



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 13, 2019

Kenneth Burgess  
130 South Franklin Street  
Rocky Mount, NC 27804

**Exempt from Review – Acquisition of Facility**

**Record #:** 2900  
**Facility Name:** The Arc of Hope Mills  
**Type of Facility:** Adult care home  
**FID #:** 920499  
**Acquisition by:** Dona Burrell Revocable Trust  
**Business #:** 3011  
**County:** Cumberland

Dear Mr. Burgess:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that based on your representations, the above referenced proposal is exempt from certificate of need (CON) review in accordance with N.C. Gen. Stat. §131E-184(a)(8). Therefore, the above referenced business may proceed to acquire the health service facility identified above without first obtaining a CON. The Agency's determination is limited to the question of whether or not the above referenced business would have to obtain a CON if the current owners of the health service facility do in fact sell it to the business listed above. Note that pursuant to N.C. Gen. Stat. §131E-181(b): "*A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.*"

In the event that the business listed above does acquire the facility, you should contact the Agency's Adult Care Licensure Section to obtain instructions for changing ownership of the existing facility.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a

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  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3873

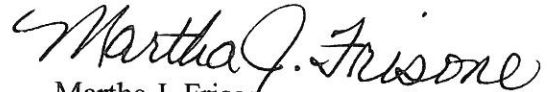
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separate determination regarding whether or not a certificate of need would be required. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Tanya M. Saporito  
Project Analyst



Martha J. Frisone  
Chief

cc: Adult Care Licensure Section, DHSR  
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR



Poyner Spruill<sup>LLP</sup>

Kenneth L. Burgess  
Partner  
D: 919.783.2917  
F: 252.972.7045  
kburgess@poynerspruill.com

March 4, 2019

VIA EMAIL

Martha Frisone, Chief  
Gloria Hale, Team Leader  
N.C. Department of Health and Human Services  
Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
809 Ruggles Drive  
Raleigh, N.C. 27603

NR 2900

Bus 3011

**RE: Notice of Exempt Acquisition of Existing Health Care Facility: The Arc of Hope Mills, Facility I.D. No. 920499**

Dear Martha and Gloria:

I am writing on behalf of our client, the Dona H. Burrell Revocable Trust ("the Trust"), to provide notice to the N.C. Department of Health and Human Services, Division of Health Service Regulation, Certificate of Need Section ("the CON Section") pursuant to N.C. Gen. Stat. § 131E-184(a)(8) of the Trust's intent to acquire an existing health service facility, as further explained herein.

The Trust plans to acquire the adult care home known as The Arc of Hope Mills ("the facility"), located at 4124 Pecan Drive, Hope Mills, N.C. 28348, Facility I.D. No. 920499. The facility is currently owned by an entity known as Happy Valley Retirement Center which is owned by Ms. Cindy Jacobs. The facility is currently licensed to The Arc of Hope Mills, LLC, for which Dona Burrell serves as President and Secretary-Treasurer. A copy of the facility's 2019 License Renewal Application and License are attached hereto. The Arc of Hope Mills, LLC currently leases the facility from the current owner.

Dona Burrell is also the primary beneficiary of the Dona Burrell Revocable Trust, the entity which is purchasing The Arc of Hope Mills. The transaction, which is scheduled to close on or about March 11, 2019, involves the purchase of the facility's physical plant (*i.e.*, the bricks and mortar) from the current facility owner by the Trust. As noted, the Trust essentially is a related entity to the current licensee of the facility, The Arc of Hope Mills, LLC, in that Ms. Dona Burrell is the President of the purchasing entity and also the primary beneficiary of the Trust.

Following the transaction's closing, the licensee of the facility will remain, as it is today, The Arc of Hope Mills, LLC. So, in summary, the transaction involves only a purchase of the facility's physical plant from the current owner by an entity related (as described above) to the current licensee. The transaction does not involve the addition of any new health service facility beds or new health services which qualify as a "new institutional health service" under N.C. Gen. Stat. § 131E-176 (9b) and (9c) and which would require a Certificate of Need pursuant to N.C. Gen. Stat. § 131E-178.

The CON Statute at 131E-176(16)(l) defines "new institutional health service" to include the "purchase, lease or acquisition of any health service facility." A CON normally is required to obtain or develop any new institutional health service. However, the CON Statute also provides at N.C. Gen. Stat. § 131E-184(a)(8) that the acquisition of an existing health service facility, including all the equipment owned by the facility at the time of acquisition, is exempt from CON Section review and does not require the acquiring entity to first obtain a CON, upon the provision of prior written notice to the CON Section demonstrating that the acquiring entity meets the exemption set forth in N.C. Gen. Stat. § 131E-184(a)(8).

Martha Frisone  
March 4, 2019  
Page 2

We are writing to provide to the CON Section the advance written notice required by N.C. Gen. Stat. § 131E-184(a)(8) of the acquisition by the Trust of the existing health service facility, The Arc of Hope Mills. We would appreciate receiving your written confirmation, at the earliest possible date, that the acquisition of the facility by the Trust is not subject to CON Section review and does not require a CON on the part of the trust.

Please let me know if you need additional information or have questions regarding this notification.

Very truly yours,



**Kenneth L. Burgess**  
*Partner*

Enclosure

Cc: Dona Burrell

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 1, 2019, this license is issued to*

*The Arc of Hope Mills, LLC*

*to operate an Adult Care Home known as*

*The Arc of Hope Mills*

*located at 4124 Pecan Dr*

*Hope Mills, NC, Cumberland County.*

*This license is issued subject to the statutes of the State of North  
Carolina, is not transferable and shall expire*

*December 31, 2019.*

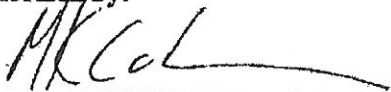
*License Number: HAL-026-058*

*\*\*\* This home serves only elderly persons. \*\*\**

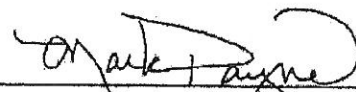
*Capacity: 29*

*Special Care Units:  Yes  No      Type: *Alzheimer's/Dementia* 29*

Authorized by:



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



Director, Division of Health Service Regulation



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Adult Care Licensure Section  
801 Biggs Drive  
2720 Mail Service Center  
Raleigh, North Carolina 27699-2720



If you are submitting a change application please indicate: Change Application Approved?  Yes  No

Part A Facility Information (REQUIRED)

Facility Name: The Arc of Hope Mills			
Facility Address: 4124 Pecan Dr		City: Hope Mills	
State: NC		Zip: 27344	
Telephone: (910) 426-6530		Fax: (910) 425-6537	
Do you have a facility license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, License No: 000000583)			
Do you have a North Carolina Health Care Provider (NCP) license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, License No: 114246993)		NPI: 114246993	
Complete this form if you are a new applicant. If you are a renewal applicant, you do not need to complete this form.			
Facility Address: 4124 Pecan Dr		City: Hope Mills	
State: NC		Zip: 27344	
Facility Contact: Jacob Smith, jacob.smith@thearcnc.org			

CERTIFIED ADMINISTRATOR:

Name: Cindy Jacobs	
Telephone: (910) 426-6966	Cell: (910) 425-7843
Administrator License No: 000000583	Expiration Date: December 31, 2018
Administrator Email Address:	

DISPATCH ONLY  
1-800-955-2833  
7:00 AM - 5:00 PM  
Central Time  
For more information visit us at  
www.dhs.nc.gov  
or call us at 1-800-955-2833

**Part B Operation Disclosure (REQUIRED)**

**LEGAL IDENTITY OF LICENSEE**

**Licensee Information**

- The preprinted name is the data we currently hold for this licensed facility. Please fill in the full address and phone number(s) for licensee.
- 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.
- A Change Application is required for ANY changes to the preprinted Licensee name.

Licensee Name: The Arc of Hope Mills, LLC		
Address: P.O. Box 277		
City: Hope Mills	State: NC	Zip code: 28349
Telephone Number: 910-425-6530	Fax Number: 910-425-4597	
The licensee is:	<input checked="" type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit

<input type="checkbox"/> Proprietorship (individual owner) <input checked="" type="checkbox"/> Corporation (Inc.) <input type="checkbox"/> Limited Liability Company (LLC)		<input type="checkbox"/> Partnership (Unincorporated) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Government Unit	
NC Secretary of State ID #: 1130531		<input type="checkbox"/> Registered in Other State. (Attach a copy of the Certificate of Authority issued by NCSOS)	

**COMPLETE THE FOLLOWING INFORMATION:**

- If the licensee is not for profit, the name of each Officer, Director or Trustees.
- 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 (Inc.), 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.

<p style="text-align: center;"><b>For the Office of Adult Care Home Monitoring</b></p>		
Name: Dona Burrell	Telephone Number: (910) 233 5531	Fax Number: (910) 343 2587
Address: 5248 Woodscape Rd.		
City: Wilmington	State: N.C.	Zip: 28409
Email Address: dona2323@yahoo.com		
Name: Dona Burrell	Title: President	
Name: Cindy Jacobs	Title: Secretary - Treasure	
Name:	Title:	

**Management Company:**

Is the business operated under a management contract?  Yes  No. If yes, provide name and address of the management company.

Company Name: N/A

Owner of Management Company Entity: Telephone Number:

Street/Box:

City: State: Zip:

Management Company Email Address:

**Building Owner:**

Is the building an existing structure?  Yes  No. If yes, please indicate the type of structure.

Company Name of Building Owner: Green Acres, Hope Valley Retirement Center

Name of Building Owner: Cindy Jacobs

Street/Box: 744 Woodington Rd

City: Hope Mills State: NC Zip: 28348

Telephone (910) 475-6965 Telephone (910) 475-1843

Building Owner Email Address: jacobsm110@ncdps.org

**Part C Ownership Disclosure (REQUIRED)**

On the form, the applicant indicates the following ownership structure:  
 The below defines the terms used in the form.

- (1) "Person" means an individual, a trust, estate, partnership, limited liability company, or any other form of legal entity, or any person who has or holds a beneficial or ownership interest in an adult care home.
- (2) "Owner" means any person who has or holds a beneficial title to or a majority interest in an adult care home.
- (3) "Affiliate" means any person that directly or indirectly controls or is controlled by another person who controls or is controlled by a person who controls or is controlled by an adult care home. In addition, the person who controls or is controlled by another person who controls or is controlled by an adult care home.
- (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 the 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.

**APPLICABLE RULES**

§ 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 A1 violation.



**Part C Ownership Disclosure (REQUIRED)**

**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: Dona Burry  
Address: 5248 Wood Scape Rd.  
City: Wilmington State: NC Zip Code: 28409  
Phone #: (910) 233-5531 Fax: (910) 343-2587  
Email Address: Dona2329@yahoo.com  
Percentage interest in this licensed Facility: 100% Title: President  
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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

**Part D. Census and Population Data (REQUIRED)**

A. Complete this section if your facility DID NOT serve any residents in the previous 12 months ending July 31, 2018.

**Attestation of Facility Census**

1. This facility operating as The Arc of Hope Mills did not serve one or more residents in the 12 months previous to July 31, 2018. If this is a true statement for this facility, please sign below.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

2. Date of last resident served at this location \_\_\_\_\_

3. Do you plan to serve residents in the next 12 months that follow July 31, 2018?  Yes  No

B. Complete this section if your facility DID serve one or more residents in the previous 12 months ending July 31, 2018.

1. Please give the number (1-25, etc.) of residents in facility indicated on 7/31/2018:

Age Group	WOB	Deaf
17-20		
21-31		
32-41	1	
42-51	0	0
52-61	2	0
62-71	1	1
72-81	1	1
82-91	0	0
TOTAL	5	1

2. On July 31, 2018, number of residents receiving Medicaid Personal Care Services: 18
3. On July 31, 2018, number of residents on State/County Special Assistance (SA): 19
4. On July 31, 2018, number of private pay residents: 5

If you have questions about the items on this page, call Healthcare Planning at (919) 855-3865.

**C. Beginning Census, Admissions, Discharges, and Deaths**

Complete the chart below for the reporting period of August 1, 2017 through July 31, 2018.

Beginning Census (Aug. 1, 2017)	Admissions (Aug. 1, 2017 – July 31, 2018)	Discharges (excluding deaths) (Aug. 1, 2017 – July 31, 2018)	Deaths (Aug. 1, 2017 – July 31, 2018)	Total*	Total must match total reported for July 31, 2018 census on page 11.
<del>25</del> 25	20	<del>5</del> 16	5	24	

\*To calculate: *Beginning Census + Admissions – Discharges – Deaths = Total*

Note: *Beginning Census* is the number of residents in your facility on Aug. 1, 2017.  
*Admissions* is the number of residents admitted from Aug. 1, 2017 through July 31, 2018.  
*Discharges and Deaths* are all discharges and deaths from Aug. 1, 2017 through July 31, 2018.

**D. Paid Bed Days**

Complete the chart below for the reporting period of August 1, 2017 through July 31, 2018.

(1) Paid Bed Days reimbursed by Private Pay (out-of-pocket)	2079
(2) Paid Bed Days reimbursed by County Special Assistance (includes Medicaid)	1193
(3) Paid Bed Days reimbursed by Other (insurance or other means of payment)	
(4) Total** = { (1) + (2) + (3) }	9,872

Note: Report paid bed days as cumulative totals.

Example: total number of days of private pay for Resident #1 +  
total number of days of private pay for Resident #2 +  
total number of days of private pay for Resident #3 + ...  
Continue for each resident in the facility and then repeat for each of the three categories

\*\*Total cannot be less than the *minimum paid bed days* or greater than *maximum paid bed days*.  
*minimum paid bed days* is equal to *Beginning Census* plus the *Admissions* (see Item A above).  
*maximum paid bed days* is equal to your licensed bed capacity multiplied by the number of days in the year.  
Example: 20 licensed beds x 365 days = 7,300 paid bed days.

The information on this page is collected pursuant to G.S. § 131E-177.

**F. Census by Diagnosis and Age**

Please give the number (1,2,3, etc.) of residents in facility (on July 31, 2018) with a physician's diagnosis of the following:

**Mental Illness (MI)** which includes a psychiatric illness but does not include intellectual disability, developmental disability or Alzheimer's Disease/Related Dementias:

*As defined under NC G.S. 122C-3 (21), "Mental illness" means, when applied to an adult, "an illness which lessens the capacity of the individual to use self-control, judgment and discretion in the conduct of his affairs and social relations as to make it necessary or advisable to be under treatment, care, supervision, guidance or control." Mental illnesses include but are not limited to major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and borderline personality disorder.*

**Intellectual Disability/Developmental Disability (ID/DD)**

**Alzheimer's Disease or Related Dementias**

If a resident is dually diagnosed, only count the resident once, based on the primary diagnosis.  
Do not list name of resident.

Resident's age (year)	MI (See above definition for MI)	ID/DD	Alzheimer's Disease / Related Dementias
18-20			
21-24			
25-29			
30-34			
35-39			
40-44			
45-49			
50-54			
55-59			
60-64			
65-69			
70-74			
75-79			
80-84			
85-89			
90-94			
95-99			
100+			

Check here if this Adult Care Home serves only elderly persons. (G.S. 11D-21 (6))  
**Elderly Persons are defined as persons age 55 OR older or who have a primary diagnosis of Alzheimer's disease or other forms of dementia that requires assistance with activities of daily living.**

**LICENSED CAPACITY: 29**

**Designated Special Care Unit in accordance with 10A NCAC 13R 0100, Cap 27, 2**  
On July 31, 2018 number of occupied Special Care Unit beds: **25**

**Part E Resident Utilization Data (REQUIRED)**

If you have questions about the items on this page, call the DHR Healthcare Planning Section at (919) 855-3865.

1. Total operational beds on July 31, 2018 29

Note: "Operational beds" means all the licensed beds in the facility that were available for resident/patient use on July 31, 2018. Do not include licensed beds that were not available for use on July 31, 2018 for reasons such as beds unavailable due to renovations, or staff shortages, or second beds located in a room used as a private room.

2. Answer this question if your adult care home beds are part of a Continuing Care Retirement Community ("CCRC"). Some CCRCs have licensed adult care home beds that are not restricted to individuals contracted with the facility, meaning that they can and will admit individuals from the community who do not have a contract with the CCRC.
- a. As of July 31, 2018, does your facility have unrestricted licensed adult care home beds (i.e. the CCRC accepts admissions of individuals who do not have a contract with the CCRC)? Yes  No
- b. If yes, how many adult care home beds are unrestricted? \_\_\_\_\_
- c. If yes to question (a.), how many of the unrestricted licensed adult care home beds in (b.) above were occupied on July 31, 2018 by individuals NOT contracted with your facility? \_\_\_\_\_

Authenticating Signature: The undersigned submits this application for licensure for the year 2018 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: Cindy Jacobs

Date: 10/24/18

Print Name: Cindy Jacobs

Phone Number: 919 425 6966

**ADDENDUM**

Dear Provider,

The Division of Health Service Regulation plans to make additional changes to the License Renewal Application (LRA) for Adult Care Homes next year (2020). Changes will include collection of data regarding facility census and admissions according to resident county of origin (i.e., permanent county of residence for individuals before admission). Attached is the form used to collect this data.

If you currently collect resident county of origin information about your residents, please complete this form based on the information you have available for the time period August 1, 2017 through July 31, 2018 and submit with your 2019 License Renewal application packet.

We understand that some facilities may not currently collect resident county of origin information. If you do not, please begin collecting this information for residents admitted between August 01, 2018 through July 31, 2019 so that you can be prepared to provide complete and accurate data on the 2020 License Renewal Application. This information will be required on the 2020 License Renewal Application for Adult Care Homes.

If you have questions regarding how to report resident county of origin data, please call Health Care Planning at (919) 833-6363.

**Counties of Origin for Adult Care Home Residents**

For questions regarding this section, please call Healthcare Planning at (919) 855-3865

In Column B, give the number of adult care home residents, from that county, who were living in the facility on August 1, 2017.

In Column C, give the total number of additional adult care home residents, from that county, who were admitted between August 1, 2017 and July 31, 2018. Report patients who were not NC residents on lines 101 through 105.

A	B	C	A	B	C	A	B	C
Permanent County of Residence for Individuals Before Admission	Living in Facility 8/1/2017	Admitted 8/1/2017-7/31/2018	Permanent County of Residence for Individuals Before Admission	Living in Facility 8/1/2017	Admitted 8/1/2017-7/31/2018	Permanent County of Residence for Individuals Before Admission	Living in Facility 8/1/2017	Admitted 8/1/2017-7/31/2018
1. Alamance			37. Gates			73. Person		
2. Alexander			38. Graham			74. Pitt		
3. Alleghany			39. Granville			75. Polk		
4. Anson			40. Greene			76. Randolph		
5. Ashe			41. Guilford			77. Richmond		
6. Avery			42. Halifax			78. Robeson	4	
7. Beaufort			43. Harnett	3	1	79. Rockingham		
8. Bertie			44. Haywood			80. Rowan		
9. Bladen			45. Henderson			81. Rutherford		
10. Brunswick			46. Hertford			82. Sampson		
11. Buncombe			47. Hoke			83. Scotland		1
12. Burke			48. Hyde			84. Stanly		
13. Cabarrus			49. Iredell			85. Stokes		
14. Caldwell			50. Jackson			86. Surry		
15. Camden			51. Johnston			87. Swain		
16. Carteret			52. Jones			88. Transylvania		
17. Caswell			53. Lee			89. Tyrrell		
18. Catawba			54. Lenoir			90. Union		
19. Chatham			55. Lincoln			91. Vance		
20. Cherokee			56. Macon			92. Wake	1	
21. Chowan			57. Madison			93. Warren		
22. Clay			58. Martin			94. Washington		
23. Cleveland			59. McDowell			95. Watauga		
24. Columbus			60. Mecklenburg			96. Wayne		
25. Craven			61. Mitchell			97. Wilkes		
26. Cumberland	16	18	62. Montgomery			98. Wilson		
27. Currituck			63. Moore			99. Yadkin		
28. Dare			64. Nash			100. Yancey		
29. Davidson			65. New Hanover					
30. Davie			66. Northampton			101. Georgia		
31. Duplin			67. Onslow			102. South Carolina		
32. Durham			68. Orange			103. Tennessee		
33. Edgecombe			69. Pamlico			104. Virginia		
34. Forsyth			70. Pasquotank			105. Other/Unknown		
35. Franklin			71. Pender	1		Total	25	20
36. Gaston			72. Perquimans					

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

*Effective January 1, 2017, this document*  
*certifies that*

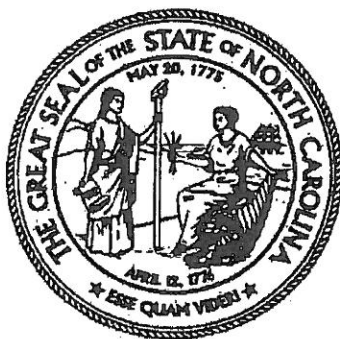
**CINDY JACOBS**

*is certified by the State of North Carolina as an*

*Assisted Living Administrator*

*This certification is issued subject to the statutes of the*  
*State of North Carolina, is not transferable and shall expire*

*midnight December 31, 2018*  
**G00000583**



Authorized by:

*Richard O. Boy*

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

*Angela Payne*

Assistant Secretary for Audit and Health Service Regulation







# AMENDED LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY: The Arc of Hope Mills LLC

SECRETARY OF STATE ID NUMBER: 1130531 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2018



Filing Office Use Only
<input type="checkbox"/> Changes

## SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Dona H. Burrell

2. SIGNATURE OF THE NEW REGISTERED AGENT: \_\_\_\_\_

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

5248 Woodscape Drive  
Wilmington, NC 28409-2114 New Hanover

4. REGISTERED OFFICE MAILING ADDRESS

5248 Woodscape Drive  
Wilmington, NC 28409-2114

## SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: ASSISTED LIVING FACILITY

2. PRINCIPAL OFFICE PHONE NUMBER: (910) 233-5531

3. PRINCIPAL OFFICE EMAIL: dona2323@yahoo.com

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

4124 Pecan Dr  
Hope Mills, NC 28348-2423 Cumberland

5. PRINCIPAL OFFICE MAILING ADDRESS

5248 Woodscape Drive  
Wilmington, NC 28409-2114



6. Select one of the following if applicable. (Optional see instructions)

The company is a veteran-owned small business

The company is a service-disabled veteran-owned small business

## SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: <u>Dona H Burrell</u>	NAME: _____	NAME: _____
TITLE: <u>Manager</u>	TITLE: _____	TITLE: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>5248 Woodscape Drive</u>	_____	_____
<u>Wilmington, NC 28409 New Hanover</u>	_____	_____

## SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

_____ SIGNATURE	_____ DATE
Form must be signed by a Company Official listed under Section C of This form.	
_____ Print or Type Name of Company Official	_____ Print or Type Title of Company Official

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$10.00  
MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525

# Limited Liability Company

## Legal Name

The Arc of Hope Mills LLC

## Information

SosId: 1130531

Status: Current-Active

Annual Report Status: Current

Citizenship: Domestic

Date Formed: 1/6/2010

Registered Agent: Burrell, Dona H.

## Addresses

### Principal Office

4124 Pecan Dr

Hope Mills, NC 28348-2423

### Reg Office

5248 Woodscape Drive

Wilmington, NC 28409-2114

### Reg Mailing

5248 Woodscape Drive

Wilmington, NC 28409-2114

### Mailing

5248 Woodscape Drive

Wilmington, NC 28409-2114

## Company Officials

All LLCs are managed by their managers pursuant to N.C.G.S.  
57D-3-20.

### Manager

Dona H Burrell

5248 Woodscape Drive

- File an Annual Report/Amend an Annual Report • Upload a PDF Filing • Order a Document Online • Add Entity to My Email Notification List • View Filings • Print an Amended a Annual Report form • Print a Pre-Populated Annual Report form

## Limited Liability Company

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### Information

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4124 Pecan Dr  
Hope Mills, NC 28348-2423

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5248 Woodscape Drive  
Wilmington, NC 28409-2114

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Wilmington, NC 28409-2114

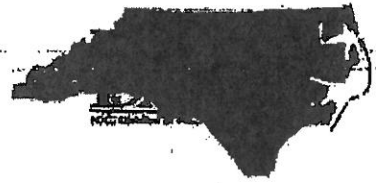
### Company Officials

All LLCs are managed by their managers pursuant to N.C.G.S. 57D-3-20.

#### Manager

Dona H Burrell  
5248 Woodscape Drive  
Wilmington NC 28409

**RENEWAL LICENSURE  
COMPLIANCE HISTORY CHECK**  
Division of Facility Services  
Adult Care Licensure Section (ACLS)



Date of History Check 11/8/18  
 Facility Name The Home of Hope Mills  
 License # Hall-226-058  
 FID # 920499  
 County Cumberland

Instructions: Complete the second page worksheet using the sources described. Then for any findings of negative actions listed below, record on this page the one(s) that will prevent issuing a renewal license. Then make a recommendation regarding eligibility for renewal licensure of a facility for the licensee.

Reference G.S. 131D-2.4 (C) (2)	Type B or Type A Penalty Deny until 1 year after assessed OR.... until confirmed returned to substantial compliance which ever comes first	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Appeal Date _____ Monetary Imposition Date _____ Penalty Due Date _____ Confirmed Compliance Date _____ Penalty Paid Date _____
10A NCAC 13F .0203	Suspension of Admission (SOA) Deny until 6 months after SOA lifted	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Appeal Date _____ Initiation Date _____ Lift Date _____
G.S. 131D-2.4 (C) (3) or (4)	Provisional Licensure Deny until 6 months from date license fully restored	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Appeal Date _____ Restoration Date _____ Termination Date _____
G.S. 131D-2.4 (C) (3) or (4)	Summarily Suspended Licensure Deny until 5 years from date suspension lifted or terminated.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Appeal Date _____ Restoration Date _____ Termination Date _____
G.S. 131D-2.4 (C) (3) or (4)	Revocation Deny until 5 year after the date revocation became effective.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Appeal Date _____ Effective Date _____ Lift Date _____

\* If yes to any of the above, provider tracking database, adverse action or on secretary of state record, forward to Administrative Officer / Program Development Coordinator for approval.  
 Approved by \_\_\_\_\_ Date \_\_\_\_\_

Recommendation: The owners are eligible for licensure  No  Yes Initials of Reviewer: SS  
 Comments:

**RENEWAL LICENSURE  
COMPLIANCE HISTORY CHECK**  
Division of Health Service Regulation  
Adult Care Licensure Section (ACLS)  
Worksheet

List all licensees/owners with 5% or more interest in the business:

Check LTI for ACLS compliance.

Donna Burrell  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check each owner listed on application

- Go To:
- Reports
- General Reports
- Owners, Report Yes, SSN/Name

Check each facility listed on application

- GoTo:
- Facility by name or county,
- Facility I, R Action
- Recommended Action I

<p>Cross check web for compliance in Mental Health Licensure Section Child Care Licensure Section <a href="http://providertracking.dhhs.state.nc.us">http://providertracking.dhhs.state.nc.us</a> * If any negative results print and attach.</p>	<p>Reviewed Date _____ Initials <u>SS</u></p> <p>Attached yes <input type="radio"/> no <input checked="" type="radio"/></p>
<p>Cross check web for compliance in NC Department Of The Secretary of State <a href="http://www.secretary.state.nc.us/corporations/CSearch.aspx">http://www.secretary.state.nc.us/corporations/CSearch.aspx</a> * If any negative results print and attach</p>	<p>Reviewed Date _____ Initials <u>SS</u></p> <p>Attached yes <input type="radio"/> no <input checked="" type="radio"/></p>
<p>Out of State Facilities: Route to Administrative Officer</p>	

Owner (s)	Facility	County	Adverse Action	Effective Date	Meets Compliance