



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

September 30, 2019

Greg Gaylis
Arnall Golden Gregory, LLP
171 17th Street NW, Suite 2100
Atlanta GA 30363-1031

No Review

Record #: 3059
Facility Name: Carillon Assisted Living of North Raleigh
FID #: 020206
Business Name: GAHC3 North Raleigh NC TRS Sub, LLC
Business #: 3103
Project Description: Change in operator of the facility
County: Wake

Dear Mr. Gaylis:

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,

Handwritten signature of Michael J. McKillip

Michael J. McKillip
Project Analyst

Handwritten signature of Martha J. Frisone

Martha J. Frisone
Chief

cc: Adult Care Licensure 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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

September 18, 2019

**VIA FEDERAL EXPRESS**

Ms. Martha Frisone  
NC Division of Health Service Regulation  
Certificate of Need Section  
809 Ruggles Drive  
Raleigh, NC 27603



**Re: NC Adult Care Home: Operator Ownership Change**

Carillon Assisted Living of Raleigh – Old Wake Forest Road, LLC d/b/a Carillon Assisted Living of North Raleigh  
5219 Old Wake Forest Road, Raleigh, North Carolina 27609  
License Number: HAL-092-187

FID #  
020206

Dear Ms. Frisone:

This letter is to inform you of a proposed change in ownership involving the above-referenced facility (the "Facility"). The proposed change will result in GAHC3 North Raleigh NC TRS Sub, LLC becoming the new operator of the Facility, and Carillon Assisted Living of Raleigh – Old Wake Forest Road, LLC will relinquish operations of the Facility. Please also note that there will be no change to the real estate owner of the Facility, GAHC3 North Raleigh NC ALF, LP.

3103

It is our understanding that the proposed change described above does not require any additional filings and **we respectfully request the issuance of an "Exemption or No Review Letter" confirming our understanding.**

Thank you for your attention to this matter. If you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely,

Arnall Golden Gregory LLP

Greg Gaylis # 1462

Enclosures

cc: Hedy S. Rubinger, Esq.

# State of North Carolina

## Department of Health and Human Services Division of Health Service Regulation

*Effective January 1, 2019, this license is issued to  
Carillon Assisted Living of Raleigh-Old Wake Forest Road, LLC  
to operate an Adult Care Home known as  
Carillon Assisted Living of North Raleigh  
located at 5219 Old Wake Forest Road  
Raleigh, NC, Wake County.*

*This license is issued subject to the statutes of the State of North  
Carolina, is not transferable and shall expire  
December 31, 2019.*

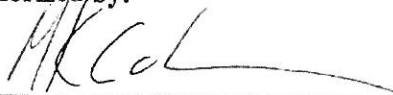
*License Number: HAL-092-187*

*\*\*\* This home serves only elderly persons. \*\*\**

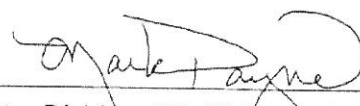
*Capacity: 96*

*Special Care Units: X Yes \_ No      Type: Alzheimer's/Dementia 36*

Authorized by:



Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation