



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

REVISED

January 31, 2024

Tyisiha Henry
forsythseniorestates@gmail.com

No Review

Record #: 4356
Date of Request: January 4, 2024
Facility: PruittHealth-High Point
FID#: 923250
Business Name: CareBridge Holdings, LLC
Business #: 3780
Project Description: Change of ownership of building only, located at 3830 North Main Street, High Point
County: Forsyth

Dear Ms. Henry:

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 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.

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

Sincerely,

Gloria C. Hale

Gloria C. Hale, Team Leader

Micheala Mitchell

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



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

January 19, 2024

Tyisiha Henry
forsythseniorestates@gmail.com

Exempt from Review – Acquisition of Facility

Record #: 4356
Date of Request: January 4, 2024
Facility Name: Forsyth Senior Estates
Type of Facility: Nursing Home
FID #: 923250
Acquisition by: CareBridge Holdings, LLC
Business #: 3780
County: Forsyth

Dear Ms. Henry:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that the project described above is exempt from certificate of need (CON) review in accordance with G.S. 131E-184(a)(8). Therefore, the above referenced business may proceed to acquire the health service facility identified above without first obtaining a CON. This includes a change in the facility's name. The Agency's determination is limited to the question of whether 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 G.S. 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."*

If the business listed above does acquire the facility, you should contact the Agency's Nursing Home Licensure and Certification 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 separate determination regarding whether a certificate of need would be required. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Ena Lightbourne
Project Analyst

Micheala Mitchell
Chief

cc: Nursing Home Licensure and Certification Section, DHRS

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



2024 LICENSE RENEWAL APPLICATION FOR NURSING HOME

Licensee	PruittHealth-High Point LLC
Primary DBA	PruittHealth-High Point
License #	NH0021
FID #	923250
Application Status	Approved

APPROVED LICENSE DATES

Effective Date	01/01/2024
Expiration Date	12/31/2024
Origination Date	04/01/1959
Approved By	Beverly Speroff on 11/14/2023

Introduction

Welcome to the Division of Health Service Regulation Licensure and Certification website.

This is your online **2024** license application. The deadline to complete and submit the application is **December 31, 2023**.

Data on file indicates that your entity is a **Nursing Home**.

Your annual licensure fee, as authorized by NC General Statute **G.S. 131E-102** is **\$2170.00**. This amount is comprised of a nonrefundable annual license fee in the amount of **\$420.00** plus a nonrefundable annual per-bed fee of **\$17.50**.

Following is a list of types of facilities with required fee, including the base fee and the per bed fee.

Facility Type	Base Fee	Bed Fee
Nursing Home Facility Type	\$420.00	\$17.50
CCRC Facility Type	\$450.00	\$12.50

Important Messages

- This application contains pre-populated information from our data systems based on your last renewal application or the most recent information reported to the Division of Health Service Regulation.
- Minor changes such as phone number, fax number, and email address may be changed in this application.
- Data supplemental questions are included in your application for need determinations for additional healthcare services detailed in the annual North Carolina State Medical Facilities Plan.
- **Major Changes:** The following changes require a submission of a Change of Ownership or a Change Request. This is a separate process from the renewal or update process and will not be reflected on the renewal or update license. You will have a revised license once these changes have been approved by DHSR.
 - Change of Ownership
 - Licensed Bed Capacity
 - Site Location
 - Facility Name

Questions

If you have questions while completing your application, please call **919-855-4520**.

Legal Name and Address

Legal Identity of the Applicant: PruittHealth-High Point LLC

Doing Business As (DBA) / Facility

Name(s) under which the facility or services are advertised or presented to the public

Primary: PruittHealth-High Point

Other:

Facility Address

Facility Mailing Address:

1626 Jeurgens Court
Legal Dept
Norcross, GA 30093

Facility Site Address:

3830 North Main Street
High Point NC 27265
Forsyth

Has the Facility Mailing Address Changed? No

Has the Facility Site Address Changed? No

Facility Site Contact Information

Contact Name: Lynethia Holley

Phone Number: (770) 279-6200

Email: legalservices@pruitthealth.com

Fax: _____

Website: _____

Contact Information / Facility Personnel

Administration

- Name of the Administrator: NONE

- Date Hired as Administrator: 05/11/2021

- NC License Number: 12345

- Email: legalservices@pruitthealth.com

Has the Administrator information changed? No

*** If Yes, please provide the following information.**

Nursing

- Name of the Director of Nursing: NONE

- Date Hired as D.O.N.: 05/11/2021

- NC License Number: 12345

- Email: legalservices@pruitthealth.com

Has the Director of Nursing information changed? No

*** If Yes, please provide the following information.**

Medical Director

- Name of the Medical Director: NONE
- Date Hired as Medical Director: 05/11/2021
- Office Address: 1626 Jeurgens Court Norcross GA 30093
- Email: legalservices@pruitthealth.com

Has the Medical Director information changed? No

* If Yes, please provide the following information.

Contact for Questions

Name of the person to contact for any questions regarding this form/facility.

Name: Lynethia Holley Title: Provider Enrollment Specialist
Email: lynethia.holley@pruitthealth.com Phone: (678) 296-0751

Regulatory Information

SA Eligible

Is the facility a Combination Facility, thereby incorporating licensed ACH beds? No

Ownership Disclosure

The name of the Legal Entity with ownership responsibility is in the Owner field below. If the entity is a corporation, then the name should reflect what is on file with the North Carolina Secretary of State (Corporate Office). If the entity is a unit of government, then the name should reflect the unit of government that has ownership responsibility and liability for services offered.

National Provider Identifier (NPI): 1003853516

Legal Identity of Licensee

Owner: PruittHealth-High Point LLC
Senior Officer: Neil L. Pruitt, Jr. Senior Officer Title: _____
Address: 1626 Jeurgens Court Phone: (770) 279-6200
Norcross, GA 30093
Fax: _____
Email: legalservices@pruitthealth.com

Legal Entity

Legal Entity Is: For Profit
Legal Entity Is: Limited Liability Company (LLC)

Building Owner

If the above entity (partnership, corporation, etc.) does not own the building from which the services are offered, please provide the following information.

Name of Building Owner: High Point Healthcare Properties, Inc.

Business Phone: (770) 279-6200 Email: legalservices@pruitthealth.com

Fax: _____

Management Company

If the facility is managed by a company **other than the licensee**, provide the following information about the Management Company.

Name: _____

Address: _____

Business Phone: _____

Fax: _____

Parent Company

If this business is a subsidiary of another entity, please identify the parent company below:

Senior Officer: Neil L. Pruitt Jr

Senior Officer Title: Chairman and CEO

Name: United Health Services of North Carolina, Inc.

Address: 1626 Jeurgens Court
Norcross, GA 30093

Business Phone: (770) 279-6200

Fax: _____

Nursing Home Bed Information

CMS Certification Number (CCN) : 345105

Do you advertise, market, or otherwise promote yourself as providing a special care unit for persons with Alzheimer's disease or other dementias? (A Special Care Unit means a wing or hallway within a nursing home or a program provided by a nursing home that is designated especially for residents with Alzheimer's disease or other dementias, or other special needs disease or condition, as determined by the Medical Care Commission, which may include mental disabilities.)

No

Beds By Type

* These numbers include permanently licensed beds and waiver beds, if any. If you have any questions, contact the Nursing Home Section at 919-855-4520.

a. Nursing Home (NH) Beds (Total)	<u>100</u>
1. General Nursing Home Beds	<u>68</u>
2. Special Care Unit Beds	<u>32</u>

3. Ventilator Beds	<u>0</u>
4. Traumatic brain injury beds	<u>0</u>
5. Are you equipped to accommodate bariatric residents?	<u>No</u>
b. Adult Care Home (ACH) Beds (Total)	<u>0</u>
1. General Adult Care Home Beds	<u>0</u>
2. Special Care Unit Beds	<u>0</u>
3. Are you equipped to accommodate bariatric residents?	<u> </u>
c. Total Licensed Beds	<u>100</u>

d. Operational Beds

- "Operational Beds" means all the licensed beds in the facility that are available for resident use on September 30, 2023.
- Do not include licensed beds that were not available for use on September 30, 2023 for reasons such as staff shortages, or beds unavailable due to renovations, or second beds located in a room used as a private room.

Total Operational Beds on September 30, 2023:

Nursing Home (NH)	Adult Care Home (ACH)
0	0

Special Care Unit

Note: Special Care Unit does not apply to this Application.

Attestation

Was this facility in operation throughout the entire 12-month reporting period ending September 30, 2023?

No

If No:

What period was the facility in operation?

01/01/2021

through

05/11/2021

For what reason was the facility not in full operation during this period?

ceased operations

ATTENTION: Read the following carefully before signing.

Complete this section if your facility **DID NOT** serve any residents in the 12 months previous to July 31, 2023. **If this is a true statement for this facility, please sign below.**

Signature: Lynethia Holley Title: _____

Date: 11/13/2023

Was there a change of ownership anytime between October 1, 2022 and September 30, 2023? No

CCRC Utilization Data

Continuing Care Retirement Community (CCRC)

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

Is the facility licensed by the Department of Insurance as a CCRC? No

Nursing Home Utilization Data

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

Resident Census

* Important: Report census data for September 30, 2023 only.

1. Number of residents in facility on September 30, 2023.

Nursing Home (NH)	Adult Care Home (ACH)
0	0

2a. Statistics on Nursing Home Residents on September 30, 2023 by age group.

* Note: Total for Item #2a must match the number reported in item #1 for Nursing Home Residents.

AGE	Male	Female
Under 21	0	0
21-34 years old	0	0
35-54 years old	0	0
55-64 years old	0	0
65-74 years old	0	0
75-84 years old	0	0
85 years old and older	0	0
Sub-total	0	0

2b. Number of residents in Nursing Home Special Care Unit beds on September 30, 2023 0

3a. Statistics on Adult Care Home Residents on September 30, 2023 by age group.

* Note: Total for Item # 3a must match the number reported in Item #1 for Adult Care Home Residents.

AGE	Male	Female
18-34 years old	0	0

35-64 years old	0	0
65-74 years old	0	0
74-84 years old	0	0
85 years old and older	0	0
Sub-total	0	0

3b. Number of residents in Adult Care Home Special Care Unit beds on September 30, 2023

0

Resident Utilization Data

1. Beginning Census, Admissions, Discharges, and Deaths by Level of Care

Complete the chart below for the reporting period of October 1, 2022 through September 30, 2023.

Note:

- Beginning Census is the number of residents in your facility on October 1, 2022.
- Admissions is the number of residents admitted from Oct. 1, 2022 through Sept. 30, 2023. Only count residents once; DO NOT count readmissions.
- Discharges and Deaths are all discharges and deaths from Oct. 1, 2022 through Sept. 30, 2023.

	NH Residents	ACH Residents
Beginning Census (Oct 1, 2022)	0	0
Admissions (Oct 1, 2022 - Sept 30, 2023)	0	0
Discharges (excluding deaths) (Oct 1, 2022 - Sept 30, 2023)	0	0
Deaths (Oct 1, 2022 - Sept 30, 2023)	0	0
Total (Beginning Census + Admissions – Discharges – Deaths) must match totals reported for Resident Census, Item # 1	0	0

2. Days of Care

Complete the questions below for the reporting period of October 1, 2022 through September 30, 2023.

Note:

- In each row, enter the total number of days reimbursed by that source (Medicare, Medicaid, Private Pay, Other) for all residents.
- Please enter the number of days of care, not the number of residents or the amount of dollars reimbursed.

Nursing Home (NH)	# of days of care reimbursed
NH Days reimbursed by Medicare	0
NH Days reimbursed by Medicaid	0
NH Days reimbursed by Private Pay	0
NH Days reimbursed by Other	0
Total	0

Adult Care Home (ACH)	# of days of care reimbursed
ACH Days reimbursed by Private Pay	0
ACH Days reimbursed by County Special Assistance	0
ACH Days reimbursed by Other	0
Total	0

3. Counties of Origin for Nursing Home Residents

- In Column B, enter the number of nursing home residents, from that county, who were living in the facility on October 1, 2022. Only list counties with nursing home residents. Column total MUST equal number entered for beginning census for nursing home residents in item #1.
- In Column C, enter the total number of additional nursing home residents, from that county, who were admitted between October 1, 2022 and September 30, 2023. Only count residents once; DO NOT count readmissions. Column total MUST equal number entered for admissions for nursing home residents in item #1.
- For residents who were not NC residents, please select one of the four pre-selected states provided or Other States if applicable. Otherwise, select Other/Unknown.

A	B	C
Permanent County of Residence for Individuals Prior to Admission	Living in Facility 10/1/2022	Admitted 10/1/2022- 9/30/2023
Total	0	0

4. Counties of Origin for Adult Care Home Residents

- In Column B, enter the number of adult care home residents, from that county, who were living in the facility on October 1, 2022. Only list counties with adult care residents. Column total MUST equal number entered for beginning census for adult care residents in item #1.
- In Column C, enter the total number of additional adult care home residents, from that county, who were admitted between October 1, 2022 and September 30, 2023. Only count residents once; DO NOT count readmissions. Column total MUST equal number entered for adult care residents in item #1.
- For residents who were not NC residents, please select one of the four pre-selected states provided or Other States if applicable. Otherwise, select Other/Unknown.

A	B	C
Permanent County of Residence for Individuals Prior to Admission	Living in Facility 10/1/2022	Admitted 10/1/2022- 9/30/2023

Current Operating Statistics

Current Per Diem Reimbursement Rates/Charges.

Please state the CURRENT (as of the date the application is signed) basic daily charges/rates for residents in your facility in the following categories of care.

For questions please call Certificate of Need (CON) at (919) 855-3873.

Private Pay (Usual Customary Charge)	Private Room (1 bed/room)	Semi-Private (2 beds/room)	3 or more beds/room
Nursing Home	0	0	0
Adult Care Home	0	0	0
0	0	0	0
0	0	0	0

Medicaid - Nursing Home Quarterly Rates			
Oct-Dec	Jan-Mar	Apr-June	July-Sept
0	0	0	0

Medicaid - Nursing Home	Rate
	0
	0

State/County Special Assistance	Rate
Adult Care Home	0
	0
	0

* Please complete only if applicable:

Special Care Unit-Additional Charge	Rate
Nursing Home	0
Adult Care Home	0

Current Operating Statistics

Please give the number (1, 2, 3, etc.) of adult care home residents currently in facility 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 Dementia. 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 dementia.** If a resident is dually diagnosed, only count the resident once, based on the primary diagnosis.

Resident Age	MI	ID/DD	Alzheimer's/Related Dementia
18-20	0	0	0
21-34	0	0	0
35-54	0	0	0
55-64	0	0	0
65-74	0	0	0
75-84	0	0	0
85 or older	0	0	0
Total	0	0	0

Payment

Online Payment

Amount Due: \$2170.00
Total Amount Paid: \$2229.68
Payment Status: Payment successful.
Transaction Date: 11/13/2023
Confirmation #: 23111314747142

Note: There is a 2.75% processing fee associated with credit card payments. Electronic check does not have a processing fee.

When you get to the Payment Page, the tax value defaults to **0.00**. Do not change this field.

Authenticating Signature

Electronic Signature Agreement: By checking the two boxes below you acknowledge and agree to the following statements:

- You agree to sign and submit this application electronically as your name appears in the NCID system.
- You have reviewed the entire application before signing.
- Your electronic signature will have the same legal effect and enforceability as your manual signature.
- No certification authority or other third-party verification is necessary to validate your electronic signature and the lack of such certification or third-party verification will not in any way effect the enforceability of your electronic signature.
- You understand and agree that this electronic application may be used in any way that the paper application is used.
- The undersigned attests that he/she is the owner, officer, or duly authorized representative of the applicant for a Nursing Home license pursuant to North Carolina General Statute G.S. 131E-138.1 and the information in this application is truthful, accurate, and complete.



The undersigned submits this application **for 2024** in accordance with North Carolina General Statutes **G.S. 131E-102**, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13D), and certifies the accuracy of this information.



I have read and agree to the **Electronic Signature Agreement**.

Name:

Lynethia Holley

Date:

11/13/2023

Uploaded Files

No Files Uploaded

From: [Tyisiha Henry](#)
To: [Lightbourne, Ena](#)
Subject: Re: [External] I am sharing "CON Exemption Letter" with you
Date: Wednesday, January 10, 2024 12:35:09 PM

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hey Ena,

So Carebridge Holdings LLC. Brought the Pruitt Health Building ("Which I own) then the facility DBA is Forsyth Senior Estates

Tyisiha Henry
Executive Director
Phone: 336-907-3030
Cell: 336-405-4946

On Wed, Jan 10, 2024, 12:07 PM Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov> wrote:

Hi Tyisiha. A couple of questions came up. Nothing major.

Forsyth Senior Estates is the business entity that's purchasing Pruitt Health, correct? Who exactly is Forsyth Senior Estates? Are they a separate company in its self? Will the facility's name change to Forsyth Senior Estates? I guess what I'm trying to do is differentiate between the business entity and the actual facility.

Thanks,

Ena Lightbourne

Certificate of Need, Project Analyst

Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
(Currently, I am in the office on Thursdays and Fridays. For the rest of the week, I can be reached by email.)

NC Department of Health and Human Services

Office: 919-855-4610

Ena.lightbourne@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, North Carolina 27699-2704

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From: Tyisiha Henry <forsythseniorestates@gmail.com>
Sent: Thursday, January 4, 2024 3:54 PM
To: Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Subject: [External] I am sharing 'CON Exemption Letter' with you

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hi Ena,

It was a pleasure speaking with you. Thanks for your assistance. If you should have any questions please let me know. Have a great day.

Tyisiha Henry
Executive Director
Phone: 336-907-3030
Cell: 336-405-4946



Department of Certificate of Need

Subject: Request for Exemption from Certificate of Need (CON) – Change of Ownership for Facility Located at 3830 North Main Street, High Point, NC 27265

Dear Sir/Madam,

I am writing on behalf of Forsyth Senior Estates to formally request an exemption from the Certificate of Need (CON) process concerning the change of ownership from Pruitt Health to Forsyth Senior Estates, with Tyisiha Henry as the active owner. The facility in question is located at 3830 North Main Street, High Point, NC 27265.

Forsyth Senior Estates is committed to maintaining and improving upon the same scope and quality of services provided by Pruitt Health. The transition in ownership will in no way alter or diminish the facility's commitment to delivering exceptional care and services to our residents.

Entity Description:

Forsyth Senior Estates is a dedicated senior care facility with a comprehensive range of services aimed at ensuring the well-being, comfort, and healthcare needs of our residents. Our mission is to provide a nurturing and supportive environment that promotes independence and quality of life for seniors in our community.

We are pleased to inform you that Tyisiha Henry will be the active owner overseeing operations at Forsyth Senior Estates. Ms. Henry brings a wealth of experience and a strong commitment to maintaining the highest standards of care within our facility.

Location:

3830 North Main Street,

High Point, NC 27265

We kindly request an exemption from the CON process for this change of ownership, as it is crucial for the seamless continuation of services without interruption to the residents and their families. Our commitment to upholding the standards of care and services remains unwavering, and we are dedicated to ensuring a smooth transition while maintaining excellence in our operations.

We assure you that all regulatory requirements and standards will be strictly adhered to under the new ownership.

Thank you for your time and consideration of this request. Should you require any additional information or documentation, please do not hesitate to contact us at 1-336-405-4946 or ForsythSeniorEstates@gmail.com

Sincerely,

Tyisiha Henry

Tyisiha Henry

Executive Director

Forsyth Senior Estates

Phone: 336-405-4946

ForsythSeniorEstates@gmail.com

From: [Lightbourne, Ena](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] I am sharing "CON Exemption Letter" with you (Pruitt Health-High Point Nursing Home)
Date: Thursday, January 4, 2024 4:00:17 PM
Attachments: [CON Exemption Letter.pdf](#)

Hi Tiffany can you log this? Thanks.

Ena Lightbourne

Certificate of Need, Project Analyst

[Division of Health Service Regulation](#), Healthcare Planning and Certificate of Need Section *(Currently, I am in the office on Thursdays and Fridays. For the rest of the week, I can be reached by email.)*

[NC Department of Health and Human Services](#)

Office: 919-855-4610

Ena.lightbourne@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, North Carolina 27699-2704

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From: Tyisiha Henry <forsythseniorestates@gmail.com>
Sent: Thursday, January 4, 2024 3:54 PM
To: Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Subject: [External] I am sharing 'CON Exemption Letter' with you

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hi Ena,

It was a pleasure speaking with you. Thanks for your assistance. If you should have any questions please let me know. Have a great day.

Tyisiha Henry
Executive Director

Phone: 336-907-3030

Cell: 336-405-4946