

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

VIA EMAIL ONLY

June 27, 2024

Mistie Cooley macooley@frontier.com

No Review	
Record #:	4457
Date of Request:	May 20, 2024
Facility Name:	Skyland Care Center
FID #:	923457
Business Name:	BT2, Inc.
Business #:	3826
Project Description:	Change 10 existing Medicare certified nursing facility beds to dually certified
	Medicare/Medicaid nursing facility beds
County:	Jackson

Dear Ms. Cooley:

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,

En Link

Ena Lightbourne Project Analyst

Micheala Mitchell

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



193 Asheville Highway Sylva, North Carolina 28779 (828)-586-8935

May 13, 2024

To Whom It May Concern,

I am writing this letter to request a change in the bed certification at Skyland Care Center. We would like to request that ten of our Medicare certified beds be changed to dual certified (MCR/MCD). There is no construction project happening currently. These will continue to be PVT beds and the number of licensed beds for the facility will remain at 94 beds. I have attached a breakdown of the current DHSR Form 4504 and a breakdown of the proposed plan. I have also attached a copy of the facility floor plan and have circled the rooms that we would like to change to dual certification. Please review and let me know should you have any questions.

Sincerely,

Mister Cooliy

Mistie Cooley COO

NAME OF	TZ. Tra	DBA S	Skyland (are Center	ĥ	TOWN:	: Chilvia			PROVIDER NUMBER:	345400	
								If change in the effective	If change in beds or room numbers the effective date of the change:	numbers ange:		
		CHECK O	CHECK ONLY ONE						CHECK C	CHECK ONLY ONE		
Room Number	# of Beds within Room	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only		Room Number	# of Beds within	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only
101	י	٦					302	7	<			
102	2	۲				iensi Mari	303	121	<u>ر</u> ا			
103	2	۲					304	2	۲,			
104	2	~					305	2	٢			
105	2	~					306	2	<			
106	2	٢					307	2	۲			
	2	r					308	2	۲			
108	2	۲					309	2.	5			
109	2	۲					310	2	۲			
	2	5					311	2	۲			
	2	5					312	12	٢			Ĩ
112	2	<					цо С	+			<	Ī
201	2	۲					4D2	-			۲.	
202	2	7					403				۲	
203	2	1					404	-			۲	
204	2	5					504	1			۲.	
205	2	5					4Ne	1			5	
206	2	۲					407	1			۶	
207	2	1					408	1			<	
208	2	٢					hoa	-			۲	
209	2	٦					410				<	
210	2	5					411	-			<u>۲</u>	
211	2	7					412				<	
212	2	۲					413				٢	
213	נ	٢					414				۲,	
301	4	۲					415				۲	
	24											
and the second	24	ent classificati	appropriate R ons (Medicar	e, Medicaid, e	tc.) at the bo	on of He ttom of t	alth Service ne continuati	15	Complete and mail to appropriate Regional Office of the Division of Health Service Regulation, NC Department of Human & Human Services. the different classifications (Medicare, Medicaid, etc.) at the bottom of the continuation sheet. The administrator must sign and date the form on the	t of Human & r must sign ar	Human Servid	ces. rm on
NSTRUCTIONS: Complete and mail to appropriate Regional Office of the Division of Health Service Regulation Fotal the beds for the different classifications (Medicare, Medicaid, etc.) at the bottom of the continuation sheet.	ン ユ S: Complet for the differ		t to the annro	back since copies of these forms are sent to the appropriate certifying agency(ies) for reimbursement purposes	<u>ig agency(ies</u>) for rein	<u>nbursement</u>	P*				
NSTRUCTION otal the beds f	2 2 S: Complet	IUNIS dre sen	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									

	BREA	BREAKDOWN OF ROOM NUMBERS	OF ROOM	NUMBER	RS ANI	AND BEDS WI		THIN THOSE R	ROOMS		
NAME OF FACILITY: <u>BT2, Tre</u>	DBA S	Styland Care Center	ore Centei		TOWN:	chiva			PROVIDER	345400	
		C					If change in beds or room numbers the effective date of the change:	inge in beds or room numb ffective date of the change:	iumbers inge:		
	CHECK C	CHECK ONLY ONE						CHECK ONLY ONE	NLY ONE		
Room #of Beds Number within	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only	7	Room Number	# of Beds within	Medicare Medicaid	Medicaid Only	Medicare Onlv	*Licensed
4110 1			۲								
ו רוע			۲,								
418 1			۲								
			۲								
420 1			5								
					A Construction of the second sec						
-											
										ne y de la constant e la c	
TOTAL											
Medicare/Medicaid =	caid =	74	(Beds)	ts)		_	Medicaid Only =		φ	(Beds)	
Medicare Only =	11	20	(Beds)	<u> </u>			Licensed Only =		φ	(Beds)	
FOR YOUR INFORMATION:	: Adult Care	Adult Care Home beds cannot be certified in Medicare nor Medicaid	annot be certif	fied in Medica	re nor Me						
*Identify type of beds (Nursing)or Adult Care Home)	sing)or Adu	It Care Home									
Administrator's Signature:	Thumpe		N UN	IHA		-	Date: 513	13/24		Р	Page 2
			22 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -					Y		-	

• •

DHSR-Form 4504 (03/09) - Formerly 4103

• • • • •

.

		BREAK	BREAKDOWN OF		ROOM NUMBERS		AND BEDS		WITHIN THOSE I	ROOMS		
NAME OF	BI2, Inc	DBA Olu	Wand are	re Conter		TOWN:	: Culva			PROVIDER	342400	
				:				If change in t the effective	If change in beds or room numbers the effective date of the change:	numbers		
		CHECK ONLY ONE	NLY ONE						CHECK O	CHECK ONLY ONE		
Room	# of Beds	Medicare	Medicaid	Medicare	*Licensed		Room	# of Beds within	Medicare	Medicaid	Medicare	*Licensed
Number	Room	Medicaid	Only	Only	Only		Number	Room	Medicaid	Only	Only	Only
101	2	۲					302	2	٢			
102	2	۲					303	2	۲			
103	2	۲					304	2	5			
104	2	< <					305	2	5			
lus	2	~					3000	2	۲			
1010	2	۲					307	2	7			
Tal	2	۲					308	2	۲			
901	2	Ľ					309	2	۲			
109	2	5					310	2	~			
011	2	٢					311	2	5			
111	2	٢					312	2	5			
112	2	۲				A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR A CONTRACT	401	-	5			
201	2	5					402	1	<			
202	2	5					403	ļ	~			
203	2	٢					404	1	۲.			
204	2	۶					ЧОЗ	-	۲			
205	2	Ś					404		5			
206	2	v					rot L	1	7			
207	2	5					408	/	۲			
208	2	<					4Ch		۲		· · · · · · · · · · · · · · · · · · ·	
209		٢					410	1	۲			
210	2	٢					411	1			5	
211	22						412				7	
212	000	5					413	ł			۲	
213	201010						44				۲	
301	4999						5lh				5	
	121010 6- 101					A REAL PROPERTY OF A REA						
INSTRUCTIONS:	121-3 1212 1212	<<<<										CONTRACTOR NOTICE AND INCOME.
Total the bec		2 1 1 1 2 1 1 1 1 2 1 1 1 1 2 1 1 1 1 1 2 1 1 1 1 1 1 2 1 1 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <	appropriate R ons (Medicar	egional Office ə, Medicaid, e	e of the Division of the both tc.) at the both	on of He tom of t	alth Service he continuati	. 15	IC Departmen e administrato	of Human & I	Human Servic	es. m on the
Total the bec back since co		le and mail to ent classificati	appropriate R ons (Medicar	egional Office э, Medicaid, e priate certifyin	of the Division tc.) at the both tg agency(ies	on of He tom of t) for rein	alth Service he continuati nbursement	gulation sheet. rposes.	, NC Department of Human & Human Services. The administrator must sign and date the form on the	of Human & r must sign ar	Human Servic	ies. m on the

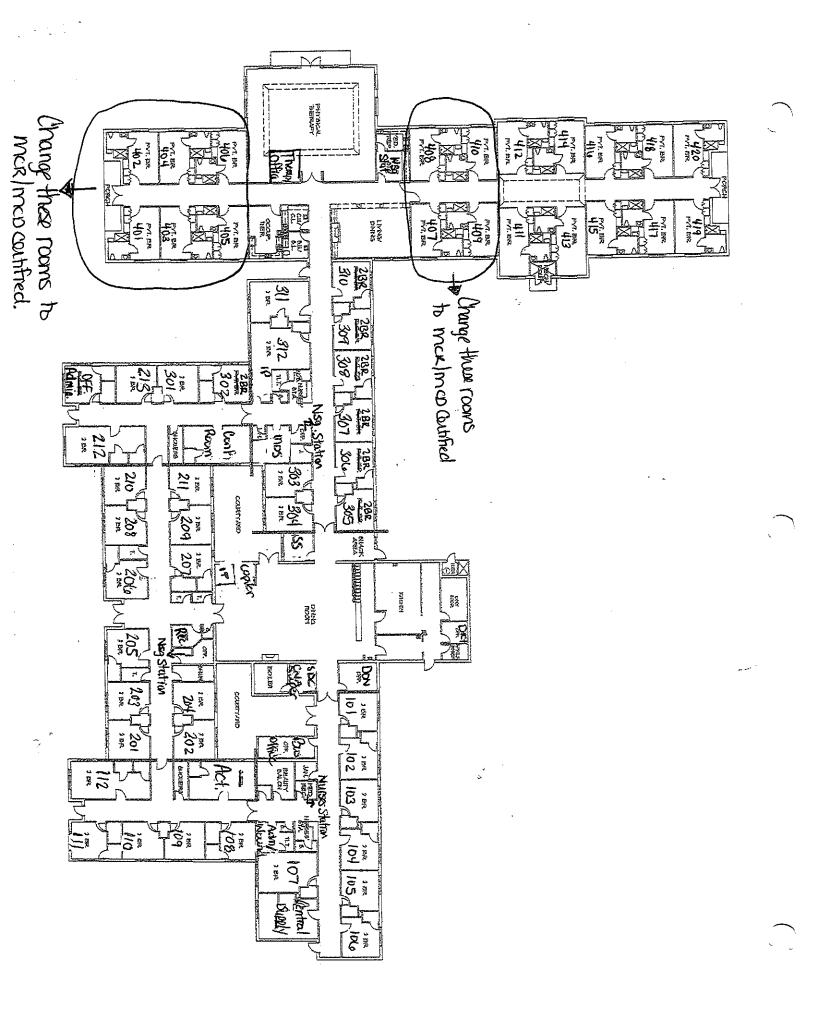
. . .

		BREAM		BREAKDOWN OF ROOM NUMBERS	NUMBER	RS AP	AND BEDS WI		THIN THOSE R	ROOMS		
NAME OF FACILITY: 1517	ΤR	DBA JU	DBA Styland Care Conker	r Conter		TOWN:	: Sulva			PROVIDER	cohshe	
		c						If change in b the effective of	If change in beds or room numbers the effective date of the change:	nge:		
	-	CHECK ONLY ONE	NLY ONE						CHECK O	CHECK ONLY ONE		
Room # c	# of Beds within	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only		Room Number	# of Beds within	Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only
4110	-			<								
				<								
વાજ				ĸ								
419				ĸ								
420	1			5								
IUIAL Med	Medicare/Medicaid =	caid =	694	(Beds)	ds)		-	Medicaid Only =		Φ	(Beds)	
Med	Medicare Only =		0	(Beds)	s)			Licensed Only =		φ	(Beds)	
FOR YOUR INFORMATION: Adult Care Home beds cannot be certified in Medicare nor Medicaid	RMATION:	Adult Care	Home beds c	annot be certi	fied in Medica	re nor l	Medicaid					
"Identify type of I	beds (Nurs	sing br Adult	t Care Home		>				5			
Administrator's Signature: YIUUV IUL U. UUUV)	gnature: 1	Mrt Mn		HHINN CVL	H		[Date: 5113/24	ig F		-	Page 2

•

• •

DHSR-Form 4504 (03/09) - Formerly 4103



Tiffany, can you log? Thanks.

Ena Lightbourne Project Analyst, CON Healthcare Planning and Certificate of Need Section Division of Health Service Regulation <u>NC Department of Health and Human Services</u>

(I am in the office Thursdays and Fridays. I am working remotely on the other days, therefore email is typically the best way to reach me.)

Main: 919-855-3873 Ena.lightbourne@dhhs.nc.gov

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

Twitter | Facebook | YouTube | LinkedIn

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

From: Mistie Cooley <macooley@frontier.com>
Sent: Monday, May 20, 2024 4:11 PM
To: Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Subject: RE: [External] Bed Breakdown

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Medicare/Medicaid. Do I need to redo the letter? Thanks, Mistie Cooley C00

On May 20, 2024 3:55 PM, "Lightbourne, Ena" <<u>ena.lightbourne@dhhs.nc.gov</u>> wrote:

Yes, this is fine. I just need a clarification on the acronyms MCR/MCD.

Ena Lightbourne

Project Analyst, CON

Healthcare Planning and Certificate of Need Section

Division of Health Service Regulation

NC Department of Health and Human Services

(I am in the office Thursdays and Fridays. I am working remotely on the other days, therefore email is typically the best way to reach me.)

Main: 919-855-3873

Ena.lightbourne@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, NC 27699-2704

Twitter | Facebook | YouTube | LinkedIn

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

From: macooley@frontier.com <macooley@frontier.com>
Sent: Monday, May 20, 2024 3:24 PM
To: Lightbourne, Ena <<u>ena.lightbourne@dhhs.nc.gov</u>>
Subject: Re: [External] Bed Breakdown

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Ms. Lightbourne,

Please see the attached and see if everything is correct. This is a no review request.

Thanks,

Mistie Cooley

COO

On Monday, May 20, 2024 at 03:21:16 PM EDT, Lightbourne, Ena <<u>ena.lightbourne@dhhs.nc.gov</u>> wrote:

Hi Ms. Cooley,

Based on the change you described, it does not sound like a Certificate of Need (CON) is required. You would just need to submit a "no review" request. This would be written statement describing the change and when it will take place. The letter should include all the pertinent facility information. You can forward it to the Agency via email or email it directly to me. Once we received it, it will go through a review and signature process, and we'll respond with an approval or disapproval letter.

Please let me know if you have any additional questions.

Ena,

Ena Lightbourne Project Analyst, CON Healthcare Planning and Certificate of Need Section Division of Health Service Regulation NC Department of Health and Human Services

(I am in the office Thursdays and Fridays. I am working remotely on the other days, therefore email is typically the best way to reach me.)

Main: 919-855-3873 Ena.lightbourne@dhhs.nc.gov

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

Twitter | Facebook | YouTube | LinkedIn

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

-----Original Message-----

From: <u>macooley@frontier.com</u> <<u>macooley@frontier.com</u>> Sent: Monday, May 20, 2024 2:03 PM To: Lightbourne, Ena <<u>ena.lightbourne@dhhs.nc.gov</u>> Subject: [External] Bed Breakdown

[You don't often get email from <u>macooley@frontier.com</u>. Learn why this is important at <u>https://aka.ms/LearnAboutSenderIdentification</u>]

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Ms. Lightbourne,

I found your name as our contact person in Jackson County for certificate of need. We are currently trying to change 10 of our Medicare only certified beds to Dual certified. We are not changing the number of beds we are assigned (94 beds total). Per DHSR we have to go thru CON to get these beds changed. Can you please give me some information on what I need to submit. We are not currently doing any construction projects at our building.

Skyland Care Center CCN: 345400

Thanks for your help, Mistie Cooley COO