



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 26, 2024

Cynthia Smith
Cynthia.Smith@brightspringhealth.com

No Review

Record #: 4579
Date of Request: September 11, 2024
Facility Name: Adoration Home Health
FID #: 953763
Business Name: Adoration Home Health Care Virginia, LLC
Business #: 3167
Project Description: Expand home health services to Rutherford County
County: Gaston

Dear Ms. Smith:

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 representation in your request and 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. **As a reminder, it is unlawful to offer or develop a new institutional health service without first obtaining a certificate of need. The Department reserves the right to impose sanctions, including civil penalties and the revocation of a license, upon any entity that offers or develops a new institutional health service without first obtaining a certificate of need.**

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Ena Lightbourne, Project Analyst

Micheala Mitchell, Chief

cc: Acute and Home Care 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

July 26, 2024



Inga Gaines
Division of Health Service Regulation
Acute and Home Care Licensure & Certification Section
North Carolina Department of Health and Human Services
2712 Mail Service Center
Raleigh, NC 27699-2712
Email: Inga.m.gaines@dhhs.nc.gov

Re: Request to Add County to Approved Service Area – Rutherford County
Adoration Home Health Care Virginia, LLC
d/b/a Adoration Home Health
License #: HC0906
Medicare PTAN: 347131
NPI: 1134138142

Dear Ms. Gaines,

We are writing to request approval for the above referenced home health agency to add Rutherford County to their approved geographic service area.

The agency is currently serving Catawba, Cleveland, Gaston, Lincoln and Mecklenburg counties.

Please contact me at cynthia.smith@brightspringhealth.com or (423) 635-7234 if you need any additional information.

Respectfully submitted,

Cindy Smith

Cindy Smith
Regulatory Specialist

cc: Donna Whatley, RN
Agency Director
Donna.Whatley@adorationhealth.com

From: [Mitchell, Micheala L](#)
To: [Waller, Martha K](#)
Subject: FW: [External] Expanding the Service Area for a Home Care Organization
Date: Wednesday, September 11, 2024 1:54:38 PM
Attachments: [HC0906 - Request to Add Rutherford County.pdf](#)

Martha-

I had to check on the process before determining whether we needed to respond to this request. Would you mind adding this to the correspondence log?

Thanks,

Micheala Mitchell, JD
[NC Department of Health and Human Services](#)
[Division of Health Service Regulation](#)
Section Chief, Healthcare Planning and CON Section
809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704
Office: 919 855 3879
Micheala.Mitchell@dhhs.nc.gov

From: Cynthia Smith <Cynthia.Smith@brightspringhealth.com>
Sent: Thursday, August 22, 2024 3:30 PM
To: Pittman, Lisa <lisa.pittman@dhhs.nc.gov>; Emanuel, Andrea N <andrea.emanuel@dhhs.nc.gov>; Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: [External] Expanding the Service Area for a Home Care Organization

Some people who received this message don't often get email from cynthia.smith@brightspringhealth.com. [Learn why this is important](#)

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Good afternoon. I work with a Medicare-certified home health agency in NC who wishes to add a county to their approved service area. I sent the attached request to the Licensure and Certification office and they informed me that I would need submit the request through CON to ensure the expansion is permitted. Can someone advise me on how this process works?

Cindy Smith
Home Health Regulatory Specialist
BrightSpring Health Services
& Affiliated Home Health Agencies
Phone: 423-635-7234 Mobile: 865-567-3745
Email: cynthia.smith@brightspringhealth.com

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