



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

RESPONSE REQUIRED

July 21, 2023

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

Conditional Approval

Project ID #: J-12384-23
Facility: Triangle Health and Rehabilitation Center
Project Description: Develop a new 120-bed NF by relocating 30 NF beds from Bethany Woods Nursing and Rehabilitation (Stanly County), 5 NF beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County), 9 NF beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County), 10 NF beds from Maple Grove Health and Rehabilitation Center (Guilford County), 12 NF beds from Pine Ridge Health and Rehabilitation Center in (Davidson County), 20 NF beds from University Place Nursing and Rehabilitation Center (Mecklenburg County), 20 NF beds from Westwood Hills Nursing and Rehabilitation center (Wilkes County), and 14 NF beds from Willow Creek Nursing and Rehabilitation Center (Wayne County)
County: Wake
FID #: 230342

Approved Capital Expenditure: \$34,131,928
Conditions of Approval: See Attachment A
Approved Timetable: See Attachment B
Last Date to Appeal: August 21, 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.

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

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 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

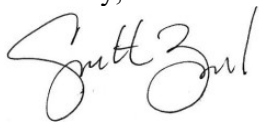
It is requested that a copy of the petition also be served on the Agency.

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,



Cynthia L. Bradford
Project Analyst
cynthia.bradford@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, DHSR
Construction Section, DHSR

Attachment A
Conditions of Approval

1. Hillco, Ltd., Maple LTC Group, LLC, and Britthaven, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new nursing facility by relocating no more than 30 NF beds from Bethany Woods Nursing and Rehabilitation (Stanly County), no more than 5 NF beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County), no more than 9 NF beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County), no more than 10 NF beds from Maple Grove Health and Rehabilitation Center (Guilford County), no more than 12 NF beds from Pine Ridge Health and Rehabilitation Center in (Davidson County), no more than 20 NF beds from University Place Nursing and Rehabilitation Center (Mecklenburg County), no more than 20 NF beds from Westwood Hills Nursing and Rehabilitation center (Wilkes County), and no more than 14 NF beds from Willow Creek Nursing and Rehabilitation Center (Wayne County) to develop Triangle Health and Rehabilitation Center in Wendell, Wake County.
3. Upon completion of the project, Triangle Health and Rehabilitation Center shall be licensed for no more than 120 nursing facility beds.
4. Upon completion of this project the certificate holder shall take the necessary steps to delicense no more than 30 NF beds from Bethany Woods Nursing and Rehabilitation (Stanly County) for a total of no more than 150 beds, no more than 5 NF beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County) for a total of no more than 55 beds, no more than 9 NF beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County) for a total of no more than 166 beds, no more than 10 NF beds from Maple Grove Health and Rehabilitation Center (Guilford County) for a total of no more than 200 beds, no more than 12 NF beds from Pine Ridge Health and Rehabilitation Center in (Davidson County) for a total of no more than 128 beds, no more than 20 NF beds from University Place Nursing and Rehabilitation Center (Mecklenburg County) for a total of no more than 187 beds, no more than 20 NF beds from Westwood Hills Nursing and Rehabilitation center (Wilkes County) for a total of no more than 151 beds, no more than and 14 NF beds from Willow Creek Nursing and Rehabilitation Center (Wayne County) for a total of no more than 186 beds.
5. The certificate holder shall certify at least 65.0% of the total number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representation made in the application.
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 in the certificate of need application.
7. 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.
8. Prior to the issuance of the Certificate of Need, the certificate holder shall provide the Agency with documentation that an effort has been made to accommodate the clinical needs

of health professional training programs in the area at Triangle Health and Rehabilitation Center.

9. 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.
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 <i>mm/dd/yyyy</i>
1	Financing Obtained	05/02/2024
2	Drawings Completed	07/01/2024
3	Land Acquired	06/01/2024
4	Construction / Renovation Contract(s) Executed	09/01/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	02/01/2025
6	50% of Construction / Renovation Completed	08/01/2025
7	75% of Construction / Renovation Completed	12/01/2025
8	Construction / Renovation Completed	05/01/2026
9	Equipment Ordered	04/01/2026
10	Equipment Installed	08/01/2026
11	Equipment Operational	08/25/2026
12	Building / Space Occupied	09/01/2026
13	Licensure Obtained	10/01/2026
14	Services Offered	10/01/2026
15	Medicare and / or Medicaid Certification Obtained	11/01/2026
16	Facility or Service Accredited	06/01/2027
17	First Annual Report Due* (only for non-ESRD decisions)	01/01/2028