



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

March 27, 2025

Mary Lucas
mlucas@transitionslifecare.org

No Review

Record #: 4732
Date of Request: March 17, 2025
Facility Name: Transitions LifeCare
FID #: 050884
Business Name: Hospice of Wake County, Inc.
Business #: 1001
Project Description: Provide hospice home services to residents of Nash County
County: Granville

Dear Ms. Lucas:

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.**

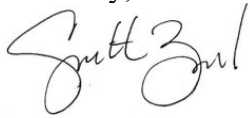
Please do not hesitate to contact this office if you have any questions.

**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

Sincerely,

A handwritten signature in black ink, appearing to read "Cynthia Bradford".

Cynthia Bradford
Project Analyst

A handwritten signature in black ink, appearing to read "Micheala Mitchell".

Micheala Mitchell
Chief

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



CaregiverSupport
PalliativeCare
HospiceCare
Kids™
GriefCare

To Whom it May Concern,

Transitions LifeCare would like to request for an exemption to expand hospice services to Nash County. We are currently in conversations with Wilson Medical Center to provide inpatient palliative care at their hospital, and it's critical that we are able to serve patients discharging to this county.

Our program is registered as:

Hospice of Wake County (dba Transitions LifeCare)

FID number: 56-1228779

Point of Contact: Mary Lucas, 919-828-0890

Thank you.

Sincerely,
Mary Lucas
Vice President of Strategy



From: [Bradford, Cynthia L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133
Date: Monday, March 17, 2025 2:31:05 PM
Attachments: [image001.png](#)
[Request for hospice Transitions LifeCare nash.docx](#)

FYI

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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Nurturing your own development isn't selfish... it's actually a great gift to other people.

From: Mary Lucas <mlucas@transitionslifecare.org>
Sent: Monday, March 17, 2025 2:28 PM
To: Bradford, Cynthia L <cynthia.bradford@dhhs.nc.gov>
Subject: RE: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133

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Hi Cynthia,

I hope you are doing well! Please see attached request to expand into Nash County.

Thank you.

Mary

Mary Lucas, MSHCM
she/her

Vice President of Strategy and Growth
Hostess of [Aging Matters Radioshow and Podcast](#)
Transitions LifeCare
250 Hospice Circle
Raleigh, NC 27607
(919) 828-0890 (office)
(919) 828-9514 (fax)
www.transitionslifecare.org



From: Mary Lucas
Sent: Friday, February 7, 2025 1:50 PM
To: Bradford, Cynthia L <cynthia.bradford@dhhs.nc.gov>
Cc: Steve Shelton <sshelton@transitionslifecare.org>; Nicole Martin <nmartin@transitionslifecare.org>
Subject: RE: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133

Hi Cynthia,

Please see attached. We have spoken with the patient and family in Wilson and are keeping them updated on the process.

Thank you.
Mary

From: Bradford, Cynthia L <cynthia.bradford@dhhs.nc.gov>
Sent: Friday, February 7, 2025 1:28 PM
To: Mary Lucas <mlucas@transitionslifecare.org>
Cc: Steve Shelton <sshelton@transitionslifecare.org>; Nicole Martin <nmartin@transitionslifecare.org>
Subject: RE: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133

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,

You will need to submit a request for an exemption to expand hospice services to Wilson County. Please ensure your request includes the name of your program, FID number, and point of contact for the matter.

The request can be written up on your letterhead and emailed to me. The request will be logged and assigned to an analyst to complete. The turnaround is usually a couple of weeks, but because we're addressing a hospice patient, I will ensure this gets pushed through as fast as possible.

Apologize for the delay in response.

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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From: Mary Lucas <mlucas@transitionslifecare.org>

Sent: Friday, February 7, 2025 9:56 AM

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

Cc: Steve Shelton <sshelton@transitionslifecare.org>; Nicole Martin <nmartin@transitionslifecare.org>

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

Importance: High

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Good morning –

This patient's family is asking if we can admit them sometime over the next couple of days. Are you able to provide guidance on what we need to do to expand our service area with you all to serve Wilson Co? It is not expanding our inpatient or residential care beds – no CON needs. It is in a skilled facility (not owned by us), and otherwise in private patient homes.

Thank you.
Mary

From: Mary Lucas
Sent: Thursday, February 6, 2025 1:24 PM
To: cynthia.bradford@dhhs.nc.gov
Cc: Steve Shelton <sshelton@transitionslifecare.org>
Subject: RE: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133

Good afternoon, Ms. Bradford.

Steve shared your information with me. We are not going to be expanding our inpatient or residential care beds. We have been asked to provide care in a skilled nursing facility and personal homes of patients in Wilson County. Would the name of the facility/FID/point of contact be for our facility since these are patient's personal homes? Or for the one SNF we are going to work with?

Thank you.
Mary

From: Bradford, Cynthia L <cynthia.bradford@dhhs.nc.gov>
Sent: Thursday, February 6, 2025 12:49 PM
To: Steve Shelton <sshelton@transitionslifecare.org>
Subject: RE: [External] Material Compliance request, Facility ID: 050884, License Number HOS3133

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Good Afternoon Mr. Shelton,

You will need to send us a request for an exemption if you are only expanding in home hospice services. If you are looking to develop a new or expanded hospice facility, it would require a CON.

If you are requesting an exemption, please include the name of the facility, FID, and point of contact. Please be specific with your request.

I am attaching some information in regard to developing hospice services in a different service area that require a CON. You can use this as reference information.

-

Hospice Inpatient and Hospice Residential Care Beds

A certificate of need (CON) is required to develop or expand hospice inpatient and hospice residential care facilities. Please contact the Acute and Home Care Licensure and Certification Section regarding licensure requirements for these types of facilities.

A prerequisite for the filing of a CON application to develop hospice *inpatient* beds is a need determination in the State Medical Facilities Plan (SMFP) in the county where the beds would be located.

A CON is required for hospice *residential care* beds but there is no need methodology in the SMFP for this type of facility, and thus, a need determination is not required.

The 2025 SMFP is available on our website at [2025 Plan](#)

Hospice inpatient facilities are addressed in Chapter 13.

CON Process

The base fee to file a CON application is \$5,000; an additional fee of \$0.003 is applicable for every dollar of the projected capital cost of the project greater than \$1,000,000. The maximum filing fee is \$50,000. The filing fee is not refundable even if the application is denied.

The main CON application form for reviews beginning February 1, 2025 or later may be obtained on our [website](#). For questions about completing the form, please contact the Project Analyst for the county where the project will be located. Contact information is available on our website at: <https://info.ncdhhs.gov/dhsr/coneed/staff.html>.

Hope this helps!

Have a great day!

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

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From: Steve Shelton <sshelton@transitionslifecare.org>

Sent: Thursday, February 6, 2025 12:12 PM

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

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

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Hi Cynthia,

We have had another issue come up that I think you can help us resolve.

We have a patient in Wilson County requesting our Hospice services. I believe we may need to update our services area in order to serve this patient.

Can you confirm that we need to update our service area prior to taking on the patient and provide me with some direction on how to update our service area?

Thank you!

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: Monday, February 3, 2025 3:02 PM
To: Steve Shelton <sshelton@transitionslifecare.org>; Shená Thornton <sthornton@transitionslifecare.org>
Cc: 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](#)

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Thank you for this information. I will put together your profile in our system and get your request moving forward.

Thanks again!

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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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](#)

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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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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

You don't often get email from sthornton@transitionslifecare.org. [Learn why this is important](#)

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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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