

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

August 23, 2021

Georgette Johnson harrisjohnson6656@yahoo.com

| No Review | |
|----------------------|---|
| Record #: | 3640 |
| Date of Request: | August 11, 2021 |
| Business Name: | CCJ Adult Care IV |
| Business #: | 3426 |
| Project Description: | Acquisition of an existing family care home |
| County: | Gaston |
| | |

Dear Ms. Johnson:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law **in effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. 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.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

ulie M. Jaenza

Julie M. Faenza Project Analyst

Micheala Mitchell

Micheala Mitchell Chief, Certificate of Need

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

HARRIS ENTERPRISES OF NC INC

DBA WALDEN POND CARE HOME

101 OLDE COACH LANE

CHERRYVILLE, NC 28021

LICENSE NUMBER: FCL-036-025

GASTON COUNTY

6 BEDS

GEORGETTE JOHNSON 704-460-4072

August 11, 2021,

DEAR GREG YAKABOSKI (CON DIVISION)

THE ABOVE FACILITY IS COMPLETING A CHANGE OF OWNERSHIP EFFECTIVE JULY 1, 2021.

HARRIS ENTERPRISES OF NC INC DBA WALDEN POND CARE HOME IS RELINQUISHING 6 BED FACILITY TO CCJ ADULT CARE IV DBA WALDEN POND CARE HOME, BERNICE HOSCH. THE CLOSING DATE WAS JULY 1, 2021 IN GASTON COUNTY AT GREY, LAYTON, & KERSCH, PPLC ATTORNEYS AT LAW. THERE ARE NO STRUCTURAL CHANGES OR CHANGES IN BED SIZES OR PROPERTY CHANGES.

CAN YOU PLEASE SEND EXEMPTION LETTER TO NCDHHS ADULT CARE LICENSURE SECTION SO THEY WILL PROCESS NEW LICENSE FOR NEW LICENSEE.

ANY QUESTIONS OR CONCERNS PLEASE CALL ME AT 704-460-4072.

SINCERELY,

GEORGETTE JOHNSON

CC NORTH CAROLINA ADULT CARE LICENSURE

| From: | Georgette Johnson |
|--------------|--|
| То: | Waller, Martha K; Yakaboski, Greg; Bernice Hosch; Zatari, Ibtisam |
| Subject: | [External] CON Exemption Letter |
| Date: | Wednesday, August 11, 2021 10:46:22 AM |
| Attachments: | Harris Enterprises of NC INC DBA Greene Haven Family Care CON Letter.pdf |
| | Harris Enterprises of NC INC DBA St Marks Road Care Home CON Letter.pdf |
| | Harris Enterprises of NC INC DBA Walden Pond Care Home CON Letter.pdf |
| | S&V Adult Care LLC DBA Openview Retirement Center CON Letter.pdf |

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to <u>Report Spam.</u>

Good Morning All,

Please see attachments below. We will be looking for exemption letters as soon as you have time so Adult Care Licensure Section can complete Change of Licensee Applications.

If you have any questions or concerns please contact me at 704-460-4072.

Sincerely, Georgette Johnson