



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEV DUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

February 7, 2025

Steve Shelton
sshelton@transitionslifecare.org

No Review
Record #: 4702
Date of Request: January 29, 2025
Facility Name: Transitions LifeCare
FID #: 050884
Business Name: Hospice of Wake County, Inc.
Business #: 1001
Project Description: Change of address for administrative office
County: Granville

Dear Mr. Shelton:

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,

[Handwritten signature of Cynthia Bradford]

Cynthia Bradford
Project Analyst

[Handwritten signature of Micheala Mitchell]

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

From: [Bradford, Cynthia L](#)
To: [Stancil, Tiffany C](#)
Subject: RE: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133
Date: Tuesday, February 4, 2025 11:18:18 AM
Attachments: [image001.png](#)

This is actually a No Review. I already asked Mike. There is no project associated with it.

Cynthia Bradford, MSW

Project Analyst - Certificate of Need

Department of Health and Human Services

Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section

Office: 919-855-4665

cynthia.bradford@dhhs.nc.gov

809 Ruggles Drive

2704 Mail Service Center

Raleigh, NC 27699-2704

(I work remotely on Thursdays and Fridays, therefore email is the best way to reach me on those days.)

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

Sent: Tuesday, February 4, 2025 10:21 AM

To: Bradford, Cynthia L <cynthia.bradford@dhhs.nc.gov>

Subject: RE: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133

Is there a project # associated with this? Yes, the facility in is Access but no Proj is pulling up

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.

Office: 919-855-3872

Tiffany.Stancil@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704

From: Bradford, Cynthia L <cynthia.bradford@dhhs.nc.gov>
Sent: Tuesday, February 4, 2025 10:05 AM
To: Stancil, Tiffany C <Tiffany.Stancil@dhhs.nc.gov>
Subject: FW: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133

Here is the request that came in the other day, except this time I was able to input their info in Access. It should be there for you to log in now.

Thanks!

Cynthia Bradford, MSW

Project Analyst - Certificate of Need
Department of Health and Human Services
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section

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From: Steve Shelton <sshelton@transitionslifecare.org>
Sent: Monday, February 3, 2025 12:46 PM
To: Bradford, Cynthia L <cynthia.bradford@dhhs.nc.gov>; Shená Thornton <sthornton@transitionslifecare.org>
Cc: Jacob Jones <jjones@transitionslifecare.org>
Subject: RE: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133

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Good afternoon,

Current name of the facility: Hospice of Wake County, Inc DBA Transitions LifeCare
CFO contact – Steven Shelton, 250 Hospice Circle Raleigh NC 27607 919-828-0890

The Granville site is an satellite site for clinical staff to store supplies and meet on occasion. No patient services are taking place.

The satellite office was moved from 107 Lake Rd Suite #2 Creedmoor NC 27522 to 2557 Capital Drive #8293, Suite A Creedmoor NC 27522 on March 1, 2024. The lease on the Lake Rd property expired at the end of February 2024, prompting the move.

We incorporated in 1979. I have record of a Home Health Agency initial license noting a CON authorization with the number J1081-79. Will that help?

Steve

Steve Shelton, CPA, MBA, CHFP

Chief Financial Officer

Transitions LifeCare

Office: (919) 719-6754

sshelton@transitionslifecare.org

From: Bradford, Cynthia L <cynthia.bradford@dhhs.nc.gov>

Sent: Wednesday, January 29, 2025 2:59 PM

To: Shená Thornton <sthornton@transitionslifecare.org>

Cc: Steve Shelton <sshelton@transitionslifecare.org>; Jacob Jones <jjones@transitionslifecare.org>

Subject: RE: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133

You don't often get email from cynthia.bradford@dhhs.nc.gov. [Learn why this is important](#)

WARNING: This email originated from outside of Transitions LifeCare. **Do not click links, open attachments or reply** unless you recognize the sender and are expecting the message.

Good Afternoon,

Thank you for your inquiry. Certificate of Need does not have any information matching the license and FID you provided. I did find the facility in the licensing database.

I have a couple items I need to verify with you before I can process your request. I need the following:

Current name of the facility.

Owner name and contact information.

Who is the point of contact for future communication. Name, address, phone, email

When was the facility relocated from the previous address.

Any Certificate of Need documentation regarding the relocation of the facility.

I have forwarded your request so it can be logged. Since there is no information on your facility in our system, I assume the facility was in place prior to CON requirements being in effect.

I need to create a profile for the facility in our system, thus, the need to verify the items requested above.

I look forward to hearing from you soon!

Regards,

Cynthia Bradford, MSW

Project Analyst - Certificate of Need

Department of Health and Human Services

Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section

Office: 919-855-4665

cynthia.bradford@dhhs.nc.gov

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2704 Mail Service Center

Raleigh, NC 27699-2704

(I work remotely on Thursdays and Fridays, therefore email is the best way to reach me on those days.)

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From: Shená Thornton <sthornton@transitionslifecare.org>

Sent: Wednesday, January 29, 2025 1:47 PM

To: Bradford, Cynthia L <cynthia.bradford@dhhs.nc.gov>

Cc: Steve Shelton <sshelton@transitionslifecare.org>; Jacob Jones <jjones@transitionslifecare.org>

Subject: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133

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Good afternoon Ms. Bradford,

We recently renewed our license for the facility referenced above. After issuance we noticed that the site location address is not correct. We are working with Inga Gaines in the Division of Health Service Regulation to update our record but she indicated we need to reach out to CON as well.

I was given your name as the person to contact as the site in question is in Granville County. I have listed the addresses below:

- Current address listed: 107 Lake Road, Suite #2, Creedmoor NC 27522
- Correct address: 2557 Capital Drive, #8293, Suite A, Creedmoor NC 27522

Please let me know what CON needs to have our record corrected. Feel free to contact me with any questions.

Thank you.

Shená Thornton

Administrative Assistant

Phone: 919.828.0890, ext. 6778

Mobile: 919.812.3709

Email: sthornton@transitionslifecare.org

250 Hospice Circle

Raleigh NC 27607

www.transitionslifecare.org



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