



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

June 2, 2025

Schwab, Kevin
kschwab@givenscommunities.org

No Review

Record #: 4768

Date of Request: April 24, 2025

Business Name: Aldersgate UMRC, Inc.

Business #: 2736

Project Description: Affiliate with Aldersgate United Methodist Retirement Community via a member substitution, in which Givens Estates, Inc. would become the new sole member

County: Mecklenburg

Dear Kevin Schwab:

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,

Chalice L. Moore, Project Analyst

Micheala Mitchell, Chief

cc: Nursing Home 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

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] RE: CON for member substitution
Date: Thursday, April 24, 2025 11:15:53 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Tiffany,

Would you mind processing Mr. Schwab's change of ownership request which came in on April 17 as a No Review? It should be assigned to Chalice.

Thank you!

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: Mitchell, Micheala L
Sent: Thursday, April 24, 2025 11:12 AM
To: 'Schwab, Kevin' <kschwab@givenscommunities.org>
Subject: RE: [External] RE: CON for member substitution

We'll go ahead and process your initial email as a formal request. Chalice Moore is the analyst that will prepare the No Review letter in response to your request. She will contact you if she has any questions.

Best,

Micheala

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: Schwab, Kevin <kschwab@givenscommunities.org>
Sent: Thursday, April 24, 2025 11:09 AM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: RE: [External] RE: CON for member substitution

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located on your Outlook menu bar on the Home tab.

Yes. Thank you



Kevin Schwab | Chief Executive Officer
Office: (828) 771-2201 Fax: (828) 771-2232

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From: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Sent: Thursday, April 24, 2025 10:56 AM
To: Schwab, Kevin <kschwab@givenscommunities.org>
Subject: RE: [External] RE: CON for member substitution

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No problem. Will you be the point of contact if the analyst reviewing the request and preparing the response has any questions?

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: Schwab, Kevin <kschwab@givenscommunities.org>
Sent: Thursday, April 24, 2025 10:40 AM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: RE: [External] RE: CON for member substitution

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Micheala,

No worries about not getting back. I know a lot of people had some time off schedule which is much deserved. I was just circling back as we had an attorney call making sure we are all on track.

I think for our close, if I could get a formal letter certifying that no CON is required that would be great. You are right, there is not change to the services or where they are being offered.

Thanks,
Kevin



Kevin Schwab | Chief Executive Officer
Office: (828) 771-2201 Fax: (828) 771-2232

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From: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Sent: Thursday, April 24, 2025 10:00 AM
To: Schwab, Kevin <kschwab@givenscommunities.org>
Subject: RE: [External] RE: CON for member substitution

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Hi Kevin,

Thanks for circling back with me. I do apologize for the delay as I was out of the office for a few days.

A certificate of need is not required for an acquisition of an existing health service facility or a reorganization at the parent level so long as there will be no change in the location and services offered. Please let us know if you need a formal letter of no review for the licensure section. That process takes approximately 10 business days.

Thank you,

Micheala

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: Schwab, Kevin <kschwab@givenscommunities.org>
Sent: Thursday, April 24, 2025 9:15 AM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>

Subject: [External] RE: CON for member substitution

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Michaela,

Did you get a chance to take a look at this? We are trying to avoid any disruptions to the timeline and want to make sure we move forward quickly with this affiliation.

Thanks,
Kevin



Kevin Schwab | Chief Executive Officer
Office: (828) 771-2201 Fax: (828) 771-2232

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From: Schwab, Kevin <kschwab@givenscommunities.org>

Sent: Thursday, April 17, 2025 10:08 AM

To: micheala.mitchell@dhs.nc.gov

Subject: CON for member substitution

Michaela,

My name is Kevin Schwab, and I serve as the CEO of Givens Estates, Inc. We are currently working through a formal agreement to affiliate with Aldersgate United Methodist Retirement Community via a member substitution, in which Givens Estates, Inc. would become the new sole member.

As we proceed with the legal documentation and formal ownership change through DHSR, I wanted to confirm whether a Certificate of Need (CON) is required for this type of transaction, or if a waiver may be applicable.

I appreciate any guidance you can provide.

Best regards,
Kevin Schwab
CEO, Givens Estates, Inc.

Kevin Schwab | Chief Executive Officer
Office: (828) 771-2201 Fax: (828) 771-2232

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