March 24, 2022

Tom Stukes
Tom.stukes@wbd-us.com

No Review

Record #: 3844
Date of Request: March 10, 2022
Facility Name: Edgewood Place at the Village of Brookwood
FID #: 001655
Business Name: Alamance Extended Care, Inc.
Business #: 47
Project Description: Change in indirect ownership of parent company
County: Alamance

Dear Mr. Stukes:

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]

Gregory F. Yakaboski, Project Analyst

[Signature]

Micheala Mitchell, Chief

cc: Nursing Home Licensure and Certification Section, DHSR
March 10, 2022

VIA EMAIL AND FEDEX COURIER

Micheala Mitchell  
Chief, Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
North Carolina Department of Health and Human Services  
809 Ruggles Drive  
Raleigh, North Carolina 27603  
micheala.mitchell@dhhs.nc.gov

RE:  **Well-Spring Services, Inc. to Become the Sole Corporate Member of Alamance Extended Care, Inc. d/b/a Edgewood Place at the Village of Brookwood**

Dear Ms. Mitchell:

Our client, Well-Spring Services, Inc., a North Carolina nonprofit corporation and sole corporate member of Well-Spring Retirement Community, Inc. in Greensboro, North Carolina, hereby gives notice to the Healthcare Planning and Certificate of Need Section that on or about June 1, 2022, or shortly thereafter depending on satisfaction of closing conditions, it will replace ARMC Health Care, currently the sole corporate member of Alamance Extended Care, Inc. (“AEC”), and become the sole corporate and controlling member of AEC.

AEC owns and operates a licensed nursing facility known as Edgewood Place at the Village of Brookwood, which is located at 1820 Brookwood Avenue, Burlington, North Carolina 27215 in Alamance County. The facility’s license number is NH0596. The nursing facility is part of AEC’s continuing care retirement community known as “The Village at Brookwood.” AEC will remain intact and will continue with all of its licenses, certifications, accreditations, assets, and operations in place. The only change is that its articles of incorporation and bylaws will be amended to accomplish the change in corporate governance. The corporate change will be of substantial public benefit by providing for the enhancement of healthcare and CCRC services in Alamance County and surrounding areas.
We are providing this letter as notice pursuant to N.C. Gen. Stat. § 131E-184(a) that this transaction is exempt from certificate of need review and approval under N.C. Gen. Stat. § 131E-184(a)(8) as the acquisition of an existing health service facility.

Please let me know if we need to provide further information. We respectfully request your written confirmation that this exemption applies to this transaction.

Thank you for your assistance in this matter.

Very truly yours,

Womble Bond Dickinson (US) LLP

Tom Stukes
Partner
Martha would you mind logging this as an exemption? Thanks,

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

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Ms. Mitchell...I have attached a notice of exemption for this transaction.

Please let me know if you have any questions or need any further information.

We would appreciate your acknowledgement of receipt.