



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

March 21, 2024

Anthony Brett

Anthony.Brett@wbd-us.com

No Review

Record #: 4397
Date of Request: March 6, 2024
Facility Name: Mountain View Manor Nursing Center
FID #: 923363
Business Name: 410 Buckner Branch Road, LLC
Business #: 3799
Project Description: Change in Lessee
County: Swain

Dear Mr. Brett:

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, 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

March 6, 2024

Ena Lightbourne, Project Analyst
Healthcare Planning and Certificate of Need
Division of Health Service Regulation
North Carolina Department of Health and Human Services
809 Ruggles Drive
Raleigh, NC 27603
Ena.Lightbourne@dhhs.nc.gov

Womble Bond Dickinson (US) LLP

One West Fourth Street
Winston-Salem, NC 27101

t: 336.721.3600
f: 336.721.3660

Via E-mail Only

**Re: Notice of Transaction not subject to Certificate of Need Review –
Lease of Mountain View Manor Nursing Center (“Facility”) by 410
Buckner Branch Road, LLC (“New Lessee”)
County: Swain
Facility ID: 923363**

Anthony Brett
Partner
Direct Dial: 336-721-3620
Direct Fax: 336-733-8331
E-mail: Anthony.Brett@wbd-us.com

Dear Ms. Lightbourne:

The Facility has a 120 nursing home bed capacity and licensure. The Facility (which is located at 410 Buckner Branch Road, Bryson City, NC 28713) is owned by the Town of Bryson City, NC (“Town”). Pursuant to a Lease Agreement effective on March 1, 2023, the Town has leased the Facility to Southeastern Health Facilities, Inc. (“Current Lessee”).

Current Lessee (with the approval of the Town) will assign the Lease Agreement to the New Lessee. The Lease Agreement is for a period of ten years terminating on February 28, 2033. The Lease Agreement does not contain any provision authorizing the sale of the Facility by the Town to or purchase of the Facility by the Current Lessee; instead the ownership of the Facility will remain with the Town upon its expiration date.

This Notice is a request for the determination that the assignment of the Lease Agreement with the Town from the Current Lessee to the New Lessee is not subject to Certificate of Need review as the transaction does not constitute a new institutional health service as defined in N.C. Gen. Stat. § 131E-176(16). If you have any questions concerning the Transaction, please contact me at your earliest convenience.

Thank you for your cooperation.

Sincerely yours,



Anthony Brett

From: [Lightbourne, Ena](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] Please the attachment.
Date: Wednesday, March 6, 2024 4:26:32 PM
Attachments: [image305619.png](#)
[image559503.png](#)
[image513489.png](#)
[image809299.png](#)
[WBD-Scan - 2024-03-06 13.33.48.pdf](#)

Hey Tiffany, can you log this? 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

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From: Brett, Anthony <Anthony.Brett@wbd-us.com>
Sent: Wednesday, March 6, 2024 1:44 PM
To: Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Subject: [External] Please the attachment.

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Anthony Brett

Partner

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