



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

December 21, 2021

Richard G. Clagett  
[rclagett@williamsmullen.com](mailto:rclagett@williamsmullen.com)

**No Review**

**Record #:** 3764  
**Date of Request:** December 10, 2021  
**Facility Name:** Smoky Ridge Health and Rehabilitation  
**FID #:** 923575  
**Business Name:** Smokey Ridge Health and Rehabilitation SNF LLC  
**Business #:** 3495  
**Project Description:** Change in ownership  
**County:** Yancey

Dear Mr. Clagett:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law **in effect on the date of this response to your request**, the project as described 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.

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,

Ena Lightbourne  
Project Analyst

Micheala Mitchell  
Chief

cc: Nursing Home 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  
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<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**From:** [Clagett, Richard](#)  
**To:** [Waller, Martha K](#)  
**Cc:** [Bailey, James](#)  
**Subject:** [External] CHOW Notification - Deer Park Health and Rehabilitation | Smoky Ridge Health and Rehabilitation [IMAN-IWOVRIC.FID2305879]  
**Date:** Friday, December 10, 2021 2:50:17 PM

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Dear Ms. Waller,

I am writing to notify the Certificate of Need Section regarding an upcoming change of ownership, scheduled to occur on January 15, 2022, for the following two facilities:

- Deer Park Health & Rehabilitation (Facility ID: 923334), located at 306 Deer Park Rd., Nebo, North Carolina 28761, to Deer Park Health and Rehabilitation SNF LLC
- Smoky Ridge Health & Rehabilitation (Facility ID: 923575), located at 310 Pensacola Road, Burnsville, North Carolina 28741, to Smokey Ridge Health & Rehabilitation SNF LLC

The CHOW application has not yet been submitted but Ms. Jones in the Licensure and Certification Section has been notified of the pending transaction.

If you have any questions, please do not hesitate to e-mail or call.

Sincerely,

**Richard G. Clagett | Attorney | Williams Mullen**

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