



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

VIA EMAIL ONLY

October 22, 2020

Wilby Kurian  
[Agapecfh@gmail.com](mailto:Agapecfh@gmail.com)

**No Review**

**Record #:** 3374  
**Facility Name:** Moyer's Assisted Living  
**FID #:** 920829  
**Business Name:** Moyer's Assisted Living Compassionate, LLC  
**Business #:** 3102  
**Project Description:** Change licensed operator to Agape Family Care Homes, LLC  
**County:** Rockingham

Dear Mr. Kurian:

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

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

**From:** [Frisone, Martha](#)  
**To:** [Waller, Martha K](#)  
**Subject:** Re: [External] con exempt  
**Date:** Friday, October 9, 2020 9:20:13 AM

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Thanks but I told you that it is an exemption when it is actually a no review.

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**From:** Waller, Martha K <martha.waller@dhhs.nc.gov>  
**Sent:** Friday, October 9, 2020 8:28:23 AM  
**To:** Frisone, Martha <martha.frisone@dhhs.nc.gov>  
**Subject:** RE: [External] con exempt

Got it...thanks.

*Martha Waller*

Administrative Specialist 1

Division of Health Service Regulation, Certificate of Need Section North Carolina Department of Health and Human Services

Main: 919-855-3873

Office: 919-855-3885

[martha.waller@dhhs.nc.gov](mailto:martha.waller@dhhs.nc.gov)

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**From:** Frisone, Martha <martha.frisone@dhhs.nc.gov>  
**Sent:** Thursday, October 8, 2020 6:48 PM  
**To:** Waller, Martha K <martha.waller@dhhs.nc.gov>  
**Subject:** Fwd: [External] con exempt

Treat as an exemption. Thanks  
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**From:** Agape Care Family Homes <agapecfh@gmail.com>  
**Sent:** Thursday, October 8, 2020 6:44:28 PM  
**To:** Frisone, Martha <[martha.frisone@dhhs.nc.gov](mailto:martha.frisone@dhhs.nc.gov)>  
**Subject:** Re: [External] con exempt

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Hi Martha,

Thank you for your email.

The Facility name is Moyer's Compassionate Care at 5767 Hwy 135, Stoneville, Rockingham county.  
License number HAL-079-104.

Building and the land owned by Anna L. Price, Idella M Kellam, The Estate of Delphine I. Moore, Samuel M Moyer, Jacqueline M Adams and Thomas P Moyer.

Owner of the present license holder is Coky, Kernodle. Agape Care Homes LLC is not acquiring the land and building and only leasing the ownership of license.

Please let me know if you have any questions.

Sincerely,  
Wilby Kurian  
Anitha Kurian  
336 686 5841 (cell)

On Thu, Oct 8, 2020 at 5:00 PM Frisone, Martha <[martha.frisone@dhhs.nc.gov](mailto:martha.frisone@dhhs.nc.gov)> wrote:

Would you please identify the facility? If you can provide me the name of the facility, the license number, the street address and the county where it is located. Also, please indicate who owns the land and building and who holds the license. Will Agape Care Family Homes, LLC be acquiring the land and building?

**Martha J. Frisone**

Chief

[Division of Health Service Regulation](#), Healthcare Planning and Certificate of Need  
[NC Department of Health and Human Services](#)

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Office: 919-855-3879

[martha.frisone@dhhs.nc.gov](mailto:martha.frisone@dhhs.nc.gov)

809 Ruggles, Edgerton

2704 Mail Service Center

Raleigh, NC 27699-2704

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**From:** Agape Care Family Homes <[agapecfh@gmail.com](mailto:agapecfh@gmail.com)>

**Sent:** Tuesday, October 6, 2020 2:20 PM

**To:** Frisone, Martha <[martha.frisone@dhhs.nc.gov](mailto:martha.frisone@dhhs.nc.gov)>

**Subject:** [External] con exempt

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Hi Martha,

I am writing to you because we are applying for change of ownership for ALF. the previous owner Moyers Compassionate home will be changed to Agape care family homes LLC

Could you please send CON exempt documentation for the process of change of ownership.

Thank you,

Wilby Kurian

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