



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

**REGULAR MAIL and ELECTRONIC MAIL**

**December 8, 2023**

Charlotte Sanford, Owner/Operator  
CoHome NC, Inc., Registrant  
11308 Harrowfield Road  
Charlotte, NC 28226

**Re: 2024 Renewal Registration of Multiunit Assisted Housing with Services (MAHS) Programs**  
**MAHS Program: CoHomes Boutique Senior Living**  
**Registration Number: #184**  
**Approval Expires: December 31, 2024**  
**County: Mecklenburg**

Dear Ms. Sanford:

This letter is confirmation of the approval of the Multiunit Assisted Housing with Services renewal application and disclosure statement for **CoHomes Boutique Senior Living** located in **Mecklenburg County**. This registration renewal covers the 2024 calendar year.

The registration and disclosure information are on file with the Adult Care Licensure Section of the Division of Health Service Regulation. Please inform this office of any changes in the disclosure information and provide a copy of the revised disclosure statement to residents as well as this office. As required by General Statute 131D-2.1 all residents must be given a copy of the disclosure statement prior to or upon admission and as a part of the annual rental agreement and registration. Registration must be renewed on an annual basis according to General Statute 131D-2.5 with submission of renewal application, renewal fee and current disclosure statement upon notification by this office. The Legal Requirements for Registration and Disclosure are found on our website at <https://info.ncdhhs.gov/dhsr/acls/licenseinfo.html#muah>.

Please let me know if you have any questions.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

**ADULT CARE LICENSURE SECTION**

LOCATION: 801 Biggs Drive, Brown Building, Raleigh, NC 27603  
MAILING ADDRESS: 2708 Mail Service Center, Raleigh, NC 27699-2708  
[www.ncdhhs.gov/dhsr/](http://www.ncdhhs.gov/dhsr/) • TEL: 919-855-3765 • FAX: 919-733-9379

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Sincerely,

A handwritten signature in black ink, appearing to read "Pamela S. Burns, RN". The signature is cursive and somewhat stylized.

Pamela S. Burns, RN  
Nurse Consultant I, Adult Care Licensure Section

cc:

Tameka Riggsbee, Director of Programs, Adult Care Licensure Section  
Ibtisam Zatari, Program Manager, Adult Care Licensure Section  
Cheryl Johnson, Licensure Supervisor, Adult Care Licensure Section  
Vida Sanders, Adult Services Supervisor, Mecklenburg County  
Kim Ruppel, Western Branch Manager, Adult Care Licensure Section  
Mary Agena, Team 2 Supervisor, Western Region, Adult Care Licensure Section  
Vacant, Compliance Consultant, Certification Administrator, Adult Care Licensure Section  
Elliot Codling-Martinez, Administrative Specialist I, Adult Care Licensure Section  
Raleigh Facility File