



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

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,

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



**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,

Mistie Cooley
COO

Existing / Current

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: BTZ, Inc DBA Skyland Care Center TOWN: Chilva PROVIDER NUMBER: 345400

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

Room Number	# of Beds within Room	CHECK ONLY ONE					Room Number	# of Beds within Room	CHECK ONLY ONE				
		Medicare Medicaid	Medicaid Only	Medicare Only	*Licensed Only	Medicare Medicaid			Medicaid Only	Medicare Only	*Licensed Only		
101	2	✓				302	2	✓					
102	2	✓				303	2	✓					
103	2	✓				304	2	✓					
104	2	✓				305	2	✓					
105	2	✓				306	2	✓					
106	2	✓				307	2	✓					
107	2	✓				308	2	✓					
108	2	✓				309	2	✓					
109	2	✓				310	2	✓					
110	2	✓				311	2	✓					
111	2	✓				312	2	✓					
112	2	✓				401	1				✓		
201	2	✓				402	1				✓		
202	2	✓				403	1				✓		
203	2	✓				404	1				✓		
204	2	✓				405	1				✓		
205	2	✓				406	1				✓		
206	2	✓				407	1				✓		
207	2	✓				408	1				✓		
208	2	✓				409	1				✓		
209	2	✓				410	1				✓		
210	2	✓				411	1				✓		
211	2	✓				412	1				✓		
212	2	✓				413	1				✓		
213	2	✓				414	1				✓		
301	2	✓				415	1				✓		

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)

Proposed

BREAKDOWN OF ROOM NUMBERS AND BEDS WITHIN THOSE ROOMS

NAME OF FACILITY: BT2, Inc DBA Highland Care Center TOWN: Shilva PROVIDER NUMBER: 3454DD

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	✓				302	2	✓			
102	2	✓				303	2	✓			
103	2	✓				304	2	✓			
104	2	✓				305	2	✓			
105	2	✓				306	2	✓			
106	2	✓				307	2	✓			
107	2	✓				308	2	✓			
108	2	✓				309	2	✓			
109	2	✓				310	2	✓			
110	2	✓				311	2	✓			
111	2	✓				312	2	✓			
112	2	✓				401	1	✓			
201	2	✓				402	1	✓			
202	2	✓				403	1	✓			
203	2	✓				404	1	✓			
204	2	✓				405	1	✓			
205	2	✓				406	1	✓			
206	2	✓				407	1	✓			
207	2	✓				408	1	✓			
208	2	✓				409	1	✓			
209	2	✓				410	1	✓			
210	2	✓				411	1	✓			
211	2	✓				412	1	✓			
212	2	✓				413	1	✓			
213	2	✓				414	1	✓			
301	2	✓				415	1	✓			

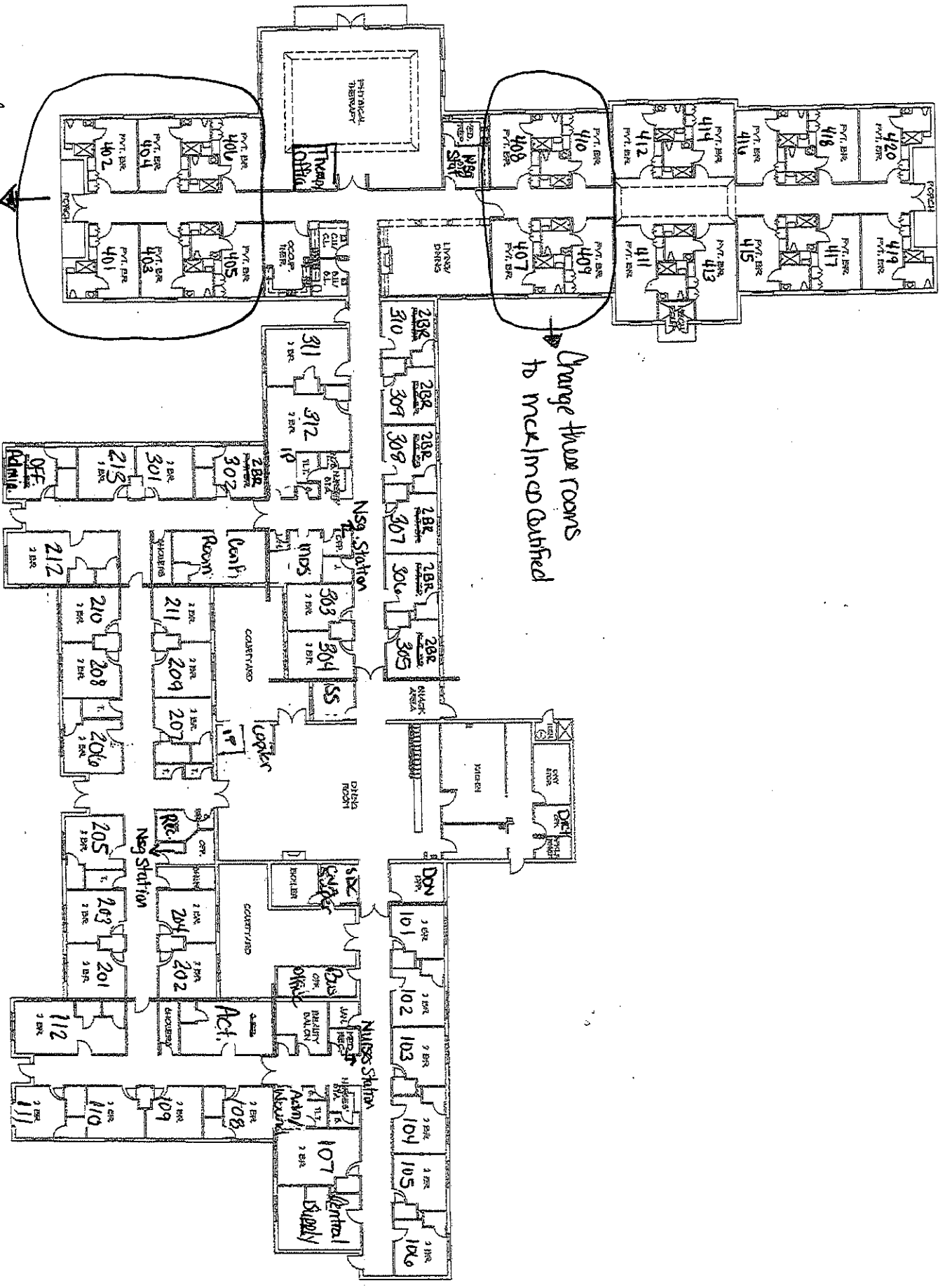
INSTRUCTIONS: Complete and mail to appropriate Regional Office of the Division of Health Service Regulation, NC Department of Human & Human Services.

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)

Change these rooms to mcr/mcd coated.

Change these rooms to mcr/mcd coated.



From: [Lightbourne, Ena](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] Bed Breakdown
Date: Tuesday, May 21, 2024 10:02:26 AM
Attachments: [Jackson Skyland Care Center 923457 No Review.pdf](#)

Tiffany, can you log? Thanks.

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: 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

COO

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

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

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

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

