – Montford House 5 Kenmore Street Asheville NC 28803 Buncombe County MHL:011-105 FID:080671 ✓

**Blue Ridge Area Foundation, Inc. to BlueWest Opportunities, Inc.**

BlueWest Opportunities-Swannanoa Residential 91 Poplar Circle Swannanoa NC Buncombe County MHL: 011-007 FID: 922418

BlueWest Opportunities -Mars Hill Residential 50 Blue Ridge Homes Drive Mars Hill NC 28754 Madison County MHL: 057-003 FID: 922427

BlueWest Opportunities – New Stock House 122 Woodland Hills Road Asheville NC 28804 Buncombe County MHL: 011-137 FID: 971255





State of North Carolina  
Department of the Secretary of State

ARTICLES OF MERGER

Pursuant to North Carolina General Statute Sections 55-11-05(a), 55-11-12, 55A-11-09(d), 55A-11-04, 57D-9-42, 59-73.32(a) and 59-1072(a), as applicable, the undersigned entity does hereby submit the following Articles of Merger as the surviving business entity in a merger between two or more business entities.

1. The name of the surviving entity is Western North Carolina Group Home for Autistic Persons, Inc., a (check one)  
 corporation,  nonprofit corporation,  professional corporation,  limited liability company,  
 limited partnership,  partnership,  limited liability partnership organized under the laws of  
North Carolina (state or country).

2. The address of the surviving entity is:

Street Address: 28 Pisgah View Avenue City: Asheville  
State: NC Zip Code: 28803 County: Buncombe

(a) (Complete only if the surviving business entity is a foreign business entity that is not authorized to transact business or conduct affairs in North Carolina.) The mailing address of the surviving foreign business entity is:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

The Surviving foreign business entity will file a statement of any subsequent change in its mailing address with the North Carolina Secretary of State.

3. For each merging entity: (if more than one, complete on separate sheet and attach.)

The name of the merged entity is Blue Ridge Area Foundation, Inc., a (check one)  
 corporation,  nonprofit corporation,  professional corporation,  limited liability company,  
 limited partnership,  partnership,  limited liability partnership organized under the laws of  
North Carolina (state or country).

The mailing address of each merging entity is: (if more than one, complete on separate sheet and attach)

Street Address: 28 Pisgah View Avenue City: Asheville  
State: NC Zip Code: 28803 County: Buncombe

4. If the surviving business entity is a domestic business entity, the text of each amendment, if any, to the Articles of Incorporation, Articles of Organization, or Certificate of Limited Partnership within the Plan of Merger is attached.



5. A Plan of Merger has been duly approved in the manner required by law by each of the business entities participating in the merger.

Provide the information in Items 6 and 7 below for a merger between a parent unincorporated entity and a subsidiary corporation or corporations. (§55-11-12)

6. The terms and conditions of the merger are attached. (§55-11-12 mergers only)

7. Information concerning the manner and basis of converting the interests in each merging business entity into interests, obligations, or securities of the surviving business entity, or into cash or other property in whole or in part, or of cancelling the interests is attached. (§55-11-12 mergers only)

8. These articles will be effective upon filing unless a delayed date and/or time is specified 12:01 AM,  
July 1, 2019.

This the      day of April, 20 19.

WESTERN NORTH CAROLINA GROUP HOME  
FOR ARTISTIC PERSONS, INC.

*Name of Entity*

*Chrissie Gulden*

*Signature*

Chrissie Gulden, CEO

*Type or Print Name and Title*

**NOTES:**

1. Filing fee is \$50 for For-profit entities.
2. Filing fee is \$25 when the surviving business entity is a Non-profit corporation.
3. This document must be filed with the Secretary of State. Certificate(s) of Merger must be registered pursuant to the requirements of N.C.G.S. Section 47-18.1



AMENDMENT TO ARTICLES OF INCORPORATION  
ARTICLES OF MERGER  
ITEM 4

WESTERN NORTH CAROLINA GROUP HOME FOR AUTISTIC PERSONS, INC.

For Item 4 of the Articles of Merger for the above-captioned North Carolina non-profit corporation, so as to effect a change in entity name, Article I of Articles of Incorporation is hereby rescinded and deleted, and the following shall henceforth serve as Article I of the Articles of Incorporation:

"The name of the corporation is BlueWest Opportunities, Inc."

It is intended that this change to the Articles of Incorporation shall be effective at the same time as the Articles of Merger are effective.





**NORTH CAROLINA**  
**Department of the Secretary of State**

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**To all whom these presents shall come, Greetings:**

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

**ARTICLES OF MERGER**

**OF**

**BLUE RIDGE AREA FOUNDATION, INC.**

**INTO**

**WESTERN NORTH CAROLINA GROUP HOME FOR AUTISTIC PERSONS, INC.**

**WHICH CHANGED ITS NAME TO**

**BLUEWEST OPPORTUNITIES, INC.**

the original of which was filed in this office on the 3rd day of May, 2019.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of May, 2019.

*Elaine F. Marshall*

**Secretary of State**

