



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

June 7, 2023

Clement Sowa
clementsowa@yahoo.com

Exempt from Review – Acquisition of Facility

Record #: 4219
Date of Request: May 26, 2023
Facility Name: Emory Adult Care Home
Type of Facility: ACH
FID #: 921138
Acquisition by: Clegail Professional Services, LLC
Business #: 3718
County: Alamance

Dear Mr. Sowa:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that the project described above is exempt from certificate of need (CON) review in accordance with G.S. 131E-184(a)(8). Therefore, the above referenced business may proceed to acquire the health service facility identified above without first obtaining a CON. In addition, the new operator of the facility is also Clegail Professional Services, LLC. The Agency’s determination is limited to the question of whether the above referenced business would have to obtain a CON if the current owners of the health service facility do in fact sell it to the business listed above. Note that pursuant to G.S. 131E-181(b): “A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.”

If the business listed above does acquire the facility, you should contact the Agency’s Adult Care Licensure Section to obtain instructions for changing ownership of the existing facility.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination regarding whether a certificate of need would be required. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

[Handwritten signature of Gregory F. Yakaboski]

Gregory F. Yakaboski
Project Analyst

[Handwritten signature of Micheala Mitchell]

Micheala Mitchell
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

**From:** [Yakaboski, Greg](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] CERTIFICATE OF NEED EXEMPTION REQUEST  
**Date:** Friday, May 26, 2023 10:38:07 AM

---

Tiffany, Received this morning. Greg

Sincerely,

*Gregory F. Yakaboski*

**Gregory F. Yakaboski**  
Project Analyst  
[Division of Health Service Regulation](#), Certificate of Need  
[NC Department of Health and Human Services](#)

Help protect your family and neighbors from COVID-19.  
[Know the 3 Ws. Wear. Wait. Wash.](#)  
#StayStrongNC and get the latest at [nc.gov/covid19](https://nc.gov/covid19)

Office: 919-855-3873  
[Greg.Yakaboski@dhhs.nc.gov](mailto:Greg.Yakaboski@dhhs.nc.gov)

809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704

[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

---

**From:** Clement Sowa <clementsowa@yahoo.com>  
**Sent:** Friday, May 26, 2023 4:58 AM  
**To:** Yakaboski, Greg <greg.yakaboski@dhhs.nc.gov>  
**Cc:** Clegail Professional Services <clegail.services@gmail.com>  
**Subject:** [External] CERTIFICATE OF NEED EXEMPTION REQUEST

**CAUTION:** External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Dear Sir,  
CERTIFICATE OF NEED EXEMPTION REQUEST  
I wish to apply for Certificate of Need Exemption for the 12 Bed Adult Care Home in Alamance County.

Current Owner of the facility:  
Walid Nicola (Nicola Properties LLC)

Current Administrator: A. Evelyn Love  
Deputy Administrator: Queen Love (Phone: 336-263-3946)  
Name and Address of Adult Care Home:

Golden Years Assisted Living  
209E Sixth Street  
Burlington, NC 27215

Facility ID: 921138  
License Number: HAL-001-026  
Capacity:12

New Owner of the facility:  
Clement Sowa  
(Clegail Professional Services)  
New Administrator: Clement Sowa (Phone: 336-825-7223)

New Name of Facility:  
Emory Adult Care Home  
Address: Same As Above

Thank you for your support.

Kind Regards  
Clement Sowa

[Sent from Yahoo Mail on Android.](#)

[Sent from Yahoo Mail on Android](#)

Show less

---

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.