



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

RESPONSE REQUIRED

August 31, 2023

Maxwell Mason
P.O. Box 1010
Garner, NC 27529

Conditional Approval

Project ID #: J-12383-23
Facility: Britthaven of Holly Springs
Project Description: COS/COR for Project ID# J-12123-21 (Cost overrun for Project ID# J-8618-10 (Develop a new 90-bed nursing facility)) to relocate 30 NF beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County) for a total of 120 NF beds upon project completion
County: Wake
FID #: 101149

Approved Capital Expenditure: \$6,703,093
Conditions of Approval: See Attachment A
Approved Timetable: See Attachment B
Last Date to Appeal: October 2, 2023
Required State Agency Findings: Enclosed

Dear Mr. Mason:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has conditionally approved the above referenced certificate of need application. The conditional approval is valid only for the approved capital expenditure shown above. If the capital cost will exceed the approved capital expenditure amount by more than 115%, the applicant must first obtain a new certificate of need.

Response to the conditions in Attachment A should be attached to an email addressed to the Project Analyst and the Co-signer no later than 35 days from the date of the decision. The certificate of need will not be issued if the response to the conditions in Attachment A has not been received by the Agency.

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the Agency because the review period was extended. The approved timetable for this project is found in Attachment B.

The applicant shall not begin developing this project until after the certificate of need has been issued and the certificate of need will not be issued until the applicant has documented that all conditions that must be met prior to issuance of the certificate of need have been met.

The Certificate of Need law provides that any affected person has thirty (30) days after the date of the decision to file a petition for a contested case on this approval. Further, if you are aggrieved by any of the

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: 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

conditions you may file a petition for a contested case hearing in accordance with G.S.150B, Article 3. This petition must be filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the date of this decision. Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to the OAH Clerk's Office (919-431-3000).

G.S. 150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Julie Cronin
Department of Health and Human Services,
Office of Legal Affairs,
Adams Building – Room 154
2001 Mail Service Center
Raleigh, North Carolina, 27699-2001

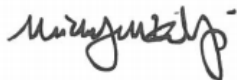
It is requested that a copy of the petition also be served on the Agency.

The certificate of need will not be issued before the completion of thirty-day appeal period which ends on the date shown above. If a contested case petition is filed with OAH within the thirty-day appeal period, the certificate will not be issued until the appeal is resolved.

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the certificate of need is issued. Please contact this office if any clarification of this decision is required.

Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Michael J. McKillip
Team Leader
Mike.mckillip@dhhs.nc.gov



Gloria C. Hale
Team Leader
Gloria.hale@dhhs.nc.gov

Enclosures:

- Attachment A: Conditions of Approval
- Attachment B: Approved Timetable
- Required State Agency Findings

cc: Nursing Home Licensure & Certification Section, DHHS

Attachment A
Conditions of Approval

- 1. Hillco, Ltd., Eagle Peak LTC Group, LLC, and Britthaven, Inc. (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID# J-12123-21. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The total combined cost for both projects is \$31,710,214, an increase of \$6,703,093 over the capital expenditure of \$25,007,121 previously approved in Project ID# J-12123-21.**
- 3. The certificate holder shall relocate a total of no more than 25 NF beds from Enfield Oaks Health and Rehabilitation Center to Britthaven of Holly Springs for a total of no more than 120 NF beds upon completion of this project and Project I.D. # J-12123-21.**
- 4. Upon completion of this project and Project ID# J-12123-21, Britthaven of Holly Springs shall be licensed for no more than 120 NF beds.**
- 5. The certificate holder shall delicense 30 NF beds at Enfield Oaks Health and Rehabilitation Center, for a total of no more than 30 NF beds following completion of this project.**
- 6. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.**
- 7. The certificate holder shall certify at least 75% of the total number of NF beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in this application, Project ID # J-12123-21 and Project ID # J-8618-10.**
- 8. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**

- b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on January 1, 2024.**
- 9. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 10. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 11. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**Attachment B
Approved Timetable**

	Milestone	Date
1	Financing Obtained	12/01/2023
2	Drawings Completed	2/01/2024
3	Construction / Renovation Contract(s) Executed	3/1/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	6/30/2024
5	50% of Construction / Renovation Completed	11/10/2025
6	75% of Construction / Renovation Completed	3/21/2025
7	Construction / Renovation Completed	7/21/2025
8	Equipment Ordered	4/21/2025
9	Equipment Installed	9/04/2025
10	Equipment Operational	9/20/2025
11	Building / Space Occupied	9/25/2025
12	Licensure Obtained	10/01/2025
13	Services Offered	10/01/2025
14	Medicare and / or Medicaid Certification Obtained	11/01/2025
15	Facility or Service Accredited	11/01/2025
16	First Annual Report Due* (only for non-ESRD decisions)	1/01/2027