



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

**CORRECTED LETTER  
VIA EMAIL ONLY**

January 27, 2021

Tamara Fore

[Tfore@penickvillage1964.org](mailto:Tfore@penickvillage1964.org)

**No Review**

**Record #:** 3461  
**Date of Request:** January 6, 2021  
**Facility Name:** Penick Village  
**FID #:** 923395  
**Business Name:** Penick Village  
**Business #:** 3331  
**Project Description:** Reduce the total number of “closed” NF beds  
**County:** Moore

Dear Ms. Fore:

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 above 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.

However, pursuant to our telephone conversation, please be advised that if you choose to eliminate a “closed” designation of any existing NF beds, you will not be able to re-designate those NF beds to “open” beds without a certificate of need. The effect of the reduction of “closed” beds or removing the “closed” designation would reduce the total number of NF beds on the facility’s license.

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.

**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

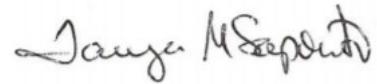
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Tamara Fore  
January 27, 2021  
Page 2

Please do not hesitate to contact this office if you have any questions. My direct line, if you have questions, is 919-855-3886.

Sincerely,

A handwritten signature in cursive script that reads "Tanya M. Saporito".

Tanya M. Saporito  
Project Analyst

Lisa Pittman  
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR  
Nursing Home Licensure and Certification Section, DHSR



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

January 8, 2021

Tamara Fore  
500 East Rhode Island Avenue  
Southern Pines, NC 28387

**No Review**

**Record #:** 3461

Date of Request: January 6, 2021

Facility Name: Penick Village

FID #: 923395

Business Name: Penick Village

Business #: 3331

Project Description: Change the number of dually certified nursing facility (NF) beds to Medicare only certified NF beds from 24 to 20 and eliminate the “closed bed designation or reduce the number from 17 to 2

County: Moore

Dear Ms. Fore:

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.

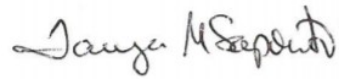
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION  
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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

Sincerely,

A handwritten signature in black ink that reads "Tanya M. Saporito". The signature is written in a cursive style.

Tanya M. Saporito  
Project Analyst

A handwritten signature in blue ink that reads "Lisa Pittman". The signature is written in a cursive style.

Lisa Pittman  
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR  
Nursing Home Licensure and Certification Section, DHSR



December 16, 2020

Mrs. Martha Frisone  
NC Dept. of Health and Human Services  
Division of Health Services Regulations  
Nursing Home Licensure and Certification Section  
2701 Mail Service Center  
Raleigh, NC 27699-2701

RE: Change in Licensure, Provider #345111

Dear Mrs. Frisone,

Penick Village currently has fifty (50) skilled nursing beds, twenty-four (24) of which are dually certified for Medicare/Medicaid. The remaining twenty-six (26) beds are only certified for Medicare. The purpose of this letter is to request that the Medicaid certification for four (4) of our twenty-four (24) dually certified beds be dropped. This will result in Penick Village only having twenty (20) beds dually certified for Medicare/Medicaid and thirty (30) beds certified for Medicare only. The four (4) SNF beds that are involved in this request are room numbers 107, 108, 109, and 132. Each room contains only one bed.

Penick Village has a fiscal year that begins on October 1 and ends on September 30. We request that this change be effective April 1, 2021, the start of our third fiscal quarter. This is the first licensure change request we have submitted this fiscal year.

Please use this letter as our 45-day notice requesting a licensure change. We anticipate written approval from your office prior to the effective date of April 1, 2021. I have enclosed completed DHSR-Forms 4504 showing our current room configuration and the requested proposed configuration.

We also have a question concerning our 17 “closed nursing facility beds” and whether that number can be reduced or eliminated. I have been researching the topic and can’t find a clear answer on how many if any “closed” beds a facility must have. Our Administrator has asked different colleagues and received different answers so we are reaching out to you to get the correct



information. We would like to either eliminate the "closed" bed designation or reduce the number from 17 to 2. Your guidance on this matter will be greatly appreciated.

Thank you for your consideration to this matter.

Best Regards,

A handwritten signature in blue ink that reads "Tamara Fore". The signature is written in a cursive, flowing style.

Tamara Fore  
Director of Compliance/Assist. Risk Mgr.

Enclosures

## BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Penick Village, Inc

TOWN: Southern Pines

PROVIDER NUMBER: 345111

If change in beds or room numbers the effective date of the change: Prior to 4/1/2021

Room Number	# of Beds within Room	CHECK ONLY ONE				Room Number	# of Beds within Room	CHECK ONLY ONE			
		Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only			Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only
101	1			X	Nursing	140	1			X	Nursing
102	1			X	Nursing	141	1			X	Nursing
103	1			X	Nursing	142	1			X	Nursing
104	1			X	Nursing	143	1			X	Nursing
105	1			X	Nursing	160	1			X	Nursing
106	1			X	Nursing	161	1			X	Nursing
107	1			X	Nursing	162	1			X	Nursing
108	1			X	Nursing	163	1			X	Nursing
109	1			X	Nursing	164	1			X	Nursing
110	1			X	Nursing	165	1			X	Nursing
111	1			X	Nursing	166	1			X	Nursing
112	1			X	Nursing	167	1			X	Nursing
113	1			X	Nursing	168	1			X	Nursing
114	1			X	Nursing	169	1			X	Nursing
115	1			X	Nursing	170	1			X	Nursing
116	1			X	Nursing	171	1			X	Nursing
118	1			X	Nursing	172	1			X	Nursing
120	1			X	Nursing	173	1			X	Nursing
131	1			X	Nursing	174	1			X	Nursing
132	1		X		Nursing	175	1			X	Nursing
133	1			X	Nursing	176	1			X	Nursing
134	1			X	Nursing	177	1			X	Nursing
135	1			X	Nursing	178	1			X	Nursing
136	1			X	Nursing	179	1			X	Nursing
137	1			X	Nursing						
138	1			X	Nursing						

INSTRUCTIONS: Complete and mail to appropriate Regional Office of the Division of Health Service Regulation, NC Department of Human & Human Services. Total the beds for the different classifications (Medicare, Medicaid, etc.) at the bottom of the continuation sheet. The administrator must sign and date the form on the back since copies of these forms are sent to the appropriate certifying agency(ies) for reimbursement purposes.

\*Identify type of beds (Nursing or Adult Care Home)

## BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Penick Village TOWN: Southern Pines PROVIDER NUMBER: 345111

If change in beds or room numbers the effective date of the change: Prior to 4/1/2021

CHECK ONLY ONE						CHECK ONLY ONE					
Room Number	# of Beds within Room	Medicare Medicaid	Only	Medicare Only	*Licensed Only	Room Number	# of Beds within Room	Medicare Medicaid	Only	Medicare Only	*Licensed Only
202	1				Adult Care	268	1				Adult Care
203	1				Adult Care	270	2				Adult Care
204	1				Adult Care	271	1				Adult Care
208	1				Adult Care	274	1				Adult Care
210	1				Adult Care	275	1				Adult Care
211	1				Adult Care	GC1	1				Adult Care
214	1				Adult Care	GC2	1				Adult Care
218	1				Adult Care	GC3	1				Adult Care
231	1				Adult Care	GC4	1				Adult Care
232	1				Adult Care	GC5	1				Adult Care
234	1				Adult Care	GC6	1				Adult Care
235	1				Adult Care	GC7	1				Adult Care
236	1				Adult Care	GC8	1				Adult Care
237	1				Adult Care	GC9	1				Adult Care
239	1				Adult Care	GC10	1				Adult Care
240	1				Adult Care						
243	1				Adult Care						
244	1				Adult Care						
245	1				Adult Care						
250	1				Adult Care						
258	1				Adult Care						
259	1				Adult Care						
262	1				Adult Care						
265	1				Adult Care						
266	1				Adult Care						
267	1				Adult Care						

**TOTAL** Medicare/Medicaid = 26 24 (Beds) Medicare Only = 26 (Beds) Medicaid Only = 0 (Beds) Licensed Only = 42 (Beds)

FOR YOUR INFORMATION: Adult Care Home beds cannot be certified in Medicare nor Medicaid  
 \*Identify type of beds (Nursing or Adult Care Home)  
 Administrator's Signature: [Signature] Date: 12-16-20



# BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Penick Village, Inc

TOWN: Southern Pines

PROVIDER NUMBER: 345111

If change in beds or room numbers the effective date of the change: 4/11/2021

Room Number	# of Beds within Room	CHECK ONLY ONE			*Licensed Only	Room Number	# of Beds within Room	CHECK ONLY ONE			*Licensed Only			
		Medicare Medicaid	Medicaid Only	Medicare Only				Medicare Medicaid	Medicaid Only	Medicare Only				
101	1			X	Nursing	140	1							
102	1			X	Nursing	141	1				X			Nursing
103	1			X	Nursing	142	1				X			Nursing
104	1			X	Nursing	143	1				X			Nursing
105	1			X	Nursing	160	1					X		Nursing
106	1			X	Nursing	161	1				X			Nursing
107	1			X	Nursing	162	1				X			Nursing
108	1			X	Nursing	163	1				X			Nursing
109	1			X	Nursing	164	1				X			Nursing
110	1			X	Nursing	165	1				X			Nursing
111	1			X	Nursing	166	1				X			Nursing
112	1			X	Nursing	167	1				X			Nursing
113	1			X	Nursing	168	1				X			Nursing
114	1			X	Nursing	169	1				X			Nursing
115	1			X	Nursing	170	1				X			Nursing
116	1			X	Nursing	171	1				X			Nursing
118	1			X	Nursing	172	1				X			Nursing
120	1			X	Nursing	173	1				X			Nursing
131	1			X	Nursing	174	1				X			Nursing
132	1			X	Nursing	175	1				X			Nursing
133	1			X	Nursing	176	1				X			Nursing
134	1			X	Nursing	177	1				X			Nursing
135	1			X	Nursing	178	1				X			Nursing
136	1			X	Nursing	179	1				X			Nursing
137	1			X	Nursing									
138	1			X	Nursing									

INSTRUCTIONS: Complete and mail to appropriate Regional Office of the Division of Health Service Regulation, NC Department of Human & Human Services. Total the beds for the different classifications (Medicare, Medicaid, etc.) at the bottom of the continuation sheet. The administrator must sign and date the form on the back since copies of these forms are sent to the appropriate certifying agency(ies) for reimbursement purposes.

\*Identify type of beds (Nursing or Adult Care Home)

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NAME OF FACILITY: Penick Village, Inc

TOWN: Southern Pines

PROVIDER NUMBER: 345111

If change in beds or room numbers the effective date of the change: 4/11/2021

Room Number	# of Beds within Room	CHECK ONLY ONE			*Licensed Only	Room Number	# of Beds within Room	CHECK ONLY ONE			*Licensed Only
		Medicaid	Medicaid Only	Medicare Only				Medicaid	Medicaid Only	Medicare Only	
202	1					268	1				Adult Care
203	1					270	2				Adult Care
204	1					271	1				Adult Care
208	1					274	1				Adult Care
210	1					275	1				Adult Care
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218	1					GC3	1				Adult Care
231	1					GC4	1				Adult Care
232	1					GC5	1				Adult Care
234	1					GC6	1				Adult Care
235	1					GC7	1				Adult Care
236	1					GC8	1				Adult Care
237	1					GC9	1				Adult Care
239	1					GC10	1				Adult Care
240	1										
243	1										
244	1										
245	1										
250	1										
258	1										
259	1										
262	1										
265	1										
266	1										
267	1										

**TOTAL**

Medicare/Medicaid = 26 24 (Beds)

Medicaid Only = 0 (Beds)

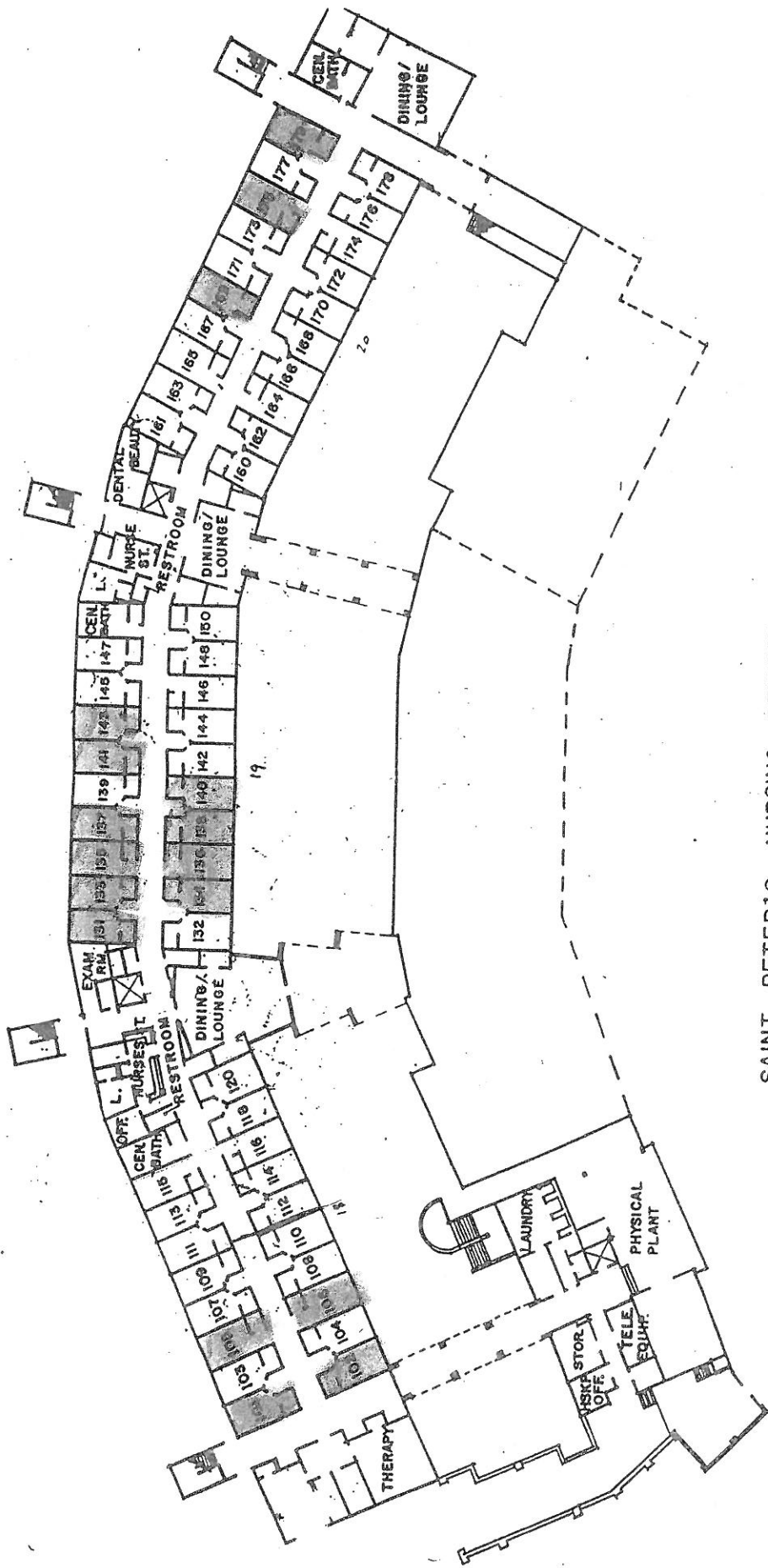
Medicare Only = 42 (Beds)

FOR YOUR INFORMATION: Adult Care Home beds cannot be certified in Medicare nor Medicaid

\*Identify type of beds (Nursing or Adult Care Home)

Administrator's Signature: [Signature] Date: 12-10-20

DHSR-Form 4504 (03/09) - Formerly 4103 Page 2



SAINT PETER'S NURSING CENTER  
 NORTH BUILDING  
 PENICK MEMORIAL HOME  
 HAYES, HOWELL AND ASSOCIATES

