



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

August 1, 2024

Beverly Wooten
woodlawnhaven2013@yahoo.com

Exempt from Review – Acquisition of Facility

Record #: 4502
Date of Request: July 18, 2024
Facility Name: Woodlawn Haven
Type of Facility: ACH
FID #: 931371
Acquisition by: William K. Springs and Edwin Gregory Springs
Business #: 3844
County: Gaston

Dear Ms. Wooten:

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. 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,
Yolanda W. Jackson
Yolanda Jackson
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, Greg](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] CON exemption letter
Date: Friday, July 19, 2024 6:51:24 PM

Hey Tiffany,

Received this request re: Change of Ownership.

Greg

Sincerely,

Gregory F. Yakaboski

Gregory F. Yakaboski
Project Analyst
[Division of Health Service Regulation](#), Certificate of Need
[NC Department of Health and Human Services](#)

Help protect your family and neighbors from COVID-19.
[Know the 3 Ws. Wear. Wait. Wash.](#)
#StayStrongNC and get the latest at nc.gov/covid19

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: Woodlawn Haven <woodlawnhaven2013@yahoo.com>
Sent: Thursday, July 18, 2024 11:06 AM
To: Yakaboski, Greg <greg.yakaboski@dhhs.nc.gov>
Subject: [External] CON exemption letter

You don't often get email from woodlawnhaven2013@yahoo.com. [Learn why this is important](#)

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Good Morning,

My name is Beverly Wooten and I am emailing for Woodlawn Haven Assisted Living in Mount Holly NC we are applying for Change of ownership for our facility. The owner Everette Yates Springs passed away last year and his sons have taken over ownership and licensee for the facility. Our license number is HAL036006 NPI 1972642049. New owners are William K Springs and Edwin Gregory Springs (administrator also). We are an 80 bed facility. Please let me know anything else you would need from us to receive the exemption letter if possible.

Thank you in advance,

Beverly Wooten

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