

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**MARK PAYNE** • Director

June 18, 2018

Erin Rougeau  
LHC GROUP  
901 Hugh Wallis South  
Lafayette, Louisiana 70508

**No Review**

**Record #:** 2603  
**Facility Name:** Hospice of Wilson Medical Center  
**FID #:** 953895  
**Business Name:** North Carolina In-Home Partner-VII, LLC  
**Business #:** 2595  
**Project Description:** Relocate administrative offices  
**County:** Wilson

Dear Ms. Rougeau:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of May 25, 2018 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that 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.

However, you need to contact the Agency's Acute and Home Care Licensure and Certification Section to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented in your correspondence. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

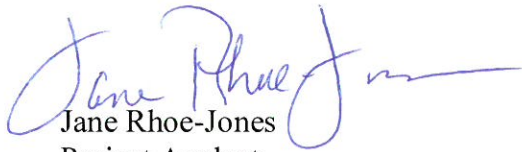
Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

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  
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

Sincerely,



Jane Rhoe-Jones  
Project Analyst



Martha J. Frisone, Chief  
Healthcare Planning and Certificate of Need Section

cc: Acute and Home Care Licensure and Certification Section, DHSR  
Amy Craddock, Assistant Chief, Healthcare Planning, DHSR



home health • hospice • long-term acute care • community-based services

May 25, 2018

VIA FedEX Trk # 772328164507

ATTENTION: Tanya Rupp

Certificate of Need Section  
Division of Health Service Regulation  
North Carolina Department of Health & Human Services  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704



Bus 2595  
NR 2603

RE: North Carolina In-Home Partner-VII, LLC d/b/a Hospice of Wilson Medical Center  
NPI # 1972042786 Tax ID # 81-5293512 License # HOS0408 Facility ID 953895  
**RELOCATION (effective 06/18/2018)**

Dear Ms. Rupp:

North Carolina In-Home Partner-VII, LLC d/b/a Hospice of Wilson Medical Center anticipates relocating its administrative office effective June 18, 2018 to 2130 Forest Hills Rd W, Ste. A, Wilson, NC 27898-3428, which is in the same county as the current address. The current office address for the provider is 1705 South Tarboro St. SW, Wilson, NC 27898-3428, and the approximate distance between the two sites is less than one-half miles.

The relocation is being made pursuant to an operational lease for new space, which will involve the relocation of all of Hospice of Wilson Medical Center's administrative personnel, related office furniture, records and computer systems; in addition, the associated capital expenses will remain below the certificate of need expenditure thresholds. No additional or expanded services will be offered at the new office location and there will be no changes in the staff, management and service area. The phone and fax number will remain the same and the move will not include the addition or conversion of any beds, nor will it involve the acquisition of stock. Once the relocation has been reviewed and approved, please send a letter of non-reviewability.

Should you have any questions or if I may be of further assistance, please contact me at (337) 233-1307, Ext. 210760 or via e-mail at [erin.rougeau@lhcgroupp.com](mailto:erin.rougeau@lhcgroupp.com).

Sincerely,

Erin Rougeau  
Licensure & Regulatory Paralegal

901 Hugh Wallis South • Lafayette, Louisiana  
70508 Toll free: 1.866.LHC.GROUP • Phone:  
337.233.1307  
LHCgroup.com

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