



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

December 22, 2021

Tracy Wood
Tracy Wood@carehospice.com

No Review

Record #: 3760
Date of Request: December 2, 2021
Facility Name: Good Shepherd Hospice
FID #: 190067
Business Name: Hospice of the South, Inc.
Business #: 3439
Project Description: Add Swain County to service area
County: Cherokee

Dear Ms. Wood:

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,

[Signature of Ena Lightbourne]

Ena Lightbourne
Project Analyst

[Signature of Micheala Mitchell]

Micheala Mitchell
Chief

cc: Acute and Home Care 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
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

From: [Lightbourne, Ena](#)
To: [Waller, Martha K](#)
Subject: FW: [External] Request No Review
Date: Thursday, December 2, 2021 2:45:32 PM

I'm not sure if this enough information but can you log this? Thanks.

From: Tracy Wood <TracyWood@carehospice.com>
Sent: Thursday, December 2, 2021 1:42 PM
To: Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Subject: [External] Request No Review

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Dear Ms. Lightbourne:

I am writing in regards to Good Shepherd Hospice. HOS 5091. Facility ID. 190066 and HOS 5092 Facility 190067. We currently serve the following contiguous counties: Clay, Graham, Cherokee, Macon. We would like to serve Swain County and request a no review please. Thank you so much for your response.

Sincerely,

Tracy Wood
President

Tel: 678-333-7880
Email tracywood@carehospice.com

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