



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

November 8, 2023

Ryan Martin

rmartin@hancockdaniel.com

No Review

Record #: 4302

Date of Request: October 26, 2023

Facility Name: Piedmont Health & Rehab Center

FID #: 023700

Business Name: Piedmont Health & Rehab Center, LLC

Business #: 3652

Project Description: Remove 43 adult care home beds from the nursing home license.

County: Rowan

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,

Cynthia Bradford
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

Ryan M. Martin
Ext. 1484
Email: rmartin@hancockdaniel.com

October 26, 2023

VIA EMAIL

Micheala Mitchell, Chief
Cynthia Bradford, 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
Proposed Bed Change for Piedmont Health & Rehab Center
License Number NH0050**

Dear Ms. Mitchell:

Piedmont Health and Rehab Center, LLC d/b/a Piedmont Health and Rehab Center, located at 610 West Fisher Street, Salisbury, NC, 28144, (the "Facility"), is a licensed nursing home. The Facility is currently licensed for a total of 101 licensed beds, which includes 43 adult care beds. Effective December 1, 2023, the Facility plans to remove the 43 adult care beds from the nursing home license. No nursing home beds will be redistributed within the Facility. 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 a floor plan for the Facility. Accordingly, I respectfully request that the Agency issue a No Review Finding for this matter.

Should you have any questions regarding the enclosed information, please contact me at 804.967.9604. Thank you for your assistance in this matter.

Sincerely,



Ryan M. Martin

cc: Greg Nicoluzakis, Saber Healthcare (*via email*)

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Piedmont Health & Rehab Center **TOWN:** Salisbury **PROVIDER NUMBER:** 34-5140
PROVIDER NUMBER: _____

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

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
100	1	X			X	306	2	X			
101	2	X				307	2	X			
102	2	X				308	2	X			
103	2	X				309	2	X			
104	2	X				310	2	X			
105	2	X									
106	2	X									
107	2	X									
108	2	X									
109	2	X									
200	2	X									
201	2	X									
202	2	X									
203	2	X									
204	2	X									
205	2	X									
206	2	X									
207	2	X									
208	2	X									
209	2	X									
300	1				X						
301	2	X									
302	2	X									
303	2	X									
304	2	X									
305	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)**

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: Piedmont Health & Rehab Center **TOWN:** Salisbury **PROVIDER NUMBER:** 34-5140

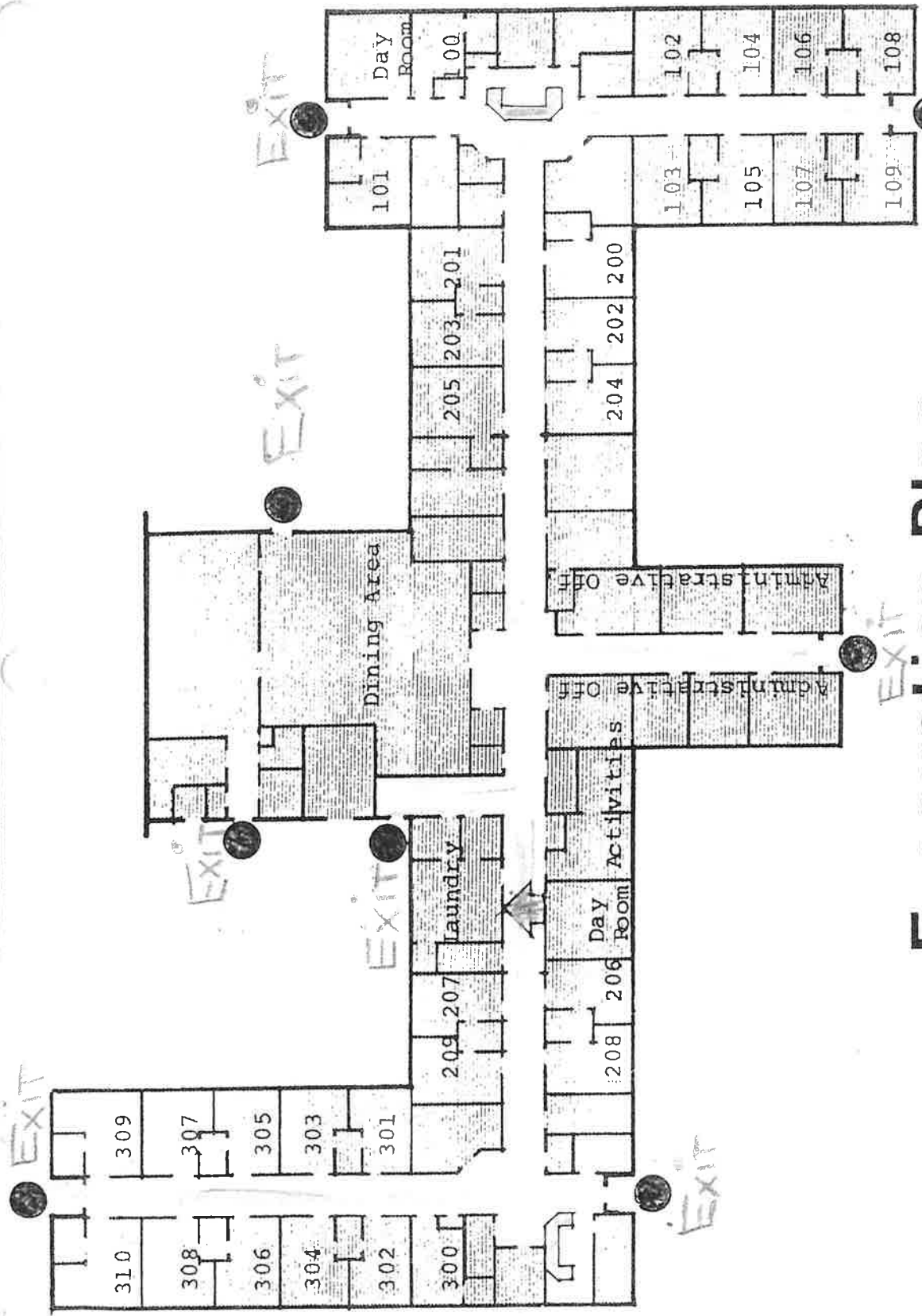
If change in beds or room numbers the effective date of the change: ASAP

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
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102	2	X				307	2	X			
103	2	X				308	2	X			
104	2	X				309	2	X			
105	2	X				310	2	X			
106	2	X									
107	2	X									
108	2	X									
109	2	X									
200	2	X									
201	2	X									
202	2	X									
203	2	X									
204	2	X									
205	2	X									
206	2	X									
207	2	X									
208	2	X									
209	2	X									
301	2	X									
302	2	X									
303	2	X									
304	2	X									
305	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)



Evacuation Plan

- ➔ You are here
- Fire exit

From: [Mckillip, Mike](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] FW: Piedmont Health & Rehab Center - Request for No Review Finding
Date: Friday, October 27, 2023 10:11:32 AM
Attachments: [image001.png](#)
[Piedmont Health & Rehab Center CON Request.pdf](#)

Hi Tiffany,

You can give this no review letter request to Cindy. She's coming back to work (but not the office) on Monday. Thanks.

Mike

Michael McKillip

Team Leader, Certificate of Need
Division of Health Service Regulation, Healthcare Planning and Certificate of Need
[NC Department of Health and Human Services](#)

Office: 919-855-3877 (I am in the office on Wednesday and Friday, and can best be reached by email on Monday, Tuesday and Thursday.)
mike.mckillip@dhhs.nc.gov

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

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From: Ryan Martin <rmartin@hancockdaniel.com>
Sent: Friday, October 27, 2023 10:05 AM
To: Mckillip, Mike <mike.mckillip@dhhs.nc.gov>
Cc: Lauren Lederman <llederman@hancockdaniel.com>
Subject: [External] FW: Piedmont Health & Rehab Center - Request for No Review Finding

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Mr. McKillip:

I sent the below email to Ms. Bradford yesterday but received her out-of-office message. I wanted to

include you in the email chain below. If there is someone else we should reach out to, please let me know.

Thank you,
Ryan

From: Ryan Martin
Sent: Thursday, October 26, 2023 2:41 PM
To: cynthia.bradford@dhhs.nc.gov
Cc: Lauren Lederman <llederman@hancockdaniel.com>
Subject: Piedmont Health & Rehab Center - Request for No Review Finding

Ms. Bradford:

I am reaching out to you as it is my understanding that you are assigned Certificate of Need ("CON") matters for Rowan 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 Piedmont Health & Rehab Center, a licensed nursing home located at 610 West Fisher Street, Salisbury, NC, 28144

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
rmartin@hancockdaniel.com | [vCard](#)



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