



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 14, 2023

Ryan Martin
rmartin@hancockdaniel.com

No Review

Record #: 4148
Date of Request: February 9, 2023
Facility Name: Autumn Care of Raeford
FID #: 922954
Business Name: Autumn Care of Raeford
Business #: 125
Project Description: Delicense eight existing adult care home beds and convert the space into private nursing facility rooms with no change in the total number of nursing facility beds and no adult care home beds upon project completion
County: Hoke

Dear Mr. Martin:

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,

Tanya M. Saporito, 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

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P.O. Box 72050, Richmond, VA 23225-2050
T 804.967.9604 F 804.967.9888
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Ryan M. Martin
Ext. 1484
Email: rmartin@hancockdaniel.com

February 9, 2023

VIA EMAIL

Micheala Mitchell, Chief
Tanya Saporito, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
North Carolina Department of Health & Human Services
809 Ruggles Drive Raleigh, NC 27603

**Re: No Review Request in Reference to a Proposed Bed Change for Autumn
Care of Raeford
License Number NH0438**

Dear Ms. Mitchell:

Autumn Corporation d/b/a Autumn Care of Raeford, located at 1206 N. Fulton Street, Raeford, North Carolina 28376-1926 (the "Facility"), is a licensed nursing home. The Facility is currently licensed for a total of 140 licensed beds, which includes 8 adult care beds. Effective April 1, 2023, the Facility plans to remove the 8 adult care beds from the nursing home license. Simultaneously, the Facility will convert the 4 rooms which previously housed the adult care beds into 4 private nursing home beds by redistributing currently licensed skilled nursing beds within the Facility. Following the change, the Facility will be licensed for 132 nursing beds. Importantly, the bed change will not add nursing home beds to the facility or require any renovations/construction.

For your review, I am enclosing completed DHSR Forms 4504 (Breakdown of Room Numbers and Bed Within Those Rooms) and floor plans for the Facility showing the bed distribution currently and following the bed redistribution. Accordingly, I respectfully request that the Agency issue a No Review Finding for this matter.

Should you require additional information for this update, please contact me at 540.525.7850. Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in black ink that reads 'Ryan M. Martin'.

Ryan M. Martin

Enclosures

cc: Greg Nicoluzakis, Saber Healthcare Group, LLC (*via email*)
Emily W.G. Towey, Hancock Daniel (*via email*)

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

Breakdown

NAME OF FACILITY: Autumn Care of Raeford

TOWN: Raeford

PROVIDER NUMBER: 345280

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

CHECK ONLY ONE						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	✓				301	2	✓			
102	2	✓				302	1	✓			
103	2	✓				303	2	✓			
104	2	✓				304	2	✓			
105	2	✓				305	2	✓			
106	2	✓				306	2	✓			
107	2	✓				307	2				ACH
108	2	✓				308	1	✓			
109	2	✓				309	2				ACH
110	2	✓				310	2	✓			
111	2	✓				311	2				ACH
112	2	✓				312	2	✓			
114	2	✓				314	2	✓			
201	2	✓				315	2				ACH
202	1	✓				316	2	✓			
203	1	✓				401	2	✓			
204	2	✓				402	2	✓			
205	1	✓				403	2	✓			
206	2	✓				404	2	✓			
207	2	✓				405	2	✓			
208	2	✓				406	2	✓			
209	2	✓				407	2	✓			
210	2	✓				408	2	✓			
211	2	✓				409	2	✓			
215	2	✓				410	2	✓			
217	2	✓				411	2	✓			

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)

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Autumn Care of Raeford

TOWN: Raeford

PROVIDER NUMBER: 345280

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CHECK ONLY ONE							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
412	2	✓										
501	1	✓										
502	1	✓										
503	1	✓										
504	1	✓										
505	1	✓										
506	1	✓										
601	2	✓										
602	2	✓										
603	2	✓										
604	2	✓										
605	2	✓										
606	2	✓										
607	2	✓										
608	2	✓										
701	2	✓										
702	2	✓										
703	2	✓										
704	2	✓										
705	2	✓										
706	2	✓										
707	2	✓										
708	2	✓										
709	2	✓										

TOTAL
 Medicare/Medicaid = 132 (Beds)
 Medicare Only = 0 (Beds)
 Medicaid Only = 0 (Beds)
 Licensed Only = 8 (Beds)

FOR YOUR INFORMATION: Adult Care Home beds cannot be certified in Medicare nor Medicaid

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

Administrator's Signature: Bernard Bryant

Date: 2/6/2023

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Autumn Care of Raeford

TOWN: Raeford

PROVIDER NUMBER: 345280

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the effective date of the change: _____

CHECK ONLY ONE

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112	2	✓				312	1	✓			
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201	2	✓				315	1	✓			
202	1	✓				316	1	✓			
203	1	✓				401	2	✓			
204	2	✓				402	2	✓			
205	1	✓				403	2	✓			
206	2	✓				404	2	✓			
207	2	✓				405	2	✓			
208	2	✓				406	2	✓			
209	2	✓				407	2	✓			
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215	2	✓				410	2	✓			
217	2	✓				411	2	✓			

INSTRUCTIONS: Complete and mail to appropriate Regional Office of the Division of Health Service Regulation, NC Department of Human & Human Services.

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607	2	✓										
608	2	✓										
701	2	✓										
702	2	✓										
703	2	✓										
704	2	✓										
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706	2	✓										
707	2	✓										
708	2	✓										
709	2	✓										

TOTAL

Medicare/Medicaid = 132 (Beds)
 Medicare Only = 0 (Beds)

Medicaid Only = 0 (Beds)
 Licensed Only = 0 (Beds)

FOR YOUR INFORMATION: Adult Care Home beds cannot be certified in Medicare nor Medicaid

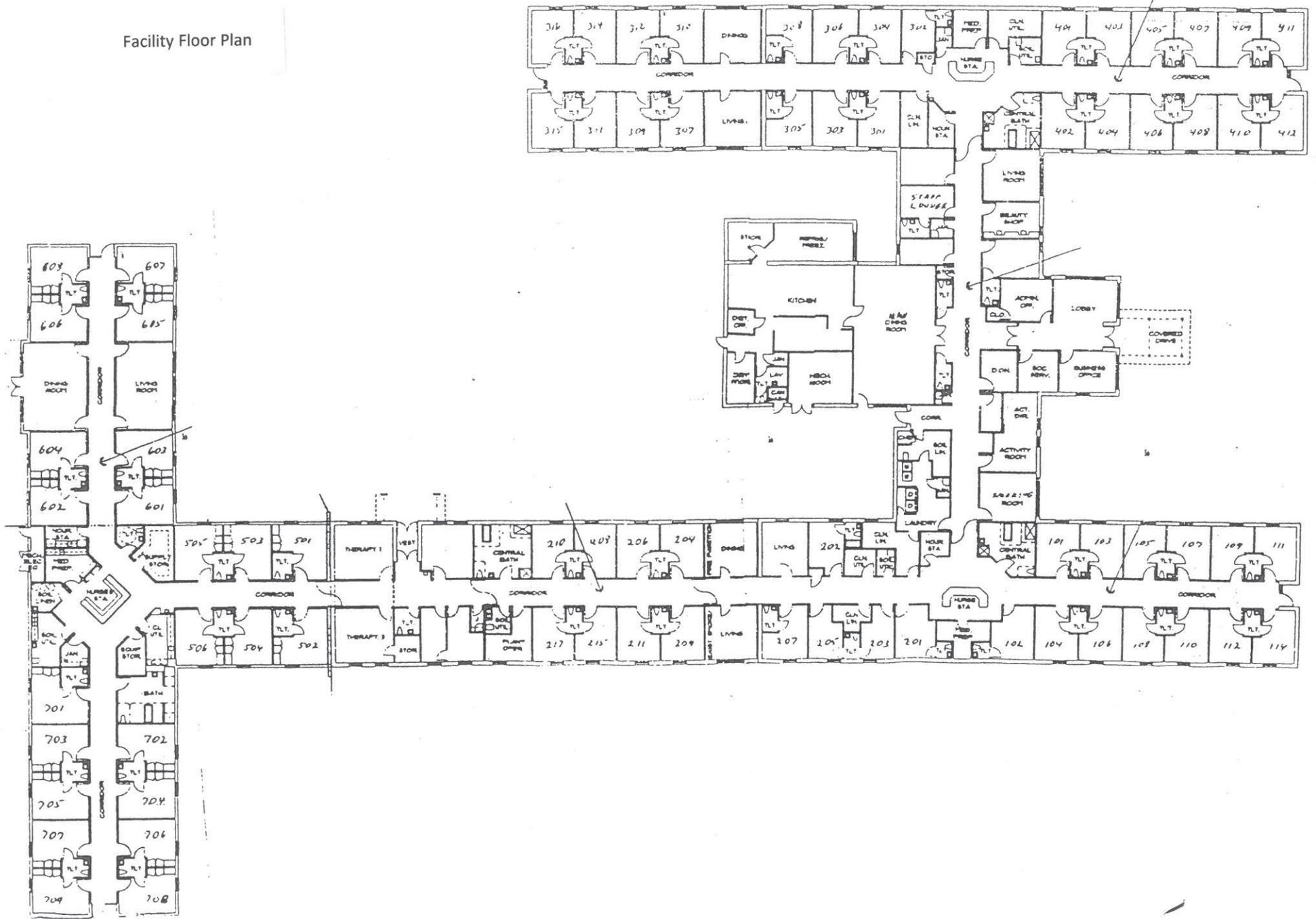
*Identify type of beds (Nursing or Adult Care Home)

Administrator's Signature: Bernad Bynum

Date: 2/6/2023

Autumn Care of Raeford
1206 N. Fulton St.
Raeford, NC 28376

Facility Floor Plan



Autumn Care of Raeford
 1206 N. Fulton St.
 Raeford, NC 28376



Rooms 307, 309, 311 and 315, which currently house 8 adult care beds will become 4 private nursing home rooms.

Rooms 310, 312, 314, and 316 are currently semi-private nursing rooms (i.e., 2 beds per room). 1 bed will be moved from each room into Rooms 307, 309, 311, and 315

Enhanced View of 300 Hall

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Cc: [Tanya, Saporito](#)
Subject: FW: [External] Request for Letter of No Review - Autumn Care of Raeford
Date: Thursday, February 9, 2023 12:51:25 PM
Attachments: [image001.png](#)
[CON Notice - North Carolina.pdf](#)

Hi Tiffany-

Would you mind logging this as a no review and assigning to Tanya?

Thanks

Micheala Mitchell, JD

(she/her/hers)

Section Chief, Healthcare Planning and CON Section

[NC Department of Health and Human Services](#)

[Division of Health Service Regulation](#)

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Micheala.Mitchell@dhhs.nc.gov

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From: Ryan Martin <rmartin@hancockdaniel.com>
Sent: Thursday, February 9, 2023 12:47 PM
To: Tanya, Saporito <tanya.saporito@dhhs.nc.gov>
Cc: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: [External] Request for Letter of No Review - Autumn Care of Raeford

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Good afternoon Ms. Saporito,

I am reaching out to you as it is my understanding that you are assigned Certificate of Need (“CON”) matters for Hoke County based on *North Carolina’s Certificate of Need County Assignment Chart* posted on the division’s website. Please see our request below for a Letter of No Review for a bed redistribution at Autumn Care of Raeford, a licensed nursing home located at 1206 N. Fulton Street, Raeford, NC 28376.

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

Thank you,
Ryan

RYAN M. MARTIN

HANCOCK, DANIEL & JOHNSON, P.C.
Richmond Office | 866.967.9604
martin@hancockdaniel.com | [vCard](#)



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