



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

Memorandum

DATE: 5/20/25

FROM: Division of Health Service Regulation (DHSR)
Mental Health Licensure and Certification Section

RE: Return of Initial/Change Licensure Application for MH/DD/SAS
Facilities

Mailing: Vivian D Prince
P.O. Box 16142
Greensboro, NC 27416

Site: Guided Living Senior Care
274 Sure Fire Lane
Sanford NC 27332

We are unable to process your initial or change application at this time due to missing and/or incomplete information. Please provide us with the information checked below.

Your **Mental Health Application** will be processed as soon as our office receives your completed packet of documents. Failure to provide all requested information required will result in delaying the processing of the application.

If you have questions, give our office a call at 919-855-3795 and our support staff will assist you.

Missing or Incomplete Documents

- ☒ Completed Initial application , See highlighted
- ☐ Licensure Fee:
- ☐ Letter of Support that is dated within the past 12 months and includes the capacity requested .
- ☒ Zoning Compliance/Approval Letter that is signed and dated within the past year.
- ☐ Sanitation Inspection
- ☐ Fire Inspection, clear of all violations .
- ☒ Floor Plan- review details on *page 7/8 of initial application lacks details. Does not support area requested*
- ☒ Photographs –exterior and interior per application – Mount all pictures on 8 1/2 * 11 paper
- ☒ Secretary of State
- ☐ Other: Do not include items not listed on Page7.

Do not submit pages smaller than 8 1/2 * 11 or in plastic sleeve.

Note:

Encl.: Application & CK # 395