



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

July 16, 2021

Greg Gaylis
Greg.gaylis@agg.com

No Review

Record #: 3610
Date of Request: July 7, 2021
Facility Name: See Attachment A
FID #: See Attachment A
Business Name: See Attachment A
Business #: See Attachment A
Project Description: Change in indirect ownership
County: See Attachment A

Dear Mr. Gaylis:

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,

Celia C. Inman
Celia C. Inman
Project Analyst

Micheala Mitchell

Micheala Mitchell
Section Chief, Healthcare Planning and Certificate of Need

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

Attachment A

Facility	FID #	County	Operator	Business ID #
Cadence at Clemmons	120137	Forsyth	GAHC3 Clemmons NC TRS Sub, LLC	3107
Cadence Garner	160385	Wake	GAHC3 Garner NC TRS Sub, LLC	3105
Cadence Huntersville	000457	Mecklenburg	GAHC3 Huntersville NC TRS Sub, LLC	3109
Cadence Senior Living at Mint Hill	150495	Mecklenburg	GAHC3 Mint Hill NC TRS Sub, LLC	3106
Cadence Mooresville	120015	Iredell	GAHC3 Mooresville NC TRS Sub, LLC	3108
Cadence North Raleigh	020206	Wake	GAHC3 North Raleigh NC TRS Sub, LLC	3103
Cadence at Wake Forest	120426	Wake	GAHC3 Wake Forest NC TRS Sub, LLC	3104

July 7, 2021

VIA FEDERAL EXPRESS

Ms. Michaela Mitchell
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
809 Ruggles Drive
Raleigh, North Carolina 27603



**Re: North Carolina Adult Care Homes
Merger of Griffin-American REIT III and REIT IV**

Dear Ms. Mitchell:

This letter is to notify you of a merger involving Griffin-American Healthcare REIT III, Inc. ("REIT III") and Griffin-American Healthcare REIT IV, Inc. ("REIT IV") (the "Merger"). REIT III is currently the ultimate owner of the facility operators listed on Attachment A (the "Operators"). The Merger will involve REIT III being merged into REIT IV, which will result in REIT IV and its investors becoming upper tiers owners (i.e., indirect owners) of the Operators, but no change to the direct or ultimate parent entity. Please note that the Merger is scheduled to occur on or about October 1, 2021.

The Merger will not result in any change to the Operators or their direct owners. The Operators will continue to exist, their names and federal tax identification numbers will not change. Additionally, there will be no change to the day-to-day operations as a result of the Merger.

It is our understanding that the changes described above do not require certificate of need review or approval, therefore we respectfully request the issuance of a "**No Review Letter**" confirming our understanding.

Ms. Michaela Mitchell
July 7, 2021
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Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,

ARNALL GOLDEN GREGORY LLP

A handwritten signature in black ink, appearing to read "Greg M. Gaylis", written in a cursive style.

Greg M. Gaylis

Enclosures

cc: Ms. Rebecca Bedford
Hedy S. Rubinger, Esq.

ATTACHMENT A

Facility Name / Address	Current Operator / Licensee	Facility Type
Cadence at Clemmons 1165 Peace Haven Road Clemmons, NC 27012	GAHC3 Clemmons NC TRS Sub, LLC	Adult Care Home
Cadence Garner 200 Minglewood Drive Garner, NC 27529	GAHC3 Garner NC TRS Sub, LLC	Adult Care Home
Cadence Huntersville 250 Commerce Center Drive Huntersville, NC 28078	GAHC3 Huntersville NC TRS Sub, LLC	Adult Care Home
Cadence Senior Living at Mint Hill 5601 Margaret Wallace Road Matthews, NC 28105	GAHC3 Mint Hill NC TRS Sub, LLC	Adult Care Home
Cadence Mooresville 198 E Waterlynn Road Mooresville, NC 28117	GAHC3 Mooresville NC TRS Sub, LLC	Adult Care Home
Cadence North Raleigh 5219 Old Wake Forest Road Raleigh, NC 27609	GAHC3 North Raleigh NC TRS Sub, LLC	Adult Care Home
Cadence at Wake Forest 3218 Heritage Trade Drive Wake Forest, NC 27857	GAHC3 Wake Forest NC TRS Sub, LLC	Adult Care Home