



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

March 1, 2023

Courtney Shetley

Courtney.Shetley@dhhs.nc.gov

No Review

Record #: 4115
Date of Request: January 30, 2023
Facility Name: Back Mountain Neuro-Medical Treatment Center
FID #: 955752
Business Name: Division of State-Operated Healthcare Facilities
Business #: 3677
Project Description: Decertify two beds to make improvements to living space
County: Buncombe

Dear Ms. Shetley:

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



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
KAREN BURKES • DSOHF Director
MARGGI WALDEN, CCC-SLP, NHA • Director



January 24, 2023

Micheala Mitchell, Chief
Division of Health Services Regulation
Healthcare Planning and Certificate of Need
2704 Mail Service Center
Raleigh, NC 27699-2704

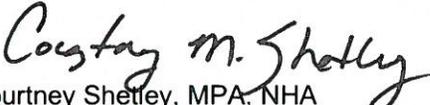
Dear Ms. Mitchell,

This letter is to request decertification of two beds for Black Mountain Neuro-Medical Treatment Center. The Raspberry 3 unit is currently undergoing a remodel of the central bathrooms. To improve the bathroom area, and provide larger bathing and dressing space, the adjacent bedroom must be converted to bathroom space. This bedroom (328) is currently certified for 2 beds. The certified bed count of Raspberry 3 will be reduced from 35 to 33. The overall certified NF beds at Black Mountain Neuro-Medical Treatment Center would decrease from 165 to 163.

Enclosed with this letter are floorplans for the Raspberry 3 unit, pre-remodel, with an indicator for the room that would be decertified. I have also included a completed form DFS-4504 (Breakdown of Room Numbers and Beds) with the removal of these beds.

We request the effective date of March 1, 2022. As always, thank you for your help and please let me know if you have any questions or need further information.

Sincerely,


Courtney Shetty, MPA, NHA
Assistant Director/Director of Standards Management

cc: Marggi Walden, Director
Annette Barnes, Health Information Manger and Privacy Official

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • BLACK MOUNTAIN NEURO-MEDICAL TREATMENT CENTER

932 OLD US 70 HIGHWAY
BLACK MOUNTAIN, NC 28711

www.ncdhhs.gov • (828) 259-6700 • (828) 669-3177

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BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Black Mountain Neuro-Medical Treatment Center **TOWN:** Black Mountain **PROVIDER NUMBER:** 34A001

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

CHECK ONLY ONE						CHECK ONLY ONE					
Room Number	# of Bed's within Room	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only	Room Number	# of Bed's within Room	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only
Gravelly I						Gravelly III					
100	2		X			300	3		X		
102	3		X			304	3		X		
106	3		X			308	4		X		
108	2		X			312	3		X		
105	1		X			301	2		X		
107	1		X			305	2		X		
109	3		X			311	1		X		
118	3		X			334	3		X		
122	2		X			338	4		X		
124	3		X			342	3		X		
128	3		X			346	3		X		
121	2		X			339	2		X		
123	3		X			335	2		X		
						333	1		X		

TOTAL Medicare/Medicaid = _____ (Beds) Medicaid Onl 163 (Beds) Medicare Only = _____ (Beds) Licensed Only = _____ (Beds)

FOR YOUR INFORMATION: Home for the Aged beds cannot be certified in Medicare nor Medicaid

***Identify type of beds (Nursing or Home for the Aged)**
 Administrator's Signature: *Marguerite R. Wadden* Date: *01/24/2023* Page 2
 DFS-Form 4504 (03/97) - Formerly 4108

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

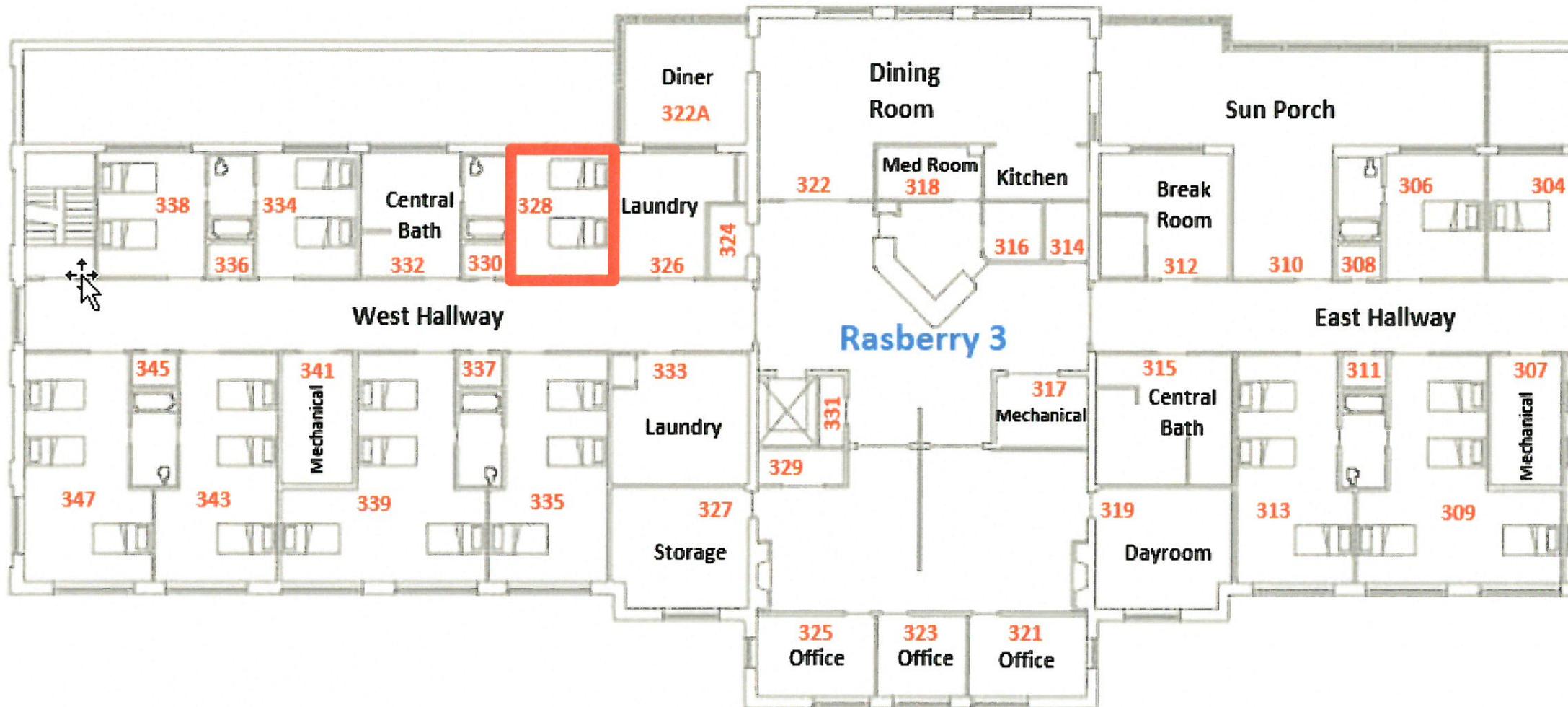
NAME OF FACILITY: Black Mountain Neuro-Medical Treatment Center **TOWN:** Black Mountain **PROVIDER NUMBER:** 34A001
 If change in beds or room numbers the effective date of the change: March 1, 2023

CHECK ONLY ONE						CHECK ONLY ONE					
Room Number	# of Bed's within Room	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only	Room Number	# of Bed's within Room	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only
Raspberry I						Raspberry III					
106	1		X			347	3			X	
108	3		X			343	3		X		
110	2		X			339	4		X		
124	3		X			335	3		X		
126	2		X			338	2		X		
128	1		X			334	2		X		
133	3		X			313	3		X		
131	3		X			309	4		X		
127	4		X			305	3		X		
125	2		X			301	3		X		
109	3		X			300	1		X		
107	3		X			304	1		X		
103	2		X			306	1		X		
Raspberry II											
204	3		X								
206	2		X								
228	2		X								
230	3		X								
233	2		X								
231	3		X								
227	3		X								
225	3		X								
213	1		X								
209	2		X								
207	3		X								
203	2		X								
201	2		X								

INSTRUCTIONS: Complete and mail to appropriate Regional Office of the Division of Facility Services, North Carolina Department of Human Resources.
 beds for the different

***Identify type of beds (Nursing or Home for the Aged)**

Black Mountain Neuro-Medical Treatment Center—Raspberry 3 Floor P



From: [Waller, Martha K](#)
To: [Stancil, Tiffany C](#)
Subject: No Review received in mail
Date: Monday, January 30, 2023 3:04:38 PM
Attachments: [Buncomber Black Mountain Neuro-Medical Treatment Center 050682 No Review Request.pdf](#)

Received in mail..for Logging.

Martha Waller

Administrative Specialist 1

Division of Health Service Regulation, Certificate of Need Section North Carolina Department of Health and Human Services

Main: 919-855-3873

Office: 919-855-3885

martha.waller@dhhs.nc.gov

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809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, NC 27699-2704

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