



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Drexdal Pratt  
Division Director

January 2, 2015

Rex Markham, President  
BJR, Inc.  
PO Box 10788  
Goldsboro, NC 27532-0788

**No Review**

Facility or Business: Cypress Manor  
Project Description: Change of licensee  
County: Washington  
FID #: 960559

Dear Mr. Markham:

The Certificate of Need Section (CON Section) received your letter of December 17, 2014 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that 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.

Moreover, you need to contact the Adult Care Licensure Section of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the

**Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer

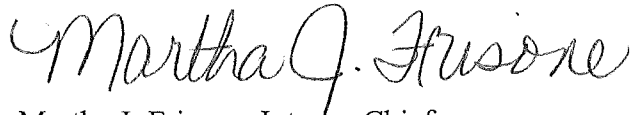


Mr. Markham  
January 2, 2015  
Page 2

original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Sincerely,

A handwritten signature in cursive script that reads "Martha J. Frisone". The signature is written in black ink and is positioned above the typed name and title.

Martha J. Frisone, Interim Chief  
Certificate of Need Section

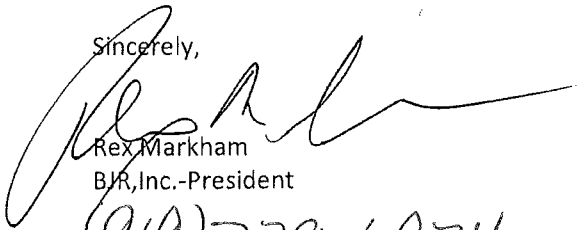
cc: Medical Facilities Planning Branch, DHR  
Adult Care Licensure Section, DHR

December 17, 2014

To: Certificate of Need  
Division of Health Service Regulation

Please be advised that BJR, Inc. is working with the current licensee of Cypress Manor (Beacon Arms, Inc) to facilitate a transfer of that license to BJR, Inc.

Sincerely,



Rex Markham  
BJR, Inc. - President

(919) 778-6974

TC w/ Mr. Markham 12/31/14

- Ownership of the real property will not change.

- P.O. Box 10788  
Goldsboro, NC 27532-0788



N.C. Department of Health and Human Services  
 Division of Health Service Regulation  
 Adult Care Licensure Section

2720 Mail Service Center ■ Raleigh, North Carolina 27699-2720

**CHANGE LICENSURE APPLICATION FOR ADULT CARE FACILITIES**

TYPE OF LICENSURE APPLICATION: Adult Care Home   
 (7 or more beds)

CURRENT FACILITY LICENSE Number- \_\_\_\_\_

- Change of Facility Name       Change of Licensee/Ownership  
 Change of Capacity       Change to Special Care Unit (specify bed Number) \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Requested Effective Date of Change: January 31, 2015  
*Must be at least 30 days prior to the proposed changed*

**Note:** Change in Ownership requires a license fee. Change of Capacity requires a Construction review and fee.

**CURRENT INFORMATION (Prior to Change)**

1. CURRENT FACILITY NAME: Beacon Arms, Inc. - D/B/A Cypress Manor

2. CURRENT FACILITY SITE ADDRESS: **(NO P.O. BOXES)**

Street: 503 West Buncombe Street  
 City Roper Zip Code 27970 County Washington  
 Facility Telephone Number ( 252 ) 791-0002 Fax Number ( 252 ) 791-0772

3. CURRENT LEGAL IDENTITY OF OWNERSHIP/LICENSEE:

Name of Owner: Beacon Arms, Inc.  
 Address: 503 West Buncombe Street  
 City: Roper State: NC Zip Code: 27970  
 Business Phone # of Applicant/Licensee: ( 252 ) 791-0002 Fax ( 252 ) 791-0772

DHSR USE ONLY
License#
FID#
Region
Compliance Check Completed [ ]
Entry by _____ Reviewed by _____
Date: _____ Date: _____
License Fee:

**FEE PAID**  
 Date 12 / 18 / 14  
 Amount \$ 1060.00  
 Cash       Other

3478

**PLEASE COMPLETE THE APPLICATION FOR NEW APPLICANT**

**Part A. Facility/Administrator Information**

<b>Facility Name:</b> BJR, Inc. DBA Cypress Manor			
<b>Physical Address:</b> 503 West Buncombe Street	<b>City:</b> Roper	<b>State:</b> NC	<b>Zip:</b> 27970
<b>Telephone Number:</b> 252-791-0002	<b>Fax number:</b> 252-791-0772	<b>Facility E-mail address:</b> N/A	

**Correspondence Mailing Address: (where you want to receive all correspondence including the license from Division of Health Service Regulation):**

<b>Name:</b> BJR, Inc. C/O Rex Markham	<b>Title:</b> President
<b>Address:</b> PO Box 10788	<b>Telephone Number:</b> (919) 778-6974
<b>City, State Zip Code:</b> Goldsboro, NC 27532-0788	
<b>Email:</b> rmarkham@mbmcpas.com	

**Building Owner**

Is the building where services are offered leased/ rented? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, please complete the following on the building/property owner and provide a copy of the lease agreement.		
<b>Name:</b>		
<b>Street/Box:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone Number:</b> ( )	<b>Fax Number:</b> ( )	

**CERTIFIED ADMINISTRATOR**

<b>Name:</b> Linda Asby	
<b>Telephone Number:</b> (252) 945-5495	<b>Fax:</b> (252) 809-0895
<b>Administrator Certificate No.</b> G00000725	<b>Expiration Date:</b> 12/31/16

## Part B Operation Disclosure

### LEGAL IDENTITY OF LICENSEE

#### Licensee Information

- Print name, address and phone number(s) for the facility
- The Licensee is the name of the legal entity licensed to operate the business at that site as indicated in **Part A**
- The Licensee is responsible for compliance to State rules and laws governing adult care homes
- The status of the Legal entity will be verified with the NC Office of the Secretary of State

Licensee Name: BJR, Inc. <span style="float: right;">50510 # 1418116 verified (LLC) 12/2/11</span>		
Address: PO Box 10788		
City: Goldsboro	State: NC	Zip code: 27532-0788
Telephone Number: 919-778-6974	Fax Number: 919-778-6997	
The owner is a: (check one)	<input checked="" type="checkbox"/> For Profit	<input type="checkbox"/> Non-Profit
The owner is a: (check one)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company (LLC)	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Governmental Unit
<input type="checkbox"/> Limited liability Partnership (LLP)		

#### PLEASE LIST IN THE SPACE PROVIDED BELOW:

- If the licensee is a **partnership or limited liability partnership (LLP)**, the name of each partner
- If the licensee is a **limited liability company (LLC)**, the names of the managing members, attach a list of the names and address of the members of the limited liability company
- If the licensee is a **corporation**, the name and title of each corporate officer
- If the licensee is a **governmental unit**, the name and title of the individual in charge of the governmental agency or the individual designated in writing by the individual in charge of the governmental agency

Executive Officer, General Partner, Managing Member		
Name:	Telephone	Fax
Roy Excell Markham (Rex)	Number: (919) 778-6974	Number: (919) 778-6997
Address: PO Box 10788		
City: Goldsboro	State: NC	Zip: 27532-0788

Name Roy Excell Markham	Title President
Name John H. Lane, Jr.	Title Vice President
Name William C. Sasser, Jr.	Title Sec./Treasurer
Name	Title
Name	Title

**MANAGEMENT COMPANY:**

Is the business operated under a management contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, provide name and address of the management company		
Company Name:		
Contact Name:	Telephone number: ( )	
Street/Box:		
City:	State:	Zip:

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**Part C Ownership Disclosure**

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For the purpose of this application the following definitions apply:

The following definitions shall apply throughout this application:

- (1) "Person" means an individual; a trust or estate; a partnership; a corporation; or any grouping of individuals, each of whom owns five percent or more of a partnership or corporation, who collectively own a majority interest of either a partnership or a corporation.
- (2) "Owner" means any person who has or had legal or equitable title to or a majority interest in an adult care home.
- (3) "Affiliate" means any person that directly or indirectly controls or did control an adult care home or any person who is controlled by a person who controls or did control an adult care home. In addition, two or more adult care homes who are under common control are affiliates.
- (4) "Principal" means any person who is or was the owner or operator of an adult care home, an executive officer of a corporation that does or did own or operate an adult care home, a general partner of a partnership that does or did own or operate an adult care home, or a sole proprietorship that does or did own or operate an adult care home.
- (5) "Indirect control" means any situation where one person is in a position to act through another person over whom the first person has control due to the legal or economic relationship between the two.

**RELATED AND APPLICABLE RULES**

**SECTION 10.40A.(1) G.S. 131D-34:**

**"§ 131D-34. Penalties; remedies**

(d1) The Department shall impose a civil penalty on any applicant for licensure who provides false information or omits information on the portion of the licensure application requesting information on owners, administrators, principals, or affiliates of the facility. The amount of the penalty shall be as is prescribed for a Type A Violation.

### Part C Ownership Disclosure

#### OWNERS, PRINCIPLES, AFFILIATES, SHAREHOLDERS, MEMBERS

Complete the information below on all individuals who are owners, principles, affiliates, shareholders or members holding an interest of 5% or more of the licensee. Attach additional pages if necessary. **If you are the only owner, complete the information below, listing the percentage interest as 100%.**

Name: Roy Excell Markham  
Address: 105 Shamrock Court  
City: Goldsboro State: NC Zip Code: 27530  
Phone #: ( 919 ) 736-1209 Fax (      ) n/a  
Email Address: rmarkham@mbmcpas.com  
Percentage interest in this licensed Facility: 33 1/3 Title: President  
List the names of other Family Care/Adult Care Home in which you are the owner or affiliate: n/a

Name: John H. Lane, Jr.  
Address: 896 NC Hwy 581 South  
City: Goldsboro State: NC Zip Code: 27530  
Phone #: ( 919 ) 734-1215 Fax (      ) n/a  
Email Address: \_\_\_\_\_  
Percentage interest in this licensed Facility: 33 1/3 Title: Vice President  
List the names of other Family Care/Adult Care Home in which you are the owner or affiliate: n/a

Name: William C Sasser, Jr.  
Address: 898 NC Hwy 581 South  
City: Goldsboro State: NC Zip Code: 27530  
Phone #: ( 919 ) 222-2221 Fax (      ) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Percentage interest in this licensed Facility: 33 1/3 Title: Sec./Treasurer  
List the names of other Family Care/Adult Care Home in which you are the owner or affiliate: n/a

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (      ) \_\_\_\_\_ Fax (      ) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Percentage interest in this licensed Facility: \_\_\_\_\_ Title: \_\_\_\_\_  
List the names of other Family Care/Adult Care Home in which you are the owner or affiliate: \_\_\_\_\_



LICENSED CAPACITY AND SPECIAL CARE UNIT

Check here if this Adult Care Home serves Only elderly persons.  
*Elderly Persons are defined as persons age 55 OR older or who have a primary diagnosis of Alzheimer's disease or other form of dementia that require assistance with activities of daily living*

Current Licensed Capacity 40

Current Licensed Special Care Unit Capacity: \_\_\_\_\_

As defined in 10A NCAC 13F. 1302 SPECIAL CARE UNIT DISCLOSURE

- a. Only those facilities with units that meet the requirements of this Section may advertise market or otherwise promote themselves as providing special care units for persons with Alzheimer's Disease or related disorders.
- b. The facility shall disclose information about the special care unit according to G.S. 131D-8 and which address policies and procedures listed in Rule .1305 of this Section.

Authenticating Signature: The undersigned submits this application for licensure for the year 2011 in accordance with Article 1 Chapter 131 D-2 of the General Statutes of North Carolina and to the rules adopted there under by the North Carolina Medical Care Commission (10A NCAC 13F) and certifies the accuracy of this information.

Signature: \_\_\_\_\_

Date: 12/17/14

# White & Allen, P.A.

ATTORNEYS AT LAW  
P.O. Box 8169  
Kinston, NC 28502

106 S. McLawton Street  
Telephone 252 527-8000  
Telecoply 252 527-8128  
www.whiteandallen.com

JOHN C. ARCHIE  
RAMSAY T. ARCHIE  
RICHARD J. ARCHIE  
JOHN C. BIRCHER III  
JOSEPH S. BOWER  
DELANA D. BOYD  
DAVID J. FILLIPPEL, JR.  
BRIAN J. GATCHEL  
SHERWOOD G. HENDERSON  
J. MARK HERRING  
C. GRAY JOHNSON  
E. WYLES JOHNSON, JR.  
MUSES D. LASITTER  
WILLIAM E. MANNING, JR.  
JOHN P. MARSHALL  
W. LEE PERCISE III  
JAMES C. PURNELL V  
ASHLEY FILLIPPEL STUCKER  
MATTHEW S. SULLIVAN  
BRIAN Z. TAYLOR



THOMAS J. WHITE, JR.  
(1903-1981)  
JAMES A. HODGES, JR.  
(1937-1982)  
WM. A. ALLEN, III  
(1920-2001)

December 29, 2014

Ms. Libby Kinsey  
Department of Health and Human Services

SENT BY E-MAIL

Re: Cypress Manor, Roper, Washington County, North Carolina  
Beacon Arms, Inc.  
Estate of Tiffany Everett Draughon

Dear Ms. Kinsey:

I am writing with respect to the 40 bed facility commonly known as Cypress Manor and located in Roper, Washington County, North Carolina. The current licensee for that facility is Beacon Arms, Inc. Beacon Arms, Inc. was heretofore wholly owned by Tiffany Everett Draughon. Tiffany Everett Draughon died intestate, a resident of the State of North Carolina, on November 22, 2014. Tiffany's estate is currently under administration in Beaufort County, North Carolina and has been assigned Estate File #14-E-523. Pursuant to Letters of Administration, issued December 1, 2014, a copy of which is enclosed herewith, Sharon L. Everett qualified as Administratrix of Tiffany's estate.

Pursuant to N.C.G.S. §28A-15-2(a), the stock of Beacon Arms, Inc. is vested in the estate. Accordingly, Sharon L. Everett, as Administratrix of the estate, has elected officers and directors for the corporation. A copy of the Consent effectuating that election is also enclosed herewith for your records.

The purpose of this letter is to notify you that Beacon Arms, Inc. does not wish to renew its license for the Cypress Manor facility for the 2015 calendar year. Accordingly, we would ask that you consider Tiffany's previous request to renew the license as void.



KINSTON • NEW BERN • SNOW HILL

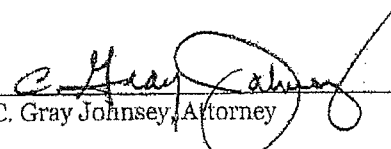
Ms. Libby Kinsey  
December 29, 2014  
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I believe that you have spoken with Rex Markham concerning his efforts to acquire a license for the facility, beginning January 1, 2015. Beacon Arms, Inc. will be glad to assist in facilitating that transfer of license in any reasonable fashion.

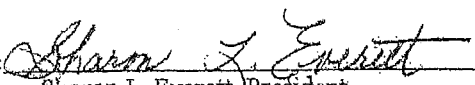
If there are any questions concerning the content of this letter, please do not hesitate to contact me. You will note that this letter is also signed by Sharon L. Everett in her capacity as President of Beacon Arms, Inc.

Sincerely,

WHITE & ALLEN, P.A.

By:   
C. Gray Johnsey, Attorney

BEACON ARMS, INC.

By:   
Sharon L. Everett, President

CGJ/rnb #10  
114049-00001

Enclosures

cc: Mr. Rex Markham



KINSTON • NEW BERN • SPOW HILL

STATE OF NORTH CAROLINA

File No.

14-E-523

BEAUFORT County

In The General Court Of Justice  
Superior Court Division  
Before the Clerk

IN THE MATTER OF THE ESTATE OF:

Name

TIFFANY COLLETTE EVERETT DRAUGHON

LETTERS

ADMINISTRATION

G.S. 28A-6-1; 28A-6-3; 28A-11-1; 36C-2-209

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

Name And Address Of Fiduciary 1 SHARON L. EVERETT 102 LONDON DR		Date Of Qualification 12/01/2014
WASHINGTON NC 27889		Clerk Of Superior Court V. MARTIN PARAMORE
Title Of Fiduciary 1 ADMINISTRATRIX		EX OFFICIO JUDGE OF PROBATE
Name And Address Of Fiduciary 2		Date Of Issuance 12/01/2014
Title Of Fiduciary 2		Signature <i>Nicole Bentley</i>
		<input checked="" type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court

SEAL

NOTE: This letter is not valid without the official seal of the Clerk of Superior Court.

CONSENT OF DIRECTORS AND SHAREHOLDERS  
OF  
BEACON ARMS, INC.  
TO  
ACTION WITHOUT MEETING

Pursuant to North Carolina General Statutes, Section 55-8-21 and Section 55-7-04, the undersigned, being all of the Shareholders and Directors of this Corporation, do hereby authorize, approve and adopt the following resolutions without a meeting by signing their signatures hereto:

"WHEREAS, Tiffany C. Everett Draughon (the "Decedent") died intestate, a resident of the State of North Carolina, on November 22, 2014; and

"WHEREAS, the Estate of the Decedent (the "Estate") is being administered subject to the General Court of Justice, Superior Court Division, Beaufort County, North Carolina, and the Estate file has been denominated File #14-E-523; and

"WHEREAS, Sharon L. Everett duly qualified as the Administratrix of the Estate and Letters Administration were issued to her dated December 1, 2014; and

"WHEREAS, the Decedent owned at the time of her death one hundred percent (100%) of the issued and outstanding shares of Beacon Arms, Inc. (the "Corporation"); and

"WHEREAS, pursuant to North Carolina General Statutes, §28A-15-2(a), the title to all Shares of the Corporation owned by the Decedent are now vested in the Administratrix; and

"WHEREAS, it is appropriate and necessary for the Administratrix to elect Directors and Officers of the Corporation;

"RESOLVED, that effective this date, the following named individual is hereby elected

to serve as the Director of the Corporation for the remaining fiscal year, and until her successor is elected and qualified:

Sharon L. Everett; and

"RESOLVED FURTHER, that effective this date, the following named individuals are hereby elected to serve as the Officers of this Corporation, in the capacity indicated opposite their respective names, and until their successors are elected and qualified:

Sharon L. Everett - President/Treasurer  
George S. Everett, Jr. - Vice President  
Deborah Everett - Secretary."

This action is effective this 17th day of December, 2014.

SHAREHOLDER:

ESTATE OF TIFFANY C. EVERETT DRAUGHON

By: Sharon L. Everett  
Sharon L. Everett, Administratrix

Sharon L. Everett  
Sharon L. Everett, Director and  
President/Treasurer

CGJ/ahc #3  
114049-00001