



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

June 25, 2019

Terri Harris  
[TJHarris@foxrothschild.com](mailto:TJHarris@foxrothschild.com)

**Exempt from Review**

**Record #:** 2979  
**Facility Name:** Maryfield Nursing Home  
**FID #:** 923330  
**Business Name:** Maryfield Incorporated  
**Business #:** 1184  
**Project Description:** Renovate, expand, and replace the existing nursing facility on same site  
**County:** Guilford

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of **June 24, 2019** the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(e). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and Nursing Home Licensure and Certification Sections 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 by you. 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 the Agency. 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.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Celia C. Inman  
Project Analyst

Martha J. Frisone  
Chief

cc: Construction Section, DHSR  
Nursing Home Licensure and Certification 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  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3873

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**Fox Rothschild** LLP  
ATTORNEYS AT LAW

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Suite 1400  
Greensboro, NC 27401  
Tel (336) 378-5200 Fax (336) 378-5400  
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TERRI HARRIS  
Direct No: 336.378.5383  
Email: TJHarris@Foxrothschild.com



June 24, 2019

Martha Frisone, Chief  
Celia Inman, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Via E-Mail Only

**Re: Renovation, Expansion, and Replacement Project**  
**Maryfield, Incorporated d/b/a Maryfield Nursing Home**  
**FID #923330**

Dear Martha and Celia:

We are writing on behalf of Maryfield, Incorporated d/b/a Maryfield Nursing Home and d/b/a Pennybyrn at Maryfield (“Pennybyrn”) to give prior written notice that Pennybyrn, a continuing care retirement community in High Point with 125 nursing beds and 36 adult care home beds, plans to renovate its nursing and adult care home facility and replace a portion of its nursing facility beds at its existing facility on the same site pursuant to N.C. Gen. Stat. § 131E-184(e).

The main purpose of Pennybyrn’s project is to renovate its existing health service facility and replace a portion of its existing nursing facility beds on the same site. As shown in its 2019 License Renewal Application and License, attached as Exhibit A, Pennybyrn is located at 1315 Greensboro Road, High Point, North Carolina 27260, and this location is the main and only campus for the licensed health service facility.

Pennybyrn’s existing nursing facility and assisted living beds are designed with a household model to promote a person-centered approach to care. Each household has its own living spaces,

A Pennsylvania Limited Liability Partnership

California Colorado Delaware District of Columbia Florida Georgia Illinois Minnesota  
Nevada New Jersey New York North Carolina Pennsylvania South Carolina Texas Washington



Fox Rothschild LLP  
ATTORNEYS AT LAW

Martha Frisone, Chief  
Celia Inman, Project Analyst  
June 24, 2019  
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including a kitchen, dining room, and other common areas. To address changes in market demographics, consumer expectations, and resident needs, Pennybyrn plans to renovate and refurbish its existing healthcare households with new paint, flooring, carpeting, lighting, furnishings, windows, HVAC, and other features and renovate and refurbish its assisted living households with new paint, flooring, and furnishings.

The plans for the project also include the construction of a new nursing facility household with 24 nursing facility beds in private rooms. The new 24 bed household will be in a building beside the existing buildings households on the same site. A site plan is attached as Exhibit B. The roads shown on the site plan are internal, private roads to facilitate movement between the campus buildings and are not public right of ways.

The 24 beds for the new household will come from one of the existing households, and the total number of licensed nursing facility beds will not increase. The replacement of the beds on the same site will allow the existing households to offer more private rooms, and the new household will have all private rooms. The new household will be primarily used for short-term rehab patients. A proposed floor plan for the new household is attached as Exhibit C.

The total cost to Pennybyrn for the project will exceed \$2 million and is currently estimated to be \$12,237,226.70, which includes the cost of construction, furniture, fixtures, and other miscellaneous costs such as design, planning, and a contingency. A capital cost estimate is attached as Exhibit D.

Pennybyrn's project is exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(e) because the proposed capital expenditure is solely for the purposes of renovating, replacing on the same site, or expanding an existing nursing home and adult care home facility. The proposed capital expenditure will be used to convert semi-private resident rooms to private rooms and to renovate, replace, and expand residential living and common areas to improve the quality of life. The project will not result in a change in bed capacity, the addition of a health service facility, an increase in the number of nursing facility beds or adult care home beds, the acquisition of major medical equipment, or any other new institutional health service.

We look forward to receiving your letter confirming that Pennybyrn's renovation of its existing nursing facility and adult care home beds and replacement of a portion of its nursing facility beds by constructing a new household to house 24 existing nursing beds next to the existing buildings on the same site is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(e). If you have any questions or need additional information, please let me know.



Fox Rothschild LLP  
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Martha Frisone, Chief  
Celia Inman, Project Analyst  
June 24, 2019  
Page 3

With kindest regards, I am

Very truly yours,

Terrill Johnson Harris

TH:mpp

Enclosures

cc: Rich Newman, Pennybyrn

# EXHIBIT A

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2019, this license is issued to*

***Maryfield Incorporated***

*to operate a nursing facility known as*

***Maryfield Nursing Home***

*located in High Point, Guilford County*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2019.*

*Facility ID: 923330*

*License Number: NH0005*

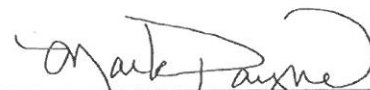
***Bed Capacity: 161***

*Nursing Facility Beds 125 / Adult Care Home Beds 36*

Authorized by:



Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation

Application Rec'd Date 11/4/18

Fee Paid - ck # 91902

Amount 2462.50

Initials CBW

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Nursing Home Licensure and Certification Section  
1205 Umstead Drive,  
2711 Mail Service Center  
Raleigh, North Carolina 27699-2711  
Telephone: (919) 855-4520 Fax: (919) 733-8274

**For Official Use Only**  
License # NH0005  
Beds: Nursing: 125 ACH: 36  
FID: 923330  
Reviewed CCS 11-19-18

**License Fee: \$2,462.50**

**2019**  
**LICENSE RENEWAL APPLICATION**  
**TO OPERATE A NURSING HOME**  
(Including Adult Care Home Beds in Combination Facilities)

Legal Identity of Applicant: Maryfield Incorporated  
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As (name(s) under which the facility or services are advertised or presented to the public):

PRIMARY: Maryfield Nursing Home  
Other: Pennybyrn at Maryfield  
Other: Pennybyrn

Facility Mailing Address: 109 Penny Road  
High Point, NC 27260

Facility Site Address: 1315 Greensboro Road  
High Point, NC 27260  
County: Guilford  
Telephone: (336)821-4000 Fax: (336)886-4036

E-mail Address of Administrator: yhollingsworth@pbmccrc.com

National provider identifier (NPI): 1477641694

1. Was this facility in operation throughout the entire 12-month reporting period ending September 30, 2018?  
 Yes  No

If No, for what period was the facility in operation? \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_  
month/day/year month/day/year

If No, for what reason was the facility not in full operation during this period? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Was there a change of ownership anytime between October 1, 2017 and September 30, 2018? \_\_\_ Yes  No

If Yes, what was the date of the change? \_\_\_ / \_\_\_ / \_\_\_



**PART A**                      **OWNERSHIP DISCLOSURE**

(Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Maryfield Incorporated  
Street: 109 Penny Road  
Mailing: \_\_\_\_\_  
(if different from street)  
City: High Point                      State: NC                      Zip: 27260  
Telephone: (336)821-4000                      Fax: (336)886-4036  
Senior Officer: Sr. Lucy Hennessy, S.M.G.

- a. Legal entity is:    \_\_\_ For Profit                      X Not For Profit
  
- b. Legal entity is:    (check ALL that apply)  
                         X Corporation                      \_\_\_ LLC                      \_\_\_ LLP                      \_\_\_ Partnership  
                         \_\_\_ Proprietorship                      \_\_\_ Government Unit                      \_\_\_ Religious/Fraternal

c. Does the above entity (partnership, corporation, etc.) lease the building? X Yes    X No

If Yes, name of building owner:  
\_\_\_\_\_

2. Is the business operated under a management contract?    \_\_\_ Yes    X No

If Yes, name and address of the management company.  
  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Mailing: \_\_\_\_\_  
(if different from street)  
City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

3. If this business is a subsidiary of another entity, please identify the parent company below:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Mailing \_\_\_\_\_  
(if different from street)  
City: \_\_\_\_\_  
State: \_\_\_\_\_                      Zip: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_                      Fax: ( ) \_\_\_\_\_  
Senior Officer: \_\_\_\_\_

**PART B**            **OPERATIONS**

1. Facility Personnel

a. Administration

Name of the Administrator: Vonda H Hollingsworth

Date Hired As Administrator: November 27, 2007 NC License Number: 167366 2343

b. Nursing

Name of the Director: Page Turbeville

Date Hired As D.O.N.: August 11, 2011 NC License Number: 2343 167366

c. Medical Director:

Name of Medical Director: Dr. Michael Piazza

Date Hired as Medical Director 11/2013 — 11/1/2017

Office Address: 601 N Elm Street  
High Point, NC 27262

2. Is the facility licensed by the Department of Insurance as a CCRC?            X Yes    \_\_\_ No

**If yes, please answer all items for #3 and #4.**

**If no, please proceed to Part C.**

3. Some CCRCs have licensed adult care home beds that are not restricted to individuals contracted with the facility.

a. Do you have unrestricted licensed adult care home beds in your facility? ✓ Yes    \_\_\_ No

b. If yes, how many are unrestricted? 10

c. If yes, how many unrestricted licensed adult care home beds were occupied on September 30, 2018 by individuals NOT contracted with your facility? 10

4. Some CCRCs have licensed nursing home beds that are not restricted to individuals contracted with the facility.

a. Do you have unrestricted nursing home beds in your facility? ✓ Yes    \_\_\_ No

b. If yes, how many are unrestricted? 115

c. If yes, how many unrestricted licensed nursing home beds were occupied on September 30, 2018 by individuals NOT contracted with your facility? 102



**PART D      PATIENT CENSUS**

If you have questions about the items on this page, please call Healthcare Planning at (919) 855-3865

**Important: Report patient census data for September 30, 2018 only.**

1. Number of patients in facility on September 30, 2018

Nursing Home	Adult Care Home
110	44

2. a. Statistics on Nursing Home Patients on September 30, 2018 by age groups

	Male	Female
18 - 20 years old	0	0
21 - 34 years old	0	0
35 - 54 years old	0	0
55 - 64 years old	3	2
65 - 74 years old	3	11
75 - 84 years old	8	24
85 years old and older	17	42
Subtotals	31	79
Total (Total = subtotal of males + subtotal of females)	110	

**NOTE: Total for Item # 2a must match the number reported in Item # 1 for Nursing Home Patients.**

b. Number of patients in Nursing Home Alzheimer's Special Care Unit beds on September 30, 2018

3. a. Statistics on Adult Care Home Residents on September 30, 2018 by age groups

	Male	Female
Under 35	0	0
35 - 64 years old	1	0
65 - 74 years old	1	1
75 - 84 years old	3	6
85 years old and older	10	22
Subtotals	15	29
Total (Total = subtotal of males + subtotal of females)	44	

**NOTE: Total for Item # 3a must match the number reported in Item # 1 for Adult Care Home Residents.**

b. Number of residents in Adult Care Home Alzheimer's Special Care Unit beds on September 30, 2018

20

**PART E PATIENT UTILIZATION DATA**

If you have questions about the items on this page, please call Healthcare Planning at (919) 855-3865

**1. Beginning Census, Admissions, Discharges, and Deaths by Level of Care**

Complete the chart below for the reporting period of October 1, 2017 through September 30, 2018.

Patients/Residents	Beginning Census	Admissions	Discharges	Deaths	Total*
	(Oct. 1, 2017)	(Oct. 1, 2017 - Sept. 30, 2018)	(excluding deaths) (Oct. 1, 2017 - Sept. 30, 2018)	(Oct. 1, 2017 - Sept. 30, 2018)	
(1) NH Patients	114	344	285	63	110
(2) ACH Residents	40	13	5	10	44

Totals must match totals reported for Part D: Patient Census, Item # 1 (page 5)

\*To calculate: *Beginning Census + Admissions - Discharges - Deaths = Total*

Note: *Beginning Census* is the number of patients in your facility on October 1, 2017.  
*Admissions* is the number of patients admitted from Oct. 1, 2017 through Sept. 30, 2018.  
*Discharges* and *Deaths* are all discharges and deaths from Oct. 1, 2017 through Sept. 30, 2018.

**2. Inpatient Days of Care**

Complete the charts below for the reporting period of October 1, 2017 through September 30, 2018.

a. Nursing Home (NH)

(1) NH Days reimbursed by Medicare	2063
(2) NH Days reimbursed by Medicaid	19,074
(3) NH Days reimbursed by Private Pay	16,650
(4) NH Days reimbursed by Other	2691
(5) Total {(1) + (2) + (3) + (4)}	41,078

b. Adult Care Home (ACH)

(1) ACH Days reimbursed by Private Pay	16,418
(2) ACH Days reimbursed by County Special Assistance	—
(3) ACH Days reimbursed by Other	—
(4) Total {(1) + (2) + (3)}	16,418

Figures entered in this column should reflect the number of days of care, not the number of patients nor the amount of dollars reimbursed from each source.

Note: Report inpatient days of care as cumulative totals.  
 Example: total number of days reimbursed by Medicare for Patient #1 +  
 total number of days reimbursed by Medicare for Patient #2 +  
 total number of days reimbursed by Medicare for Patient #3 +...  
 Continue for each patient in the facility and then repeat for all categories in both tables 2a. and 2b.

**3. Counties of Origin for Nursing Home Patients**

For questions regarding this section, please call Healthcare Planning at (919) 855-3865

Please list in Column B the number of nursing home patients, from that county, who were living in the facility on October 1, 2017. In Column C give the total number of additional nursing home patients, from that county, who were admitted between October 1, 2017 and September 30, 2018. Report patients who were not NC residents on lines 101 through 105.

A	B	C	A	B	C	A	B	C
Permanent County of Residence for Individuals Prior to Admission	Living in Facility 10/1/2017	Admitted 10/1/2017-9/30/2018	Permanent County of Residence for Individuals Prior to Admission	Living in Facility 10/1/2017	Admitted 10/1/2017-9/30/2018	Permanent County of Residence for Individuals Prior to Admission	Living in Facility 10/1/2017	Admitted 10/1/2017-9/30/2018
1. Alamance	1	0	37. Gates			73. Person		
2. Alexander			38. Graham			74. Pitt		
3. Alleghany			39. Granville			75. Polk		
4. Anson			40. Greene			76. Randolph	5	21
5. Ashe	0	1	41. Guilford	88	282	77. Richmond		
6. Avery			42. Halifax			78. Robeson		
7. Beaufort			43. Harnett			79. Rockingham	1	5
8. Bertie			44. Haywood			80. Rowan	0	2
9. Bladen			45. Henderson			81. Rutherford		
10. Brunswick			46. Hertford			82. Sampson		
11. Buncombe			47. Hoke			83. Scotland		
12. Burke			48. Hyde			84. Stanly		
13. Cabarrus			49. Iredell	1	1	85. Stokes	0	1
14. Caldwell			50. Jackson			86. Surry	1	0
15. Camden			51. Johnston			87. Swain		
16. Carteret			52. Jones			88. Transylvania		
17. Caswell			53. Lee			89. Tyrrell		
18. Catawba			54. Lenoir	1	0	90. Union		
19. Chatham			55. Lincoln			91. Vance		
20. Cherokee	0	1	56. Macon			92. Wake	1	0
21. Chowan			57. Madison			93. Warren		
22. Clay			58. Martin			94. Washington		
23. Cleveland			59. McDowell			95. Watauga		
24. Columbus			60. Mecklenburg			96. Wayne		
25. Craven			61. Mitchell			97. Wilkes		
26. Cumberland			62. Montgomery	1	0	98. Wilson		
27. Currituck			63. Moore			99. Yadkin		
28. Darc			64. Nash			100. Yancey		
29. Davidson	1	5	65. New Hanover					
30. Davie			66. Northampton			101. Georgia		
31. Duplin			67. Onslow			102. South Carolina	1	1
32. Durham			68. Orange			103. Tennessee	0	3
33. Edgecombe			69. Pamlico			104. Virginia	0	3
34. Forsyth	10	15	70. Pasquotank			105. Other/Unknown	0	3
35. Franklin			71. Pender			<b>Total</b>	114	344
36. Gaston			72. Perquimans					

**4. Counties of Origin for Adult Care Home Residents**

For questions regarding this section, please call Healthcare Planning at (919) 855-3865

Please list in Column B the number of adult care home residents, from that county, who were living in the facility on October 1, 2017. In Column C give the total number of additional adult care home residents, from that county, who were admitted between October 1, 2017 and September 30, 2018. Report patients who were not NC residents on lines 101 through 105.

A	B	C	A	B	C	A	B	C
Permanent County of Residence for Individuals Prior to Admission	Living in Facility 10/1/2017	Admitted 10/1/2017-9/30/2018	Permanent County of Residence for Individuals Prior to Admission	Living in Facility 10/1/2017	Admitted 10/1/2017-9/30/2018	Permanent County of Residence for Individuals Prior to Admission	Living in Facility 10/1/2017	Admitted 10/1/2017-9/30/2018
1. Alamance			37. Gates			73. Person		
2. Alexander			38. Graham			74. Pitt		
3. Alleghany			39. Granville			75. Polk		
4. Anson			40. Greene			76. Randolph	2	0
5. Ashe			41. Guilford	38	11	77. Richmond		
6. Avery			42. Halifax			78. Robeson		
7. Beaufort			43. Harnett			79. Rockingham		
8. Bertie			44. Haywood			80. Rowan		
9. Bladen			45. Henderson			81. Rutherford		
10. Brunswick			46. Hertford			82. Sampson		
11. Buncombe			47. Hoke			83. Scotland		
12. Burke			48. Hyde			84. Stanly		
13. Cabarrus			49. Iredell			85. Stokes	1	0
14. Caldwell	1	0	50. Jackson			86. Surry		
15. Camden			51. Johnston			87. Swain		
16. Carteret	0	1	52. Jones			88. Transylvania		
17. Caswell			53. Lee			89. Tyrrell		
18. Catawba			54. Lenoir			90. Union		
19. Chatham			55. Lincoln			91. Vance		
20. Cherokee	0	1	56. Macon			92. Wake		
21. Chowan			57. Madison			93. Warren		
22. Clay			58. Martin			94. Washington		
23. Cleveland			59. McDowell			95. Watauga		
24. Columbus			60. Mecklenburg			96. Wayne		
25. Craven			61. Mitchell			97. Wilkes	1	0
26. Cumberland			62. Montgomery			98. Wilson		
27. Currituck			63. Moore			99. Yadkin		
28. Dare			64. Nash			100. Yancey		
29. Davidson	1	0	65. New Hanover					
30. Davie			66. Northampton			101. Georgia	1	0
31. Duplin			67. Onslow			102. South Carolina		
32. Durham			68. Orange			103. Tennessee		
33. Edgecombe			69. Pamlico			104. Virginia		
34. Forsyth	1	0	70. Pasquotank			105. Other/Unknown		
35. Franklin			71. Pender			<b>Total</b>	46	13
36. Gaston			72. Perquimans					

**PART F      CURRENT OPERATING STATISTICS**

**Current Per Diem Reimbursement Rates/Charges.**

Please state the CURRENT (as of the date the application is signed) basic daily charges/rates for residents or patients in your facility in the following categories of care.

**For questions please call Certificate of Need (CON) at (919) 855-3873**

**Private Pay (Usual Customary Charge)**

	Private Room (1 bed/room)	Semi-Private (2 beds/room)	3 or more beds/room
Nursing Home	\$ 330.00	\$ 293.00	\$ —
Adult Care Home / month	\$ 5803.00	\$ 7142.00	\$ —
Special Care Unit (specify)	\$	\$	\$
Special Care Unit (specify)	\$	\$	\$

**Medicare**

	Code	Rate
Three most frequent resource utilization group (RUG) codes and rates paid for them	1. RUA	\$ 462.97
	2. RUC	\$ 553.69
	3. RUB	\$ 553.69

**Medicaid Nursing Home**

Quarterly Rates			
Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.
\$ 153.68	\$ 153.59	\$ 153.90	\$ 151.79

**Medicaid Nursing Home**

	Rate
Special Care Unit (specify)	\$
Special Care Unit (specify)	\$

**State/County Special Assistance**

	Rate
Adult Care Home	\$
Special Care Unit (specify)	\$
Special Care Unit (specify)	\$

Please complete only if applicable:

**Alzheimer's Special Care Unit-Additional Charge**

	Rate
Nursing Home	\$ —
Adult Care Home	\$ 7057.00 / month



**PART G ADULT CARE HOME – ADDITIONAL INFORMATION**

For questions please call Healthcare Planning at (919) 855-3865

Please give the number (1, 2, 3, etc.) of adult care home residents currently in facility with a physician’s diagnosis of the following:

- a) Mental Illness (MI) which includes a psychiatric illness but does not include intellectual disability, developmental disability or Alzheimer’s Disease/Related Dementia. As defined under NC G.S. 122C-3 (21), ‘Mental Illness’ means, when applied to an adult, “an illness which lessens the capacity of the individual to use self-control, judgment and discretion in the conduct of his affairs and social relations as to make it necessary or advisable to be under treatment, care, supervision, guidance or control.” Mental illnesses include but are not limited to major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and borderline personality disorder.
- b) Intellectual Disability/Developmental disability (ID/DD)
- c) Alzheimer’s Disease or related dementia. If a resident is dually diagnosed, only count the resident once, based on the primary diagnosis.

Resident Age - years	MI	ID/DD	Alzheimer’s/Related Dementia
18 - 20	0	0	0
21 - 34	0	0	0
35 - 54	0	0	0
55 - 64	0	0	0
65 - 74	0	0	1
75 - 84	4	0	5
85 or older	6	0	7
<b>TOTAL</b>	<b>10</b>	<b>1</b>	<b>13</b>

**This license renewal application must be completed and submitted with the license fee to the Nursing Home Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2019 nursing home license.**

The undersigned submits this application for licensure for the year 2019 (subject to the provision of the Nursing Home Licensure Act, Article 6, Chapter 131E of the General Statutes of North Carolina and to the rules adopted thereunder by the North Carolina Medical Care Commission) and certifies the accuracy of this information.

Vonda Hollingsworth  
 Name of Chief Administrative Officer

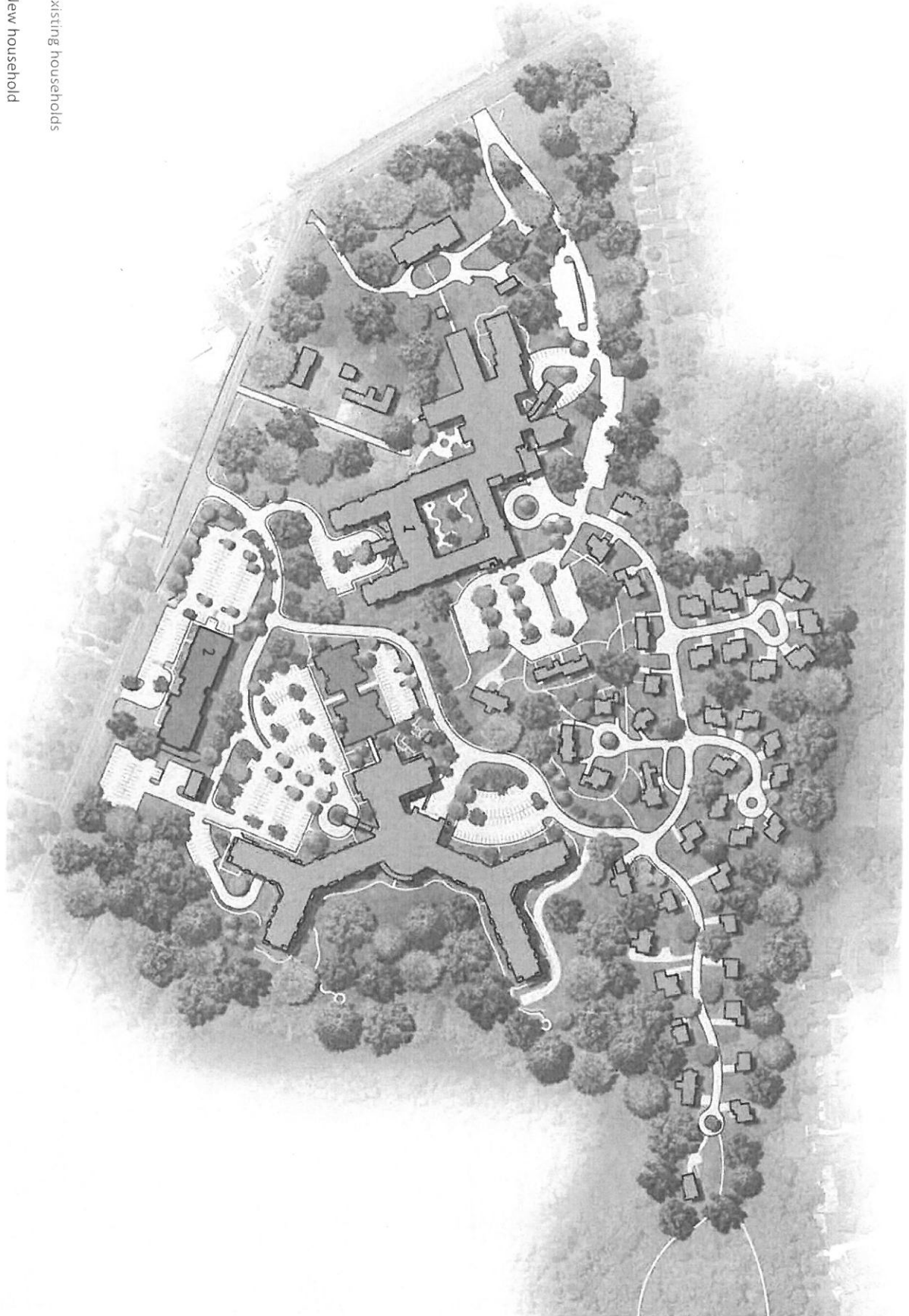
VP. Health Services  
 Title

Signature: *Vonda Hollingsworth*  
 (Chief Administrative Officer or Representative)

Date: 11/5/18

# EXHIBIT B

- 1 - Existing households
- 2 - New household



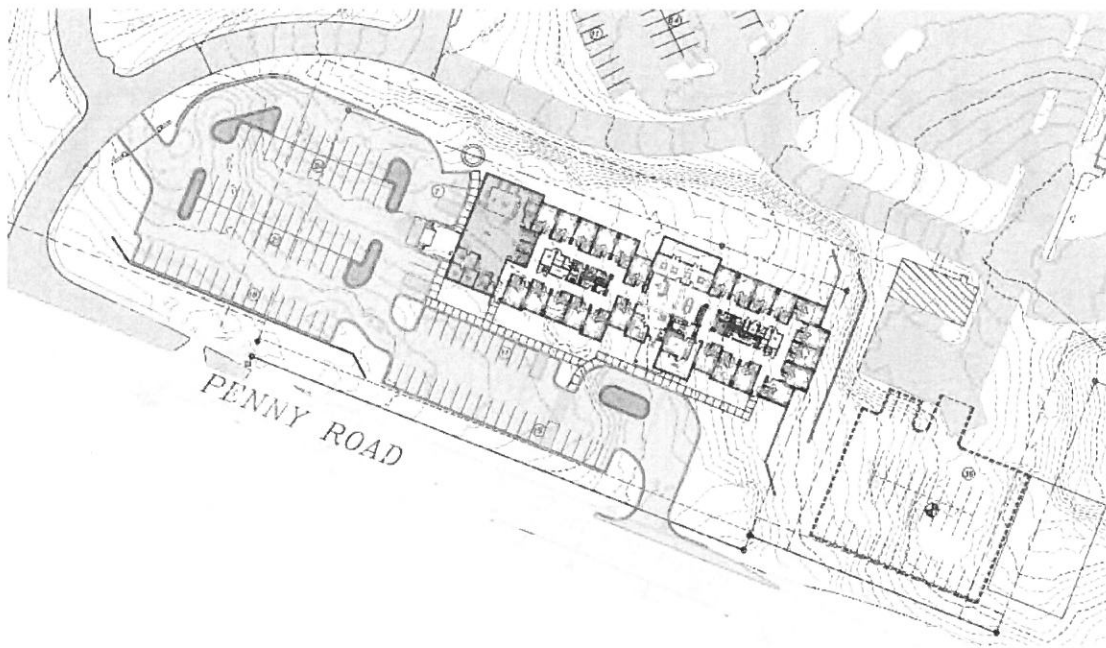
# EXHIBIT C

Architectural Concept Drawings – Short-Term Stay

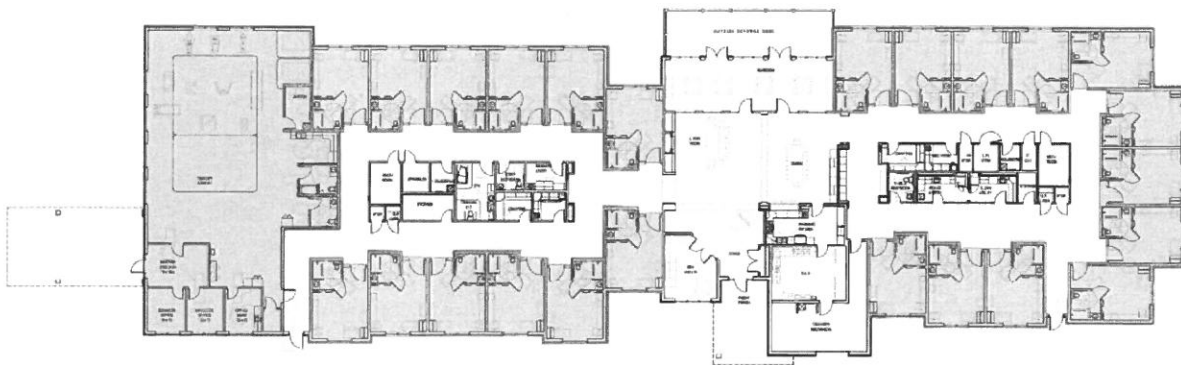
## 24 Unit Short-Term Stay Household

- Single story building
- Includes 24 private rooms of approx. 345 sq ft with private showers and bathrooms
- Includes Household common areas that Pennybyrn is accustomed to
- Therapy space of 3,930 sq ft – can accommodate people residing in the Household as well as some outpatient therapy – based on the square footage available, it is estimated that the space could accommodate between 20 and 30 outpatient visits per day
- 99 parking stalls are shown – typically about 24 to 30 spots would be needed for the Household; additional stalls are available for outpatient therapy

Short-term Stay Site layout



Short-term Stay Household layout



# EXHIBIT D

**Pennybyrn Projected Capital Cost Form**

Building Purchase Price	\$0.00
Purchase Price of Land	\$300,000.00
Closing Costs	\$0.00
Site Preparation	\$573,000.00
Construction/Renovation Contract(s)	\$7,206,987.70
Landscaping	\$125,000.00
Architect / Engineering Fees	\$620,281.00
Medical Equipment	\$25,000.00
Non-Medical Equipment	\$355,000.00
Furniture	\$1,013,371.00
Consultant Fees (specify) – Development	\$356,343.00
Financing Costs	\$120,000.00
Interest during Construction	\$341,250.00
Legal/Zoning/Entitlement	\$175,000.00
Owner's Contingency	\$780,994.00
Debt Service Reserve Fund	\$245,000.00
<b>Total Capital Cost</b>	<b>\$12,237,226.70</b>

**CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER**

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.

*Ally E. Boye, AIA*  
Signature of Licensed Architect or Engineer

Date Signed: 6.24.19

**CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT**

I certify that, to the best of my knowledge, the projected total capital cost for the proposed project is complete and correct and that it is our intent to carry out the proposed project as described.

*Dr. Paul Skemmer*  
Signature of Officer/Agent

Date Signed: 6.24.19

*Chairman of the Board MF Inc.*  
Title of Officer/Agent

