



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

November 27, 2024

Tammie Staton
makingvisions@aol.com

Exempt from Review – Acquisition of Facility

Record #: 4654
Date of Request: November 18, 2024
Facility Name: A Vision Come True
Type of Facility: Adult Care Home
FID #: 030407
Acquisition by: A Vision Come True Assistant Living Facility LLC
Business #: 3902
County: Alamance

Dear Ms. Staton:

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
Project Analyst

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

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Limited Liability Company

Legal Name

A VISION COME TRUE ASSISTANT LIVING FACILITY LLC

Information

SosId: 2931808

Status: Current-Active ⓘ

Date Formed: 10/16/2024

Citizenship: Domestic

Annual Report Due Date: April 15th

CurrentAnnual Report Status:

Registered Agent: STATON, TAMMIE

Addresses

Reg Office

220 HATCH STREET

BURLINGTON, NC 27217

Reg Mailing

PO BOX 35

BURLINGTON, NC 27216-0035

Company Officials

All LLCs are managed by their managers pursuant to N.C.G.S. 57D-3-20.

President

TAMMIE STATON

220 HATCH STREET

BURLINGTON NC 27217-2318

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Business Corporation

Legal Name

Vision Come True Inc

Information

SosId: 0992194

Status: Suspended ⓘ

Date Formed: 7/25/2007

Citizenship: Domestic

Fiscal Month: December

Annual Report Due Date: April 15th

Annual Report Status:

Registered Agent: Reaves, Janice

Addresses

Mailing

220 Hatch St
Burlington, NC 27217

Principal Office

220 Hatch St
Burlington, NC 27217

Reg Office

220 Hatch St
Burlington, NC 27217

Reg Mailing

220 Hatch St
Burlington, NC 27217

Officers

President

Janice Reaves
220 Hatch St
Burlington NC 27217

Stock

Class: Common

Shares: 200

No Par Value: Yes

November 18, 2024

Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
North Carolina Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704
Email:

Re: Request for Exemption of Certificate of Need-Acquisition of Existing Assistant Adult Care Home.

Attention: CON Section:

Please consider this letter/email as a formal written notice to your office of our intention to acquire A Vision Come True Facility (HAL-001-103). The facility is located at 220 Hatch Street Burlington, NC 27217.

The current owner (Ms. Janice Reaves) is engaged in the process and has made the decision to officially retire at the completion of this transaction. The transaction is projected to be completed as soon as approval has been granted and the change of ownership is granted.

The facility is licensed as an Adult Care Home (HAL-001-1003) and is subject to NC Certificate of Need (“CON”) law. The facility is listed in the “inventory of Adult Care Home Beds” in the 2024 NC State Medical Facilities Plan with 12 adult care home beds.

Accordingly, we respectfully request an exemption from the CON Review. Thank you in advance for your assistance and please advise if additional information is needed.

Tammie Staton, RN, Administrator
PO Box 35 Burlington, NC 27217
Email: makingvisions@aol.com

From: [Jackson, Yolanda W](#)
To: [Stancil, Tiffany C](#)
Subject: Exemption Request
Date: Monday, November 18, 2024 2:20:38 PM
Attachments: [Certificate of Need Exemption Letter.pdf](#)

Hi Tiffany,

Please see attached exemption request.

Yolanda Jackson, JD
Project Analyst, CON
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
[North Carolina Department of Health and Human Services](#)

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

Main Number: 919-855-3873
yolanda.jackson@dhhs.nc.gov

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From: onlygurl02@aol.com <onlygurl02@aol.com>
Sent: Monday, November 18, 2024 2:10 PM
To: Jackson, Yolanda W <yolanda.jackson@dhhs.nc.gov>
Subject: [External] Re: Question regarding change of ownership

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.

Thank you for your assistance! I have attached a copy of the letter, please advise if the letter should be directed elsewhere.

Best Regards,
Tammie Staton, RN

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On Monday, November 18, 2024 at 12:44:43 PM EST, Jackson, Yolanda W <yolanda.jackson@dhhs.nc.gov> wrote:

Tammy,

As I stated in our phone conversation, a change in ownership is treated as an exemption from the certificate of need (CON) review. I am sending you a link with examples of exemptions. There is a change in ownership example in August 2024.

<https://info.ncdhhs.gov/dhsr/coneed/reviews/index.html>

Please let me know if you have any questions.

Yolanda Jackson, JD
Project Analyst, CON
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
[North Carolina Department of Health and Human Services](#)

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

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