



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

June 6, 2023

Tracey C. Cosby

TRACEY.C.COSBY@synergyhcs.com

No Review

Record #: 4218
Date of Request: May 16, 2023
Facility Name: Clay County Care Center
FID #: 923105
Business Name: Clay County HealthCare, LLC
Business #: 3181
Project Description: Delicense 10 adult care home beds from rooms 102, 104, 106, 108, 110 and 112 and relocate six nursing home beds to those rooms
County: Clay

Dear Tracey C. Cosby:

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,

Ena Lightbourne
Project Analyst

Micheala Mitchell
Chief

cc: 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
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



VIA EMAIL

May 15, 2023

Ms. Micheala Mitchell, Chief
NC Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
809 Ruggles Drive
Raleigh, NC 27603

**Re: No Review Letter
Clay County Care Center
86 Valley Hiway Drive, Hayesville, NC 28904-9674**

Dear Ms. Mitchell:

Clay County HealthCare, LLC d/b/a Clay County Care Center ("Clay County"), currently licensed for 90 nursing facility ("NF") and 10 adult care home ("ACH") beds, wishes to delicense its 10 ACH beds.

Clay County plans to convert the ACH rooms into NF rooms and relocate existing NF beds into the newly converted NF rooms ("Conversion"). The Conversion does not involve the development of a new institutional health service or an acquisition, and is expected to involve an expenditure of approximately \$100,000. We understand the Conversion is not an activity requiring a CON or CON review and does not require any additional filings with your office.

We respectfully request a letter of exemption/no review from North Carolina's Certificate of Need section for the proposed change in licensed beds.

Attached for your review and records are the following items:

- Owner's approval letter to delicense the 10 ACH Beds;
- Bed Change application submitted to DHHS/Licensure Division outlining the proposed change in greater detail.

If you have any questions, please do not hesitate to contact me at (770) 730-1103 or tracey.c.cosby@synergyhcs.com.

Sincerely,

A handwritten signature in blue ink that reads 'Tracey C. Cosby'.

Tracey C. Cosby
VP Licensing & Certification

cc: Scott Alexander, NHA
Beverly Speroff
Jeron Walker
Grant Johnston

ELDERBERRY OF HAYESVILLE, LLC
1000 Church Street, 3rd Floor
Lynchburg, VA 24504

May 10, 2023

Jeron Walker, CEO
Consulate Health Care
1810 Concord Lake Road
Kannapolis, NC 28083-6434

RE: North Carolina Bed Reduction Authorization

Dear Jeron:

Please accept this letter as owner authorization to delicense 10 Adult Care Home beds at the following North Carolina skilled nursing facility:

Clay County HealthCare, LLC
d/b/a Clay County Care Center
86 Valley Hideaway Drive
Hayesville, NC 28904-9674
License # NH0542; Facility ID: 923105
100 Licensed Beds (90 Nursing Facility and 10 Adult Care Home)

As soon as the reduction in beds is final, please provide a copy of Clay County's license reflecting the new licensed bed count and the effective date of the change.

With Regards,

Elderberry of Hayesville, LLC

By: 
C. L. Christian, III, Manager



VIA: Email and Federal Express

May 15, 2023

Ms. Beverly Speroff
Department of Health and Human Services
Division of Human Health Service Regulation
1205 Umstead Drive
Raleigh, NC 27603

**RE: Bed Change Request – Effective July 1, 2023
Clay County Care Center; Provider No. 34-5433
86 Valley Hideaway, Hayesville, NC 28904-9674**

Dear Ms. Speroff:

On behalf of the above nursing facility, please accept this letter and supporting documents to delicense 10 ACH beds, relocate M/M beds and convert rooms from semi-private to private. See below details:

- Delicense 10 ACH beds located in:
Rooms 102, 104, 106, 108 (2 beds), and 110, 112 (1 bed)
- Relocate 1 M/M bed each from the below rooms, changing each room from 2 beds to 1 bed:
Rooms 101, 103, 105, 107, 401, and 402
- Move the above six (6) M/M beds to:
Rooms 102, 104, 106, 108, 110, 112 (1 bed each)
- Effective Date: July 1, 2023
- Cost Report Year End: December 31

Attached are the following supporting documents:

- Nursing Home Application – Bed Changes;
- Current Bed Breakdown DHSR-Form 4504 and Current Floor Plan;
- Proposed Bed Breakdown DHSR-Form 4504 and Proposed Floor Plan;
- Letter to CON requesting No Review Letter; and
- Approval letter from real estate owner to delicense the 10 ACH beds;

We will submit the application to Construction along with this request later this week.

Ms. Beverly Speroff
May 15, 2023
Page Two

Please confirm your agency's approval in writing to either me or Scott Alexander, Administrator, at your earliest convenience. If you have any questions or need any additional information, please do not hesitate to contact me at 770-730-1103 or at tracey.c.cosby@synergyhcs.com.

Sincerely,

A handwritten signature in black ink that reads "Tracey C. Cosby". The signature is written in a cursive style with a large initial 'T' and a stylized 'C'.

Tracey C. Cosby
VP Licensing & Certification

Enclosures

cc: Scott Alexander

Nursing Home Application - Bed Changes

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION
NURSING HOME LICENSURE AND CERTIFICATION SECTION
2711 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-2711
TELEPHONE: (919) 855-4520

FOR OFFICIAL USE ONLY

Computer Number _____
Bed Change _____
Effective Date _____
Fee Received _____
Check No: _____
Amount: _____

2023

NURSING HOME APPLICATION – BED CHANGES
(Including Adult Care Home Beds in Combination Facilities)

LEGAL IDENTITY OF APPLICANT:

Clay County HealthCare, LLC

{Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.}

DOING BUSINESS AS (d/b/a) - names under which the facility or services are advertised or presented to the public:

PRIMARY: Clay County Care Center

Other: _____

If the above names are **NOT IDENTICAL** to the names on the current license, please check reason for the change:

Change of Ownership/Licensee Facility Name Change
 Other (Specify): Delicense Adult Care beds

NORTH CAROLINA LICENSE NUMBER: NH0542

Cost Reporting Year in format mm/dd: 12/31

FACILITY MAILING ADDRESS:

Street/P O Box: 86 Valley Hideaway Drive

City: Hayesville State: NC Zip: 28904-9674
(Ex. 27626 - 0530)

FACILITY SITE:

Street: 86 Valley Hideaway Drive

City: Hayesville County: Clay

Telephone: (828) 389-9941

Fax: (828) 389-3712

PATIENT SERVICES

1. Is the facility now to be a "Combination Facility", thereby incorporating licensed ACH beds? 1. YES NO

If "Yes", indicate which rules the facility chooses to apply to the operation of
these ACH beds.

Nursing Home Licensure ACH Licensure

(Complete checklist if using both sets of rules.)

APPLICATION TO INCREASE LICENSED NURSING HOME BEDS

2. NUMBER OF BEDS BY TYPE (*Must complete required data supplement form)

- a. **Nursing Beds (NF)** (TOTAL) a. 90
- 1. General Nursing Facility Beds 1. 90
 - 2. *Alzheimer's Special Care Unit Resident Beds 2. 0
 - 3. Ventilator Dependent Resident Beds 3. 0
 - 4. Traumatic Brain Injury Beds 4. 0
- Are you equipped to accommodate bariatric residents? Y N x
- b. **Adult Care Home (ACH)** (TOTAL) b. 90
- 1. General Adult Care Home Beds 1. 0
 - 2. *Alzheimer's Special Care Unit Beds 2. 0
- Are you equipped to accommodate bariatric residents? Y N
- c. **TOTAL LICENSED BEDS** (TOTAL a & b) c. 90

LICENSE FEE

A non-refundable per bed license fee is required for the number of beds added to the facility's licensed capacity and must accompany this application prior to the issuance of a nursing home license. Payment for the license fee should be in the form of check, certified check or money order and must be made payable to: **"The Division of Health Service Regulation."** Payment should include the facility's license number and be submitted with this license application.

License Fee Calculation:

a. Total number of <u>additional</u> Licensed beds. (must match number of additional beds approved by CON)	0
b. Multiply by per bed fee	x \$17.50
c. Total per bed fee (1a "x, multiply by" 1b)	\$0.00

This application must be completed and submitted to the Nursing Home Licensure and Certification Section, Division of Health Service Regulation, with the license fee, prior to the issuance of a nursing home license. The license fee is non-refundable. The legislation (SB-622, Session Law 2005-276) prohibits a license from being issued if the annual fee has not been paid.

The undersigned submits this application for licensure for the year 2016 {subject to the provisions 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.

Tracey C. Cosby
 Name of ~~Chief Administrative Officer~~
 or Authorized Official

Tracey C. Cosby
 (Written Signature)

Title: Authorized Representative

Date: 5/15/2023

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age or disability in employment or the provision of services."

Current Bed Breakdown and Floor Plan

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Clay County Care Center (Current)

TOWN: Hayesville

PROVIDER NUMBER: 34-5433

If change in beds or room numbers the effective date of the change: Current

CHECK ONLY ONE											
Room Number	# of Beds within Room	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only	Room Number	# of Beds within Room	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only
101	2	X				215	2	X			
102	2				X	301	2	X			
103	2	X				302	2	X			
104	2				X	303	2	X			
105	2	X				304	2	X			
106	2	X			X	305	2	X			
107	2	X				306	2	X			
108	2				X	307	2	X			
109	1	X				308	2	X			
110	1				X	309	2	X			
111	1	X				310	2	X			
112	1				X	311	2	X			
201	2	X				312	2	X			
202	2	X				313	2	X			
203	2	X				314	2	X			
204	2	X				315	1	X			
205	2	X				316	1	X			
206	2	X				401	2	X			
207	2	X				402	2	X			
208	2	X				403	2	X			
209	2	X				404	2	X			
210	2	X				405	2	X			
211	2	X				406	2	X			
212	2	X				407	2	X			
213	2	X				408	2	X			
214	2	X				409	2	X			

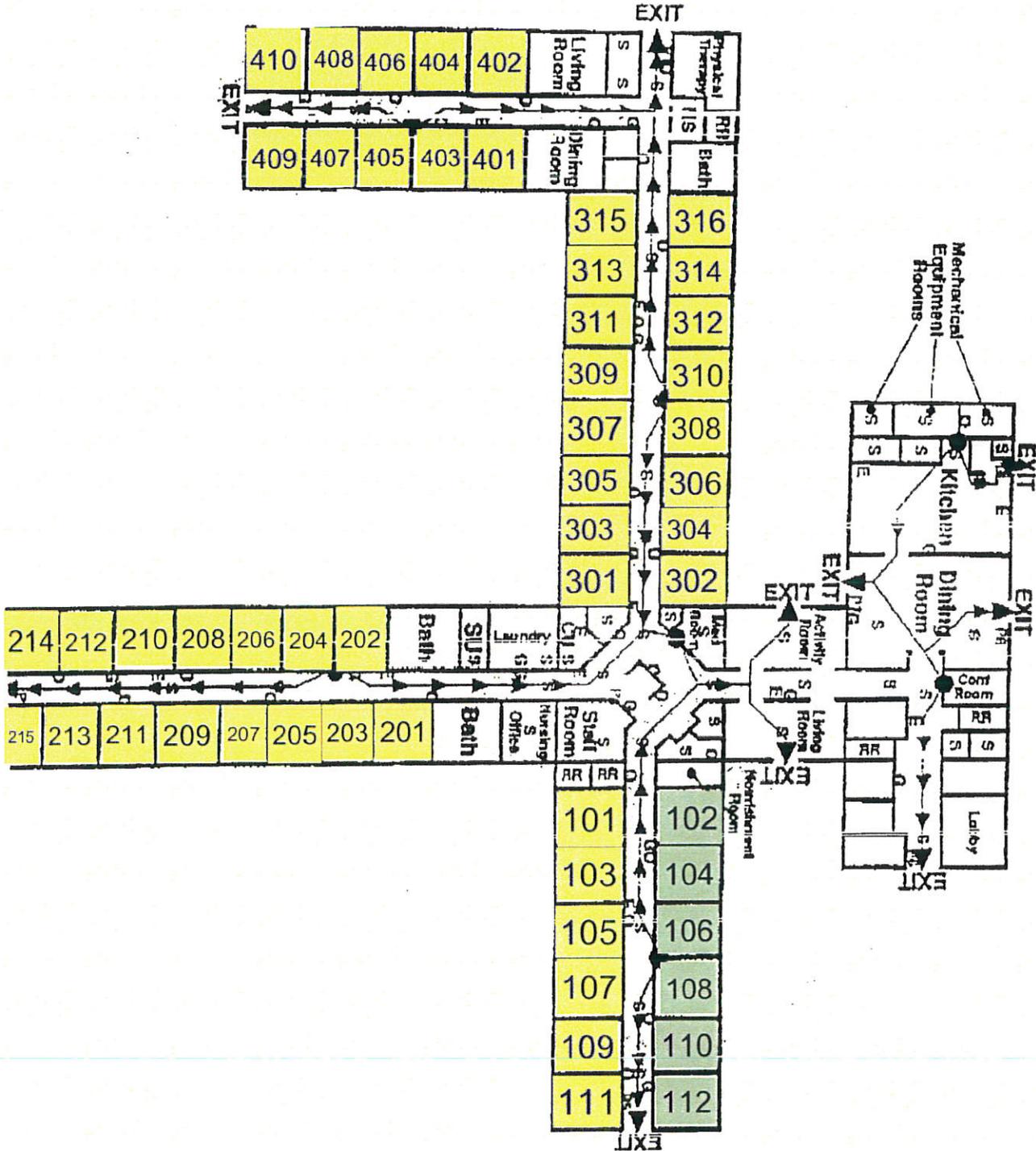
INSTRUCTIONS: Complete and mail to appropriate Regional Office of the Division of Health Service Regulation, NC Department of Human & Human Services.
 Total the beds for the different classifications (Medicare, Medicaid, etc.) at the bottom of the continuation sheet. The administrator must sign and date the form on the back since copies of these forms are sent to the appropriate certifying agency(ies) for reimbursement purposes.

*Identify type of beds (Nursing or Adult Care Home)

DHSR-Form 4504 (03/09) - Formerly 4103

Page 1

Proposed



Clay County Care Center
 86 Valley Hideaway Drive
 Hayesville, NC 28904

- M/M Dually Certified
- ACH Licensed
- Medicare Only

Proposed Bed Breakdown and Floor Plan

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Clay County Care Center (PROPOSED) **TOWN:** Hayesville **PROVIDER NUMBER:** 34-5433

If change in beds or room numbers the effective date of the change: July 1, 2023

Room Number	CHECK ONLY ONE							CHECK ONLY ONE						
	# of Beds within Room	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only	Room Number	# of Beds within Room	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only			
101	1	X				215	2	X						
102	1	X				301	2	X						
103	1	X				302	2	X						
104	1	X				303	2	X						
105	1	X				304	2	X						
106	1	X				305	2	X						
107	1	X				306	2	X						
108	1	X				307	2	X						
109	1	X				308	2	X						
110	1	X				309	2	X						
111	1	X				310	2	X						
112	1	X				311	2	X						
201	2	X				312	2	X						
202	2	X				313	2	X						
203	2	X				314	2	X						
204	2	X				315	1	X						
205	2	X				316	1	X						
206	2	X				401	1	X						
207	2	X				402	1	X						
208	2	X				403	2	X						
209	2	X				404	2	X						
210	2	X				405	2	X						
211	2	X				406	2	X						
212	2	X				407	2	X						
213	2	X				408	2	X						
214	2	X				409	2	X						

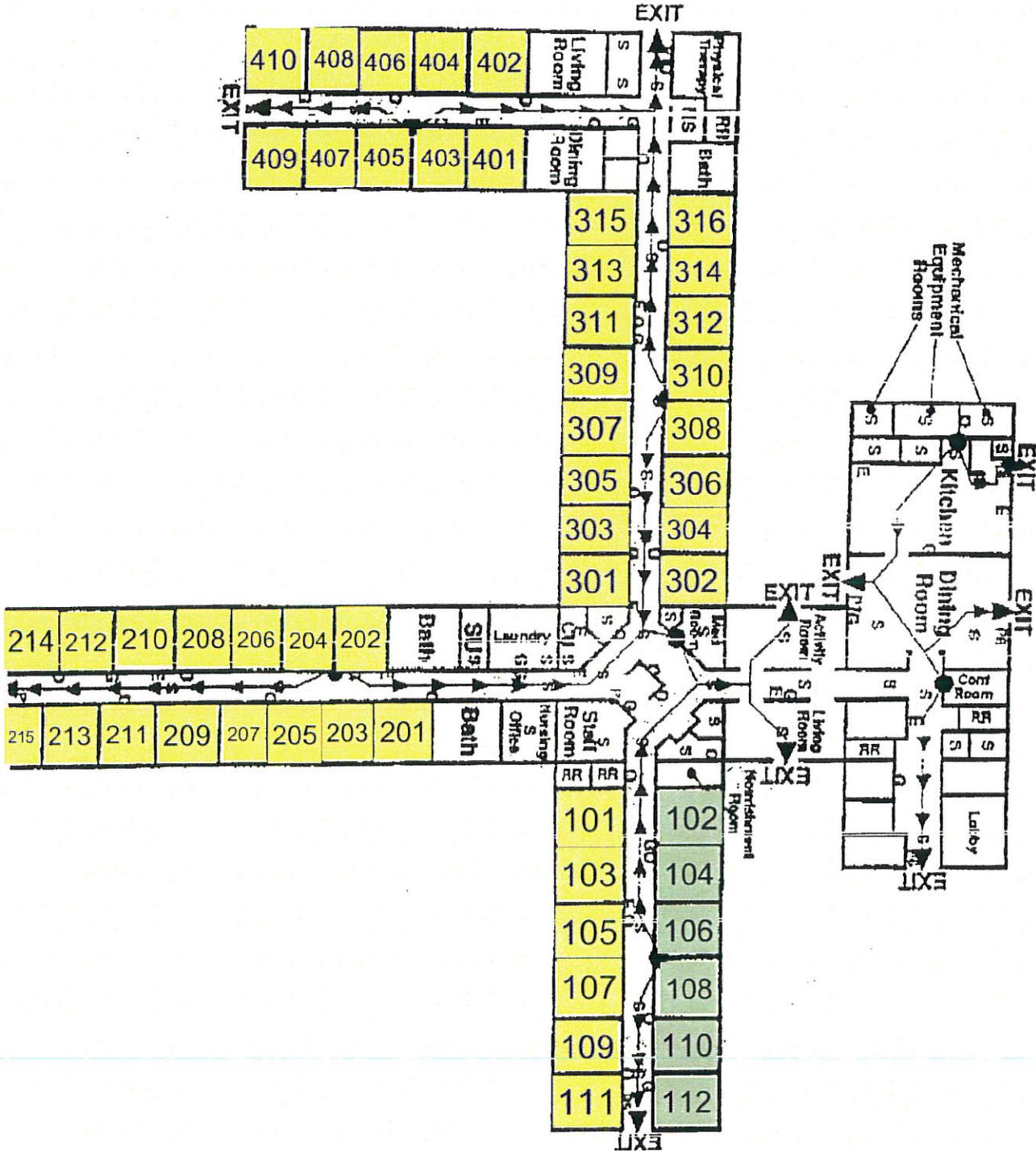
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DHSR-Form 4504 (03/09) - Formerly 4103 **Page 1**

Proposed



Clay County Care Center
 86 Valley Hideaway Drive
 Hayesville, NC 28904

- M/M Dually Certified
- ACH Licensed
- Medicare Only

CON Request for No Review Letter



VIA EMAIL

May 15, 2023

Ms. Micheala Mitchell, Chief
NC Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
809 Ruggles Drive
Raleigh, NC 27603

**Re: No Review Letter
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If you have any questions, please do not hesitate to contact me at (770) 730-1103 or tracey.c.cosby@synergyhcs.com.

Sincerely,

A handwritten signature in black ink that reads 'Tracey C. Cosby'.

Tracey C. Cosby
VP Licensing & Certification

cc: Scott Alexander, NHA
Beverly Speroff
Jeron Walker
Grant Johnston

1040 Crown Pointe Parkway, Suite 600 | Atlanta, GA 30338
p. (770) 698-9040 | f. (770) 730-1268 | SynergyHealthcareServices.com

Owner Approval Letter to Delicense ACH Beds

ELDERBERRY OF HAYESVILLE, LLC
1000 Church Street, 3rd Floor
Lynchburg, VA 24504

May 10, 2023

Jeron Walker, CEO
Consulate Health Care
1810 Concord Lake Road
Kannapolis, NC 28083-6434

RE: North Carolina Bed Reduction Authorization

Dear Jeron:

Please accept this letter as owner authorization to delicense 10 Adult Care Home beds at the following North Carolina skilled nursing facility:

Clay County HealthCare, LLC
d/b/a Clay County Care Center
86 Valley Hideaway Drive
Hayesville, NC 28904-9674
License # NH0542; Facility ID: 923105
100 Licensed Beds (90 Nursing Facility and 10 Adult Care Home)

As soon as the reduction in beds is final, please provide a copy of Clay County's license reflecting the new licensed bed count and the effective date of the change.

With Regards,

Elderberry of Hayesville, LLC

By: 
C. L. Christian, III, Manager

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] No Review Request
Date: Tuesday, May 16, 2023 10:16:49 AM
Attachments: [Clay County - CON No Review Request.pdf](#)
[Clay County Bed Change App 2023 07 01 D.pdf](#)
Importance: High

Morning Tiffany,

Would you mind logging this as an exemption and assigning to Ena?

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

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: COSBY, TRACEY C <TRACEY.C.COSBY@synergyhcs.com>
Sent: Tuesday, May 16, 2023 10:12 AM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: [External] No Review Request
Importance: High

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Ms. Mitchell,

On behalf of Clay County HealthCare, LLC, attached is a request for a No Review Determination Letter from the CON Division. See below project summary and attached.

Facility Name: Clay County Care Center
Business Name: Clay County HealthCare, LLC
Address: 86 Valley Highway Drive, Hayesville, NC 28904-9674

Project Description: Delicense 10 Adult Care Home Beds, convert rooms for use as nursing facility and relocate existing certified nursing facility beds to the converted rooms

If you have any questions or need anything further, please do not hesitate to contact me.

Thank you,

Tracey

Tracey C. Cosby
VP Licensing & Certification
Synergy Healthcare Services

1040 Crown Pointe Parkway, Suite 600
Atlanta, GA 30338
o. 770.730.1103 (Direct)
f. 770.677.1644 (Fax)

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