



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVDUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

July 8, 2025

Paula Podgurski
ppodgurski@bayada.com

No Review

Record #: 4833
Date of Request: July 1, 2025
Facility Name: BAYADA Home Health Care, Inc.
FID #: 020477
Business Name: BAYADA Home Health Care, Inc.
Business #: 2662
Project Description: Provide home health services to patients in Alamance County
County: Wake

Dear Paula Podgurski:

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.**

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

Sincerely,

Handwritten signature of Crystal Kearney in cursive script.

Crystal Kearney
Project Analyst

Handwritten signature of Micheala Mitchell in cursive script.

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR



4300 Haddonfield Rd.
Pennsauken, NJ 08109

973-909-5159
973-909-5026 fax
www.bayada.com

July 1, 2025

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Licensure/Certification/Acute/Home Care Section
2712 Mail Service Center
Raleigh, North Carolina 27699

RE: No review letter request for license #HC2171
FID #020477

To Whom it May Concern:

Please accept this letter as notification that the BAYADA Home Health Care, Inc. service office located at 4011 West Chase Blvd., Suite 280, Raleigh, NC 27607, is requesting a no review letter.

Our plan is to be able to provide services to residents of Alamance County from the office location in Raleigh. This location provides skilled nursing services.

Please forward the no review letter via email to ppodgurski@bayada.com. Should you have any questions please do not hesitate to contact me at 973-909-5159.

Sincerely,

Paula Podgurski

Paula Podgurski
Senior Associate, Licensing and Enrollment

Compassion. Excellence. Reliability.