



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

July 31, 2025

Paula Podgurski
ppodgurski@bayada.com

No Review

Record #: 4847
Date of Request: July 23, 2025
Facility Name: BAYADA Home Health Care, Inc.
FID #: 090405
Business Name: BAYADA Home Health Care, Inc.
Business #: 2662
Project Description: Provide home health services to patients in Wilson and Pitt Counties
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.**

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

Sincerely,

Crystal Kearney, 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



4300 Haddonfield Rd.
Pennsauken, NJ 08109

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

July 23, 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 #HC3820
FID #090405

To Whom it May Concern:

Please accept this letter as notification that the BAYADA Home Health Care, Inc. service office located at 4000 Westchase Blvd., Suite 190, Raleigh, NC 27607, is requesting a no review letter.

Our plan is to be able to provide services to residents of Wilson and Pitt Counties from the office location in Raleigh. This location provides skilled nursing services.

Please forward confirmation 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.

State of North Carolina

Department of Health and Human Services Division of Health Service Regulation

Effective January 1, 2025, this license is issued to

BAYADA Home Health Care, Inc.

to operate an agency known as

BAYADA Home Health Care, Inc.

*located at 4000 Westchase Blvd ,Suite 190
Raleigh, NC 27607
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, 2025*

Facility ID: 090405

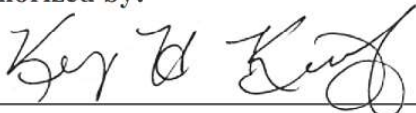
License Number: HC3820

Home Care Services:

Companion, Sitter and Respite, In-Home Aide, Infusion Nursing, Medical Social Services, Nursing Care, Occupational Therapy, Physical Therapy, Speech Therapy.

This agency is authorized to provide Medicare-certified home health services.

Authorized by:



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



Director, Division of Health Service Regulation

From: [Podgurski, Paula](#)
To: [Mitchell, Micheala L](#)
Cc: [Stancil, Tiffany C](#)
Subject: [External] Requesting no review letter for BAYADA for Wilson & Pitt Counties
Date: Wednesday, July 23, 2025 9:52:02 AM
Attachments: [Wilson & Pitt.pdf](#)
[RV-RDF 1-1-25 to 12-31-25.pdf](#)

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Hello Micheala,

Please accept the attached letter which requests permission for the BAYADA Home Health Care, Inc. office located in Wake County to provide services in Wilson and Pitt Counties. I would like a no review letter to this effect.

I have attached the office license as well for your convenience.

After reviewing the request, should you have any questions or require any additional information, please do not hesitate to reach out.

Thank you,
Paula

Please note: I will be away beginning Tuesday, July 29th through Thursday, July 31st.

Paula Podgurski

Senior Associate, Licensing & Enrollment (LEO) | BAYADA Home Health Care
4300 Haddonfield Road, Pennsauken, NJ 08109
O: 973-909-5159 | Cisco Ext: 0359-11 | Fax 973-909-5026 | bayada.com

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