



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

September 6, 2024

Timothy Walsh  
TWalsh@libertyseniorliving.com

**Exempt from Review**

**Record #:** 4544  
**Date of Request:** August 15, 2024  
**Facility Name:** Briar Creek Health Center  
**FID #:** 170065  
**Business Name:** Charlotte SP Senior Housing OPCO, LLC and Charlotte SP Senior Housing PROPCO, LLC  
**Business #:** 3067  
**Project Description:** Renovations to the adult care home beds unit with no change in bed capacity  
**County:** Mecklenburg

Dear Timothy Walsh:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced proposal is exempt from certificate of need review in accordance with G.S. 131E-184(e). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Chalice Moore, Project Analyst

Micheala Mitchell, Chief

cc: Construction Section, DHSR  
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



August 15, 2024

*VIA EMAIL ONLY*

Chalice Moore, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
North Carolina Department of Health & Human Services  
809 Ruggles Drive  
Raleigh, NC 27603

**Subject: EXEMPT FROM REVIEW** – Briar Creek Health Center / License # NH0659 / Upfit  
19 adult care units with kitchenettes

Dear Ms. Moore:

I am writing to request a letter from the Certificate of Need Section acknowledging that the above referenced proposal is exempt from Certificate of Need review. Currently, Briar Creek Health Center (“Briar Creek”) is licensed for 108 adult care home (“ACH”) beds and 22 skilled nursing (“SNF”) beds (License # NH0659).

Charlotte SP Senior Housing OPCO, LLC and Charlotte SP Senior Housing PROPCO, LLC (the “Applicants”), were approved to convert 16 nursing facility (“SNF” or “NF”) beds to 16 adult care home (“ACH” or “AL”) beds and add 6 ACH beds at Briar Creek pursuant to Policy LTC-1 of the 2024 State Medical Facilities Plan (“SMFP”) for a total of 130 ACH beds and 6 SNF beds at project completion. Please see attached Project F-12470-24.

The Applicants intend to install full kitchenettes in each of the newly converted ACH rooms. It is important to note that these enhancements are not included in the CON approval for Project F-12470-24, as kitchenettes are not a requirement for ACH rooms.

The CON Law includes exemption clauses for certificate of need reviews if specific conditions are met.

Currently, §131E-184(e) states:

The Department shall exempt from certificate of need review a capital expenditure that exceeds the four million dollar (\$4,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

- (1) The proposed capital expenditure would meet all of the following requirements:
  - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding any of the following existing facilities:
    1. Nursing home facility.



2. Adult care home facility.
  3. Intermediate care facility for individuals with intellectual disabilities.
- b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
- (2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:
- a. Conversion of semiprivate resident rooms to private rooms.
  - b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.
  - c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents

The purpose of this request is to create innovative, homelike spaces within the ACH units. This proposal does not require a certificate of need, as it does not result in a change in bed capacity but rather focuses on the renovation and expansion of a portion of the facility.

Therefore, I kindly request a letter from the Certificate of Need Section stating that this proposal is exempt from review in accordance with G.S. 131E-184(e).

Thank you in advance for your assistance, and please do not hesitate to contact me if you have any questions.

Best Regards,

A handwritten signature in black ink that reads "Timothy Walsh".

Timothy Walsh  
Director of Business Development  
Liberty Senior Living  
[TWalsh@libertyseniorliving.com](mailto:TWalsh@libertyseniorliving.com)  
(910) 332-1982

**From:** [Timothy J. Walsh](#)  
**To:** [Moore, Chalice L](#)  
**Cc:** [Stancil, Tiffany C](#); [Craig Spivey](#)  
**Subject:** [External] Briar Creek Health Center - Exemption Request  
**Date:** Thursday, August 15, 2024 8:29:42 AM  
**Attachments:** [Briar Creek Health Center - Exemption Request \(kitchenettes\) - 2024-08-14.pdf](#)

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Good morning Ms. Moore:

Please find attached a request for exemption for Briar Creek Health Center to add kitchenettes to AL units.

Please let me know if you have any questions. Thanks so much!

Regards,

**Timothy J. Walsh**

Director of Business Development

*Liberty Senior Living*

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