

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 30, 2023

Donna Albritton dalbritton@autumnfieldnc.com

4232
June 12, 2023
Autumnfield of Belhaven
920053
Donna Albritton
3727
Change in licensed operator
Beaufort

Dear Ms. Albritton:

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,

Gregory F. Yakaboski Project Analyst

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

From:Yakaboski, GregTo:Stancil, Tiffany CSubject:FW: [External] No Review LetterDate:Monday, June 12, 2023 1:51:37 PMAttachments:image001.png
image002.png
image003.png
image005.png
image005.png
image006.png

Tiffany,

Just received this No Review Request.

Thanks,

Greg

Sincerely,

Gregory F. Yakaboski

Gregory F. Yakaboski Project Analyst <u>Division of Health Service Regulation</u>, Certificate of Need <u>NC Department of Health and Human Services</u>

Help protect your family and neighbors from COVID-19. <u>Know the 3 Ws. Wear. Wait. Wash.</u> #StayStrongNC and get the latest at <u>nc.gov/covid19</u>

Office: 919-855-3873 Greg.Yakaboski@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building 2704 Mail Service Center Raleigh, NC 27699-2704

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From: Cody Belangia <cody@autumnfieldnc.com>
Sent: Monday, June 12, 2023 1:45 PM
To: Yakaboski, Greg <greg.yakaboski@dhhs.nc.gov>
Cc: Donna Albritton <dalbritton@autumnfieldnc.com>
Subject: [External] No Review Letter

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.

Good afternoon Greg,

I am reaching out requesting a No Review Letter for Autumnfield of Belhaven Assisted Living. We are seeking to change the operator of the facility to Eastern Retirement Centers, Inc.

Facility Name: Autumnfield of Belhaven Assisted Living Address: 1345 Seed Tick Neck Rd. Pinetown, NC 27865 FID #: 56-1633759 County: Beaufort County

<u>Management Company</u>: Eastern Retirement Centers, Inc. <u>Contact Information</u>: Donna Albritton, President <u>Address</u>: PO Box 459 Belhaven, NC 27810 <u>Phone Number: (919) 274-3398</u> <u>Email: dalbritton@autumnfieldnc.com</u>

There are no other proposed changes at this time.

Please let me know if you need anything further.

Thank you, Cody



Cody Belangia, NCALA, AD, CDP, CCM Executive Director, Autumnfield of Belhaven Assisted Living

(E) cody@autumnfieldnc.com

1345 Seed Tick Neck Road Pinetown, NC 27865

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