Statement of Intent for Use of 1903 B W Cumberland St. Dunn for PSR Program (Adult Day Program)

6/13/2025

To Whom It May Concern,

We intend to use the property located at 1903 B W Cumberland St. Dunn as a facility for our Psychosocial Rehabilitation (PSR) program under the state service code H2017. This location will not be used for cooking or food preparation. Each client will bring their own meals from home, and we will also provide meals by purchasing from local restaurants such as McDonald's, KFC, and Bojangles.

We had a fire inspection and Building Inspection conducted on 5/30/2025 by Matt Starling 910-366-6250 with the understanding that we are conducting Adult Day Program.

Our PSR program is designed to support clients in developing the skills necessary for successful independent living in the community. We are going to be servicing members from our Adult mental health group home. Services provided at this location will include education and support in areas such as money management, activities of daily living (ADLs), community integration, trips to different educational places and awareness of current events. Our goal is to empower individuals with the tools and confidence needed to maintain stability and independence in their daily lives.

I've attached the documentation issued by the state for your reference.

LICENSE From DHSR 15 H2017 (919-855-3795)

Sincerely,

Ibilola Aridegbe

Amat Psychosocial Rehabilitation Center

Phone: 910-922-9583

Email:amatpek@gmail.com



www.harnett.org

Donner, this is from Cindy to me.

No laundry on the plan as cliscussed with Cindy. 307 W. Cornelius Harnett Boulevard Lillington, NC 27546

AMAT Psychosocial Rehabilitation Center 1903-B W. Cumberland St. Dunn, NC 28334

ph: 910-893-7550 fax: 910-893-9429

To whom it may concern,

A plan review application was received by this office concerning the construction of the above referenced facility. The application is not approved at this time. Additional information is needed and is detailed below:

-Items on application left blank shall be completed. These include proposed number of participants and number of employees.

-A complete and detailed menu with corresponding food process sheets was not submitted.

-The floor plan submitted was not detailed with respect to placement of equipment in the facility including storage, laundry, kitchen facilities, trash can wash facilities as well as detailed use of rooms.

-Please indicate what type of license you are pursuing and which State licensing agent you are working with. Include the licensing agent's contact information.

The information requested is required for the Plan Review to continue.

Any item not shown on the plans or referenced above will be required to comply with 15A NCAC 18A .3300, "Rules Governing the Sanitation of Adult Day Service Facilities". This review does not cover any other aspects of construction regulated by other jurisdictions.

If you require further assistance, please call 910-893-7547.

Cindy Pierce, REHS

Sincerely.

Environmental Health Section

Harnett County Health Department