



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

Wendi Rogers  
WRogers@leedyandrogers.com

**Exempt from Review – Acquisition of Facility**

**Record #:** See Attachment A  
**Date of Request:** September 17, 2024  
**Facility Name:** See Attachment A  
**Type of Facility:** See Attachment A  
**FID #:** See Attachment A  
**Acquisition by:** Tarantino Senior Living Communities, LLC  
**Business #:** 3871  
**County:** Wake

Dear Wendi Rogers:

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 facilities 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 facilities 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 facilities, you should contact the Agency's Adult Care Licensure and Certification 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,

Crystal Kearney  
Project Analyst

Micheala Mitchell  
Chief

cc: Adult 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

**Attachment A**

<b>Record #</b>	<b>Name of Facility</b>	<b>Type of Facility</b>	<b>County</b>	<b>FID</b>
4580	Falls River Court Memory Care Community	ACH	Wake	980873
4581	Falls River Village Assisted Living Community	ACH	Wake	980579

**From:** [Wendi Rogers](#)  
**To:** [Stancil, Tiffany C](#)  
**Cc:** [Mitchell, Micheala L](#); [Kathleen Leedy](#)  
**Subject:** [External] Assisted Living - CHOW - NO CON Required - Please Confirm  
**Date:** Tuesday, September 17, 2024 9:01:26 AM  
**Attachments:** [image002.png](#)  
[image003.png](#)  
**Importance:** High

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Sorry about that. I didn't place a password protection feature on either of the pdfs.

The attachments were merely a copy of the current licenses as a reference. Embedded below.

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 1, 2024, this license is issued to*

***LSREF Golden Ops 26 (NC) LLC***

*to operate an Adult Care Home known as*

***Falls River Court Memory Care Community***

*located at 1130 Falls River Avenue*

*Raleigh, NC 27614*

*County: Wake*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2024*

***Facility ID: 980873***

***License Number: HAL-092-141***

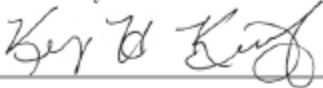
***\*\*This home serves only elderly persons\*\****

***Capacity:38***

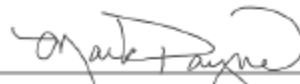
***Special Care Units:Yes***

***Type: Alzheimer's/Dementia: 36***

Authorized by:



Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

Effective January 1, 2024, this license is issued to

**LSREF Golden Ops 26 (NC) LLC**

to operate an Adult Care Home known as

**Falls River Village Assisted Living Community**

located at 1110 Falls River Avenue

Raleigh, NC 27614

County: Wake

This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2024

**Facility ID: 980579**

**License Number: HAL-092-142**

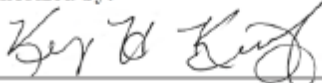
**\*\*This home serves only elderly persons\*\***

Capacity:60

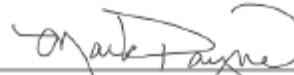
Special Care Units:No

Type: Alzheimer's/Dementia: 0

Authorized by:



Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation



## Wendi Rogers

Leedy & Rogers Consulting Solutions, LLC

512.643.4739 Office

512.727.4776 Fax (UPDATED)

512.213.8679 Cell

[WRogers@LeedyandRogers.com](mailto:WRogers@LeedyandRogers.com)

[www.leedyandrogers.com](http://www.leedyandrogers.com)

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---

**From:** Stancil, Tiffany C <Tiffany.Stancil@dhhs.nc.gov>

**Sent:** Tuesday, September 17, 2024 7:45 AM

**To:** Wendi Rogers <wrogers@leedyandrogers.com>

**Cc:** Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>

**Subject:** FW: [External] Assisted Living - CHOW - NO CON Required - Please Confirm

**Importance:** High

Good morning Wendy, if you will please resend the attachments in pdf format without the password protections. Thank you

### Tiffany Stancil

Administrative Specialist I

[Division of Health Service Regulation](#), Healthcare Planning and CON Section

[ncdhhs.gov/]NC Department of Health and Human Services

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#StayStrongNC and get the latest at [nc.gov/covid19](https://nc.gov/covid19).

Office: 919-855-3872

[Tiffany.Stancil@dhhs.nc.gov](mailto:Tiffany.Stancil@dhhs.nc.gov)

809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, NC 27699-2704

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**From:** Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>  
**Sent:** Monday, September 16, 2024 9:47 AM  
**To:** Stancil, Tiffany C <[Tiffany.Stancil@dhhs.nc.gov](mailto:Tiffany.Stancil@dhhs.nc.gov)>  
**Subject:** FW: [External] Assisted Living - CHOW - NO CON Required - Please Confirm  
**Importance:** High

Tiffany,

Would you mind logging these as no reviews and assigning them to Crystal?

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](mailto:Micheala.Mitchell@dhhs.nc.gov)

---

**From:** Wendi Rogers <[wrogers@leedyandrogers.com](mailto:wrogers@leedyandrogers.com)>  
**Sent:** Monday, September 16, 2024 9:31 AM  
**To:** Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>; Mckillip, Mike <[mike.mckillip@dhhs.nc.gov](mailto:mike.mckillip@dhhs.nc.gov)>  
**Cc:** Kathleen Leedy <[kleedy@leedyandrogers.com](mailto:kleedy@leedyandrogers.com)>  
**Subject:** [External] Assisted Living - CHOW - NO CON Required - Please Confirm  
**Importance:** High

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Ms. Micheala Mitchell  
Mr. Mike McKillip  
809 Ruggles Drive  
Raleigh, NC 27603

RE: Assisted Living Change of Ownership – Request for Exemption Letter

Dear Ms. Mitchell & Mr. McKillip:

I was advised a few months back that assisted living facilities do not require a CON, merely notice to the agency and a request for the issuance of an “exemption letter.” As such, the below facilities, who were part of a court ordered receivership and recent foreclosure, will be undergoing a change of ownership. The current manager, Tarantino Senior Living Communities, LLC, will become the new operator. The CHOW is expected to occur on or around October 15, 2024. The CHOW licensure applications were sent to the Department of Health and Human Services, Division of Health Service Regulation, via overnight on Friday, September 13, 2024.

Please advise what, if any additional information you will need from me to process the requested “exemption letter.”

Falls River Court Memory Care Community  
1130 Falls River Avenue  
Raleigh, SC 27614

Falls River Village Assisted Living Community  
1110 Falls River Avenue  
Raleigh, NC 27614

I am also attaching a copy of their current license for your convenience. I will be the contact on this request for issuance of an exemption letter regarding the above facilities. My contact information is below.

Thank you for your assistance and guidance in this regard.



**Wendi Rogers**

Leedy & Rogers Consulting Solutions, LLC  
512.643.4739 Office  
512.727.4776 Fax (UPDATED)



512.213.8679 Cell  
[WRogers@LeedyandRogers.com](mailto:WRogers@LeedyandRogers.com)  
[www.leedyandrogers.com](http://www.leedyandrogers.com)

**Mailing:**

P.O. Box 105  
Holland, TX 76534

**Physical:**

17621 State Highway 95  
Holland, TX 76534

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**From:** [Mitchell, Micheala L](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] Assisted Living - CHOW - NO CON Required - Please Confirm  
**Date:** Monday, September 16, 2024 9:47:21 AM  
**Attachments:** [LICENSE-Mem Care-1.1.2024-12.31.2024.pdf](#)  
[LICENSE-ALC-1.1.2024-12.31.2024.pdf](#)  
**Importance:** High

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Tiffany,

Would you mind logging these as no reviews and assigning them to Crystal?

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  
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Office: 919 855 3879  
[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

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**Cc:** Kathleen Leedy <[kleedy@leedyandrogers.com](mailto:kleedy@leedyandrogers.com)>  
**Subject:** [External] Assisted Living - CHOW - NO CON Required - Please Confirm  
**Importance:** High

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