



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

October 29, 2021

James C. Wrenn, Jr.
jwrenn@smithlaw.com

No Review

Record #: 3718
Date of Request: October 21, 2021
Facility Name: Golden Heights Assisted Living
FID #: 920445
Business Name: Clared, LLC
Business #: 3486
Project Description: Change of operator and name of facility
County: Craven

Dear Mr. Wrenn:

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,

[Handwritten signature of Gregory F. Yakaboski]

Gregory F. Yakaboski

[Handwritten signature of Micheala Mitchell]

Micheala Mitchell
Chief

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

SMITH, ANDERSON, BLOUNT,  
DORSETT, MITCHELL, & JERNIGAN, L.L.P.

LAWYERS

October 21, 2021

**Via email**

Ms. Micheala Mitchell  
Chief  
NC Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
809 Ruggles Drive  
Raleigh, NC 27603  
[micheala.mitchell@dhhs.nc.gov](mailto:micheala.mitchell@dhhs.nc.gov)

Mr. Greg Yakaboski  
Project Analyst  
NC Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
809 Ruggles Drive  
Raleigh, NC 27603  
[greg.yakaboski@dhhs.nc.gov](mailto:greg.yakaboski@dhhs.nc.gov)

**Re: Golden Heights Assist Living  
Golden Heights, LLC (Operating Entity)  
Clared, LLC (Real Estate Entity)  
603 West Street, New Bern, NC 28560  
License Number: HAL-025-023**

Dear Ms. Mitchell and Mr. Yakaboski:

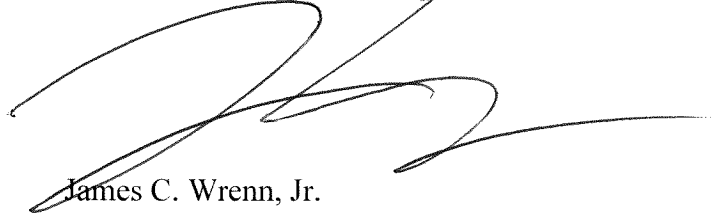
I am assisting Golden Heights, LLC (“Golden Heights”) and Clared, LLC (“Clared”) with licensure and Certificate of Need matters. Clared owns the real property constituting the existing health service facility licensed as an adult care home known as Good Shepherd Home for the Aged and Golden Heights plans to acquire the operations of the facility from Sovereign Healthcare, LLC (Licensee: Sovereign Healthcare, LLC; Address: P.O. Box 724, Washington, NC 27889 (Craven County); License Number: HAL-025-023; Real Property Owner: Clared, LLC). After the acquisition, Golden Heights will operate the adult care home pursuant to a lease with Clared. After Golden Heights receives its license to operate the facility, the adult care home will be known as Golden Heights Assisted Living.

Pursuant to G.S. §131D-184(a)(8), I understand that this transaction is exempt from review and, as a result, we request that you confirm that understanding by providing us with a “no review” letter.

As always, thank you for your assistance.

Sincerely,

**SMITH, ANDERSON, BLOUNT, DORSETT,  
MITCHELL & JERNIGAN, L.L.P**

A handwritten signature in black ink, appearing to read "James C. Wrenn, Jr.", with a long horizontal flourish extending to the right.

James C. Wrenn, Jr.

**SMITH, ANDERSON, BLOUNT, DORSETT, MITCHELL, & JERNIGAN, L.L.P.**

**From:** [Mitchell, Micheala L](#)  
**To:** [Waller, Martha K](#)  
**Cc:** [Yakaboski, Greg](#)  
**Subject:** FW: [External] Sovereign/Golden Heights  
**Date:** Thursday, October 21, 2021 2:53:28 PM  
**Attachments:** [SKM\\_C55821102115270 \(002\).pdf](#)

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For you Martha. Thank you.

Micheala Mitchell, JD  
[NC Department of Health and Human Services](#)  
[Division of Health Service Regulation](#)  
Section Chief, Healthcare Planning and CON Section  
809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704  
Office: 919 855 3879  
[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at [MySpot.nc.gov](https://www.myspot.nc.gov).  
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**From:** Amy Erwin <[aerwin@smithlaw.com](mailto:aerwin@smithlaw.com)>  
**Sent:** Thursday, October 21, 2021 2:49 PM  
**To:** Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>; Yakaboski, Greg <[greg.yakaboski@dhhs.nc.gov](mailto:greg.yakaboski@dhhs.nc.gov)>  
**Subject:** [External] Sovereign/Golden Heights

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

Please find attached a letter concerning the above-referenced facility.

If you have any questions or concerns, please let me know.

THANKS!

**AMY E. ERWIN, NCCP | PARALEGAL**  
[aerwin@smithlaw.com](mailto:aerwin@smithlaw.com)  
919.838.2079 | [smithlaw.com](http://smithlaw.com) | [map](#)



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