



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 22, 2023

Michael Graves  
[Michaelgraves1971@gmail.com](mailto:Michaelgraves1971@gmail.com)

**Exempt from Review – Acquisition of Facility**

**Record #:** 4228  
**Date of Request:** June 8, 2023  
**Facility Name:** Riverstone  
**Type of Facility:** ACH  
**FID #:** 920215  
**Acquisition by:** Chief Cornerstone National Assisted Living, LLC  
**Business #:** 3724  
**County:** Craven

Dear Mr. Graves:

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 will be Chief Cornerstone National Assisted Living, 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,

Gregory F. Yakaboski  
Project Analyst

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**From:** [Waller, Martha K](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] Riverstone CON Waiver Letter  
**Date:** Thursday, June 8, 2023 2:56:20 PM

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Incoming email request below.

*Martha Waller*

Administrative Specialist 1

Division of Health Service Regulation, Certificate of Need Section North Carolina Department of Health and Human Services

Main: 919-855-3873

Office: 919-855-3885

[martha.waller@dhhs.nc.gov](mailto:martha.waller@dhhs.nc.gov)

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**From:** Ashley DeMarco <[ademarco@shinvestments.net](mailto:ademarco@shinvestments.net)>  
**Sent:** Thursday, June 8, 2023 2:45 PM  
**To:** Waller, Martha K <[martha.waller@dhhs.nc.gov](mailto:martha.waller@dhhs.nc.gov)>  
**Subject:** [External] Riverstone CON Waiver Letter

**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.

Hello Martha,

Can you please provide a CON Waiver letter for an operating assisted living facility? The purchaser is

in agreement to purchase all the assets of the facility including the Real Estate, business/operations and all CON rights of:

Riverstone  
104 Efirm Blvd  
New Bern, NC 28562

The purchaser contact information is as follows:  
Chief Cornerstone National Assisted Living, LLC  
1906 Elmwood Drive  
Graham, NC 27253-4369

Name of facility After Closing will be Riverstone. If you could please make the letter to Michael Graves.

Please let me know what else you need to provide CON Waiver Letter.

Ashley DeMarco  
President  
Seniors Housing Investments  
PO. Box 211003  
Columbus, OH 43221  
614-595-1843 Phone  
888-301-9217 Fax  
[ademarco@SHinvestments.net](mailto:ademarco@SHinvestments.net)