STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092289	A. BUILDING: 01 B. WING _____	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWINKLE-STAR HOME SERVICES 2	202 BAINBRIDGE CIRCLE GARNER, NC 27529

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on January 11, 2024 from 12:00 PM to 1:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 1, 2022 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2018 North Carolina State Building Code - Section 428.2 - Residential Care Homes. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and	C 105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Administrator

(X6) DATE: 04/16/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092289	A. BUILDING: 01 B. WING _____	01/11/2024

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TWINKLE-STAR HOME SERVICES 2	202 BAINBRIDGE CIRCLE GARNER, NC 27529

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C 105	Continued From page 1 renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the light fixture in the dining room is too low to the ground per NCSBC 1208.2 minimum ceiling heights states" 5. ceiling mounted electrical fixtures shall be a minimum of 80 inches above the finished floor unless mounted over a barrier that prevents occupants from traveling under the fixture.. This is not compliant with the rule. Take the necessary steps to meet the code requirement. 2.) At the time of the survey, it was observed that the laundry room does not have a GFCI. Per 210.8(A) states " Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(A)(1) through (10) shall have ground-fault circuit-interrupter protection for personnel. " This is not compliant with the rule. Take the necessary steps to reach out to a certified professional to install a GFCI in the laundry room for the washer.	C 105	1. Administrator will adjust the kitchen light to ensure compliance. 2. Administrator will engage a professional to install GFCI in the laundry room for the washer to ensure compliance.	04/30/24 04/30/24

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C 121	Ample Living Arrangements SECTION .0300 - THE BUILDING 10A NCAC 13G .0304 LIVING ARRANGEMENT A family care home shall provide living arrangements to meet the individual needs of the residents, the live-in staff and other live-in persons. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility is licensed for 6 residents and has a live-in staff utilizing residents' bedrooms. This is not compliant with the rule. Take the necessary steps to decrease the capacity of the facility down to 5 to accommodate live-in staff and or utilize 24-hour staff within the facility.	C 121	Adimistrator will decrease the capacity of the facility down to 5 residents to accomodate live-in staff to ensure compliance.	05/31/24
C 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the bathrooms in the facility do not have handgrips to transition outside of the showers. This could lead to a slip and fall. This is not compliant with the rule. Take the necessary steps to install handgrips outside of both showers.	C 135	Administrator will engage a professional to put in place handgrips outside of both bath showers to ensure compliance.	04/30/24
C 146	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE	C 146		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 146	Continued From page 3 AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the right side ramp does not meet the rule above. This is not compliant with the rule. Take the necessary steps to install railing on both sides down to the end of the ramp and ensure the bottom of the ramp has a smooth transition to grade.	C 146	Adimistrator will engage a professional to put in place railing on both sides down to the end of the ramp and ensure the bottom of the ramp has a smooth transition to grade to ensure compliance.	04/30/24
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the front of the facility ramp did not have a railing on both sides. This is not compliant with the rule. Take the necessary steps to install railing on both sides of the ramp to meet the rule.	C 149	Adimistrator will engage a professional to put in place railing on both sides of the ramp to ensure compliance.	04/30/24

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C 171	Continued From page 4	C 171		
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the evacuation plans were not oriented on the walls correctly. This is not compliant with the rule. Take the necessary steps to orient the plans correctly.	C 171	Administrator or designated staff will reorient the fire evacuation plan correctly with new resident on admission, and new staff during orientation to ensure compliance.	04/30/24
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that multiple bulbs in the facility were burnt out. This is not compliant with the rule. Take the necessary steps to ensure all bulbs are in working order. 2.) At the time of the survey, it was observed that	C 174	1. Administrator or designated staff will ascertain that bulbs are in working order to ensure compliance.	04/30/24

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C 174	Continued From page 5 multiple light fixtures in the facility were missing bulbs exposing a socket, which could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to ensure all light sockets have a bulb.	C 174	2. Administrator or designated staff will ascertain that all light sockets have a bulb to ensure compliance.	04/30/24
	3.) At the time of the survey it was that the staff bedroom light fixture was missing a light globe. This is not compliant with the rule. Take the necessary steps to ensure all light fixtures have a globe.		3. Administrator or designated staff will ensure that light fixtures have a glove to ensure compliance.	04/30/24
	4.) At the time of the survey it was observed that Bedroom #3 closet doors are no longer on track. This is not compliant with the rule. Take the necessary steps to ensure that the closet is working as intended.		4. Administrator will engage a professional to fix the closet door in Bedroom #3 to ensure compliance.	04/30/24
	5.) At the time of the survey, it was observed that bathroom #2 was missing a towel bar. This is not compliant with the rule. take the necessary steps to install a towel bar in bathroom #2.		5. Administrator will engage a professional to install a towerl bar in bathroom #2 to ensure compliance.	04/30/24
	6.) At the time of the survey, it was observed that the filters for the air returns were dirty and clogged preventing clean airflow for the HVAC unit. This is not compliant with the rule. Take the necessary steps to install clean air filters and change them out a regular intervals so the HVAC unit can function properly.		6. Administrator or designated staff will change the air filters regularly to ensure compliance.	04/30/24
	7.) At the time of the survey, it was observed that in the living room, and hallway it had patched areas that are not sanded and painted. This is not compliant with the rule. Take the necessary steps to sand and paint the walls.		7. Administrator will engage a professional to sand and paint the wall with patch on the hallway in living room to ensure compliance.	04/30/24
	8.) At the time of the survey, it was observed that in the attic a junction box was open. This could lead to electrical shock. This is not compliant with		8. Administrator will engage a professional to secure all junction boxes in the attic and remove alarm system to ensure compliance.	04/30/24

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C 174	Continued From page 6 the rule. Take the necessary steps to secure all junction boxes in the attic. 9.) At the time of the survey, it was observed that an old alarm system was in place at the facility showing a low motion detector sensor battery. This is not compliant with the rule. Take the necessary steps to bring the alarm system back into working order and or remove it.	C 174	9. Administrator will engage a professional to remove the alarm system to ensure compliance.	04/30/24
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: At the time of the survey where the bedroom of the live-in staff is in a separate area from bedroom #1, provide an electrically operated call system that shall be provided connecting bedroom #1 to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of the resident lying on his bed. For any wireless system to be	C 180	Administrator engage a professional to install call system activators in residents bedroom within reach of the resident lying in his bed to ensure compliance.	04/30/24

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C 180	Continued From page 7 approved, the base unit must use the house power, must recognize when any of the activators stop providing a signal, and must function in accordance with the intent of the Rules.	C 180		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the resident's home had neglected gutters. This is not compliant with the rule. Take the necessary steps to clean out the gutters and build a preventative maintenance plan to ensure the gutters are cleaned regularly	C 183	1. Administrator will egage a professional to clean the gutters and maintain that the gutters are cleaned every 3 months to ensure compliance..	04/30/24
	2.) At the time of the survey, it was observed that the front ramp had multiple screws popped up. This is not compliant with the rule. Take the necessary steps to ensure all screws are flush with the wood.		2. Administrator will egage a professional to ensure that all screws are flushed with the wood to ensure compliance.	04/30/24
C 184	Outside Premises-Fence SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (b) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the fence on the rear left of the facility had a latching lock on the gate. This requires special	C 184		

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C 184	Continued From page 8 knowledge and is not allowed. This is not compliant with the rule. Take the necessary steps to remove all components of the latching lock from the gate. 2.) At the time of the survey, it was observed that the fence on the rear left of the facility can't be opened on both sides of the fence, this could impede egress in a time of need. This is not compliant with the rule. Take the necessary steps to install a double side gate latch.	C 184	1. Administrator will engage a professional to remove latching lock from the gate to ensure compliance. 2. Administrator will engage a professional to install a double side gate latch to ensure compliance.	04/30/24 04/30/24

CHANGE LICENSURE APPLICATION PACKET FOR FAMILY CARE HOME (2 TO 6 BEDS)

Return the entire packet to:

Mailing address of Adult Care Licensure Section:

U.S. Postal Service:
Division of Health Service Regulation
Adult Care Licensure Section
2720 Mail Service Center
Raleigh NC 27699-2720
Attn: License Materials Enclosed

Express/Overnight Courier (FED-EX, UPS):
Division of Health Service Regulation
Adult Care Licensure Section
801 Biggs Drive
Raleigh, North Carolina 27603
Attn: License Materials Enclosed

Adult Care Licensure Section: 919-855-3765

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 FAMILY CARE HOMES

TYPE OF LICENSURE APPLICATION: Family Care Home
(2-6 beds)

CURRENT FACILITY LICENSE Number- 09 - 22 - 89

☐ Change of Facility Name ☒ Change of Capacity ☐ Other (specify):_____
☐ Change of Licensee/Ownership

Requested Effective Date of Change: 05/20/24
No less than 30 days from the submission of the application and fee.

Note: A Change in Ownership requires a license fee. A Change of Capacity requires a Construction Section review and fee. The Construction Section will invoice the Contact Person listed on the application.

CURRENT INFORMATION (Prior to Change)

1. **CURRENT FACILITY NAME:** Twinkle - Star Home Services 2

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

Street: 202 Bainbridge Circle
City: Garner Zip Code: 27529 County: Wake
Facility Telephone Number: 919-539-9223 Fax Number: 919-640-3838

3. **CURRENT LEGAL IDENTITY OF OWNERSHIP/LICENSEE:**

Name of Owner: Ifeoma Umelo
Address: 2204 Havering place
City: Raleigh State: NC Zip Code: 27604
Business Contact Phone Number of Applicant/Licensee: 919-539-9223 Fax: 919-640-3838

DHSR USE ONLY	
License#:	
FID#:	
Region:	
Compliance Check Completed:	
Entry by: _____ Date: _____	Reviewed by: _____ Date: _____
License Fee: $315.00	

Part A. Facility Information

Facility Name: Twinkle-Star Home Services 2			
Physical Address: 202 Bainbridge Circle	**City:** Garner	**State:** NC	**Zip:** 27529
County: Wake			
Telephone Number: 919-539-9223	**Fax Number:** 919-640-3838		
If applicable - Please provide your National Provider Identifier Number (NPI) if applicant is an owner of a currently licensed Adult Care Home. *For questions regarding NPI, contact* ***1-800-465-3203 (NPI Toll-Free)***	**NPI:** 1467099341		

Contact Person and Correspondence Mailing Address:
(Name of person who can make licensure/operation decisions about the facility and address where ALL Correspondence, including the license, will be mailed, and emailed from Division of Health Service Regulation.)

Name: Ifeoma Umelo		**Title:** Administrator	
Address: 2204 Havering Place		**Telephone Number:** 919-539-9223	
City: Raleigh	**State:** NC		**Zip:** 27604
Primary Email: twinklestarhomeservicesllc@gmail.com			

APPROVED ADMINISTRATOR:

Name: Ifeoma Umelo			
Address: 2204 Havering Place Raleigh, NC 27604			
Email: twinklestarhomeservicesllc@gmail.com			
Telephone Number: 919-539-9223	**Fax:** 919-640-3838		
Administrator Approval Number: F00206	**Expiration Date:** 06/30/25		

Part B. Operation Disclosure

LEGAL IDENTITY OF LICENSEE

Licensee Information

- 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.
- Please enter the complete address and phone number(s) for licensee.
- The status of the Legal entity will be verified with the NC Office of the Secretary of State.

Licensee Name: Twinkle-Star Home Services 2			
Address: 202 Bainbridge Circle			
City: Garner	**State:** NC	**Zip code:** 27529	
Telephone Number: 919-539-9223	**Fax Number:** 919-640-3838		
The licensee is :	**For Profit**	**Not For Profit***	

The licensee is: (Check one)	
Proprietorship (individual owner) ☐ Corporation (Inc) ☐ Limited Liability Company (LLC) ☑	Partnership (Unincorporated) ☐ Limited Liability Partnership (LLP) ☐ Government Unit ☐
NC Secretary of State ID #: 1869917	Registered in Other State: Yes ☐ No ☒

Part C. Officers, Partners, Managers

COMPLETE THE FOLLOWING INFORMATION:

NOTE: The Executive Officer, General Partner, or Managing Member must be an individual, listed by name, not a business entity.

- If the licensee is **not for profit,** the name of each Officer, Director or Trustees.
- If the licensee is a **corporation**, the name and title of each corporate officer.
- If the licensee is **a limited liability company (LLC),** the names of the managing members.
- If the licensee is **a partnership or limited liability partnership (LLP)**, the name of each partner.
- 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: Ifeoma Umeh	**Telephone Number:** 919-539-9223	**Fax Number:** 919-640-3838
Address: 2204 Havering Place #		
Email: twinklestarhomeservicesllc@gmail.com		
City: Raleigh	**State:** NC	**Zip:** 27604

Executive Officer, General Partner, Managing Member		
Name: NA	**Telephone Number:**	**Fax Number:**
Address:		
Email:		
City:	**State:**	**Zip:**

Executive Officer, General Partner, Managing Member		
Name: NA	**Telephone Number:**	**Fax Number:**
Address:		
Email:		
City:	**State:**	**Zip:**

Part D. Ownership Disclosure

OWNERS, PRINCIPALS, SHAREHOLDERS, MEMBERS

Complete the information below on **all** individuals who are owners, 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: Ifeoma Umeh

Address: 2204 Havering Place

City: Raleigh State: NC Zip Code: 27604

Phone: 919-539-9223 Fax: 919-640-3838

Email Address: twinklestarhomeservicesllc@gmail.com

Percentage interest in this licensed Facility: 100% Title: Administrator/Owner

List the names of other licensed Family Care Homes and Adult Care Homes in which you are an owner: Twinkle-Star Home Services, Twinkle-Star Homes Services 3

Name: NA

Address:

City: State: Zip Code:

Phone: Fax:

Email Address:

Percentage interest in this licensed Facility: Title:

List the names of other licensed Family Care Homes and Adult Care Homes in which you are an owner:

Name: N/A

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Percentage interest in this licensed Facility: _____ Title: _____

List the names of other licensed Family Care Homes and Adult Care Homes in which you are an owner: _____

Part E. Majority Ownership Disclosure

MAJORITY INTEREST OWNERS

Complete the information below on **all persons** who hold a **majority** interest in the licensee. A "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. A **majority interest** is an interest in the licensee, or in entities who have an interest in the licensee, constituting ownership of more than fifty-percent of the licensee. For the purposes of this disclosure, all persons who hold a **majority interest** in the licensee must be disclosed **regardless of whether the persons hold a direct interest in the licensee**. The disclosure must include parent, grand-parent, or other levels of ownership. **If you are the only majority owner, please move to Part F.**

For ownership that goes above the parent level, include a diagram of the ownership structure including all majority owners.

Name: N/A

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Percentage interest in this licensed Facility: _____ Title: _____

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner: _____

Name: N/A

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Percentage interest in this licensed Facility: _____ Title: _____

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner: _____

Name: NA

Address:

City: State: Zip Code:

Phone: Fax:

Email Address:

Percentage interest in this licensed Facility: Title:

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner:

ATTACH OWNERSHIP DIAGRAM WITH THIS APPLICATION:

Part F. Affiliate Disclosure

AFFILIATES

Complete the information below for **all affiliates** of the licensee. "Affiliate" means any person that will directly or indirectly control the facility. "Affiliate" also means any person who will be controlled by a person who will control the facility. In addition, two or more adult care homes which are under common control are affiliates. "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. Note, an individual or entity need not have an ownership interest in the licensee to be an affiliate. **If there are no affiliates, please move to Part G.**

Management companies and other entities that control a facility's operations are affiliates, including but not limited to entities that control/oversee a facility's clinical or healthcare services, contracts and billing, provision of goods and services, and human resources. **(Attach additional pages as necessary).**

Name: Ifeom Umelo

Address: 3204 Haven of Place

City: Raleigh State: NC Zip Code: 27604

Phone: 919-539-9223 Fax: 919-640-3838

Email Address: tunklestarhomeservicesllc@gmail.com

Is the affiliate a management company? Yes ☐ No ☒

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner, principal or affiliate: Tunkle-Star home Services, Tunkle-Star Home Services 3

Name: NA

Address:

City: State: Zip Code:

Phone: Fax:

Email Address:

Is the affiliate a management company? Yes ☐ No ☐

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner, principal or affiliate:

Name: NA

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Is the affiliate a management company? Yes ☐ No ☐

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner, principal or affiliate: _____

Part G. Ownership and Affiliate Disclosure - Confidential Information

The following information will be used to conduct compliance history checks as required by G.S. 131D-2.4. Please provide the last four digits of the social security number or tax EIN for all persons identified in this application, both individual and business entities. This information will be used only as an identification number for internal record keeping and data processing. Incomplete data will delay the application being processed. **(Attach additional pages as necessary).**

Category	Name	Last 4 digits of SSN of Individuals or EIN of Corporation	Contact Number / Cell Number	Percentage of interest as reported on pages 4 -6 (If Applicable)
Licensee/Owner	Ifeoma Umelo	***-**-5049 or EIN ___-_____	919-539-9223	100%
Administrator	Ifeoma Umelo	***-**-5049 or EIN ___-_____	919-539-9223	100%
Officers, Partners and Managers	NA	***-**-_____ or EIN ___-_____		
Officers, Partners and Managers	NA	***-**-_____ or EIN ___-_____		
Officers, Partners, and Managers	NA	***-**-_____ or EIN ___-_____		
Owners, Principals, Shareholders or Members	Ifeoma Umelo	***-**-5049 or EIN ___-_____	919-539-9223	100%
Owners, Principals, Shareholders or Members	NA	***-**-_____ or EIN ___-_____		

Owners, Principals, Shareholders or Members	NA	***-**-_____ or EIN ___-_____		
Majority Interest Owners	NA	***-**-_____ or EIN ___-_____		
Majority Interest Owners	NA	***-**-_____ or EIN ___-_____		
Majority Interest Owners	NA	***-**-_____ or EIN ___-_____		
Affiliate (Management Company)	NA	***-**-_____ or EIN ___-_____		
Affiliates (Management Company)	NA	***-**-_____ or EIN ___-_____		
Affiliates (Management Company)	NA	***-**-_____ or EIN ___-_____		
Affiliates (Management Company)	NA	***-**-_____ or EIN ___-_____		
Affiliates (Management Company)	NA	***-**-_____ or EIN ___-_____		

Reminder: ***Failure to complete this information will delay the licensing process.***

Part H. Building Owner:

Is the building where services are offered leased/ rented? Yes [X] **No** [ ]
If yes, please complete the following on the building/property owner and provide a copy of the lease agreement.

Name: Rita Mitchelle

Street/Box: 202 Bainbridge Circle

City: Garner **State:** NC **Zip:** 27529 **Email:** tamarita@hotmail.com

Telephone Number: 919-449-7162 **Fax Number:** NA

Part I. Capacity

Capacity:

[X] **Requested Licensed Capacity (as it will appear on License)** 5

[X] **Ambulatory** [ ] **1-3 Non-Ambulatory** [ ] **4 + Non-Ambulatory**

(**non-ambulatory** - unable to leave a building unassisted under emergency conditions)

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

The undersigned must be the applicant licensee or the Executive Officer, Partner, or Managing member of the licensee.

Signature: _____ Date: 04/16/24

Print Name: Ifeoma Umelo Phone Number: 919-640-3838