



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

Clement Sowa
clementsowa@yahoo.com

Exempt from Review – Acquisition of Facility

Record #: 4220
Date of Request: May 26, 2023
Facility Name: Cape Point Memory Care Unit
Type of Facility: ACH
FID #: 970514
Acquisition by: Clegail Professional Services, LLC
Business #: 3718
County: Alamance

Dear Mr. Sowa:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that the project described above is exempt from certificate of need (CON) review in accordance with G.S. 131E-184(a)(8). Therefore, the above referenced business may proceed to acquire the health service facility identified above without first obtaining a CON. In addition, the new operator of the facility is also Clegail Professional Services, LLC. The Agency's determination is limited to the question of whether the above referenced business would have to obtain a CON if the current owners of the health service facility do in fact sell it to the business listed above. Note that pursuant to G.S. 131E-181(b): *"A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need."*

If the business listed above does acquire the facility, you should contact the Agency's Adult Care Licensure Section to obtain instructions for changing ownership of the existing facility.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination regarding whether a certificate of need would be required. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Gregory F. Yakaboski
Project Analyst

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

From: [Clement Sowa](#)
To: [Yakaboski, Greg](#)
Cc: [Clegail Professional Services](#)
Subject: [External] CERTIFICATE OF NEED EXEMPTION REQUEST
Date: Friday, May 26, 2023 5:01:44 AM

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.

Dear Sir,
CERTIFICATE OF NEED EXEMPTION REQUEST
I wish to apply for Certificate of Need Exemption to operate an Adult Care Home in Alamance County.

Current Owner of Facility:
Walid Nicola (Nicola Properties LLC)

Current Administrator: A. Evelyn Love
Deputy Administrator: Queen Love
Phone: 336-263-3946

Name and Address of Adult Care Home
Golden Years Assisted Living II
205-B East 6th Street
Burlington, NC 27215

Facility ID: 970514
License Number: HAL-001-099

Special Care Unit
Capacity:12
Type: Alzheimer's/Dementia:12

New Owner of Facility: Clement Sowa
(Clegail Professional Services LLC)
New Administrator: Clement Sowa
Phone: 336-825-7223

New Name of the Care Home:
Cape Point Memory Care Unit

Address: Same As Above

Thank you very much for your support.

Kind Regards
Clement Sowa

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