

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

VIA EMAIL ONLY

August 7, 2024

Kiara Brown kiarasbrown@yahoo.com

Exempt from Review – Acquisition of Facility

Record #:	4505
Date of Request:	July 25, 2024
Facility Name:	The Brownstone
Type of Facility:	Family Care Home
FID #:	190365
Acquisition by:	Kiara Brown
County:	Mecklenburg

Dear Kiara Brown

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 & *(Section Name)* 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, Chaline J. Mase

Chalice L. Moore Project Analyst

Micheala Mitchell Chief

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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cc: Adult Care Licensure and Certification Section, DHSR

Good Morning,

I received this request from the below person. Mike advised that I would complete a change in ownership and cc licensure on it. Let me know if you have any questions.

Thanks

Chalice L. Moore Project Analyst, Certificate of Need Division of Health Service Regulations, Healthcare Planning and Certificate of Need NC Department of Health and Human Services

Office: 919-855-4630 chalice.moore@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building #228 2704 Mail Service Center Raleigh, NC 27699-2704

From: Kiara Brown <kiarasbrown@yahoo.com>
Sent: Thursday, July 25, 2024 2:01 PM
To: Moore, Chalice L <chalice.moore@dhhs.nc.gov>
Subject: [External] Certificate of need

You don't often get email from kiarasbrown@yahoo.com. Learn why this is important

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Hey Chalice, I'm writing on behalf of my self initiating a change of license for an adult family care home in Charlotte NC. Change of ownership plans to take place August 1,2024.

Currently the home is licensed by Phil Koch 704-654-9488 The address of the home is 6400 Burlwood Rd. Charlotte NC 28211 License Capacity 6 License # FCL-060-159 Change of a license Kiara Brown 704-530-0277 Name of Home : The Brownstone 6400 Burlwood Rd. Charlotte NC 28211 License 6 <u>Kiarasbrown@yahoo.com</u>

Please let me know if I can provide any additional information! <u>Sent from Yahoo Mail for iPhone</u>

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