



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

January 27, 2022

Sarah Steputis
Sarah.steputis@agg.com

No Review

Record #: 3796
Date of Request: January 24, 2022
Facility Name: Surry Community Health and Rehabilitation Center
FID #: 953479
Business Name: GPH Mount Airy, LLC
Business #: 3516
Project Description: Change in operator
County: Surry

Dear Ms. Steputis:

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
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
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

January 21, 2022

**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, NC 27603

**Re: NC Nursing Home: Operator Ownership Change**

Mt. Airy Operating Company, LLC dba Surry Community Health and Rehabilitation Center  
542 Allred Mill Road, Mount Airy, North Carolina, 27030  
License Number: NH0276

Dear Ms. Mitchell:

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 **Surry Community Health Center by Harborview, LLC** becoming the new operator of the Facility, and Mt. Airy Operating Company, LLC will relinquish operations of the Facility. Please also note that there will be no change to the real estate owner of the Facility, GPH Mount Airy, LLC.

It is our understanding that the proposed change described above does not require any additional filings and **we respectfully request the issuance of a "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



Sarah Steputis

cc: Hedy S. Rubinger, Esq.