



PLANNING BOARD AGENDA
Monthly Meeting
January 26, 2026
7:00 PM

1. Call to Order
2. Pledge of Allegiance
3. Invocation
4. Approval of Agenda
5. Approval of Minutes from November 24, 2025.
6. New Business
 - A. RFA – SUP-03-2025 - Lina Hasan
 - B. Planning Board Applications Review
7. Regular Business
 - A. Planning Department Staff Report November 2025 & December 2025
 - B. Update on Projects
8. Old Business – None
9. Adjourn

TOWN OF WILSON'S MILLS

PLANNING BOARD

REGULAR MEETING

MINUTES

November 24, 2025

- Present:** Donald Byrd - Chair, Marvin Dodd – Vice-Chair, Jay Mouser, Jim Uzzle, Doris Riley, Benji Parrish, Lloyd Barnes.
- Others Present:** Wendy Oldham, Planning Director; Cynthia Paul, Planning Technician; Kleber Aguilar, Code Enforcement Officer & Permit Technician.
- Absent** Tony Eason.
- Convocation** D. Byrd called the meeting to order at 6:59 P.M.
- Pledge of Allegiance** The Pledge of Allegiance was led by D. Byrd.
- Invocation:** The invocation was given by L. Barnes.
- Approval of Agenda** A motion was made to approve the agenda by J. Uzzle and seconded by D. Riley. The motion passed unanimously.
- Approval of Minutes** A motion was made by J. Uzzle to approve the minutes from May 27, 2025, J. Mouser seconded it. The Planning Board approved unanimously.
- New Business** Approval of the Street Take-Over for Mill Creek Phases 1 & 2

B Parrish made a motion to approve the Street Take-Over for Phases 1 & 2 of the Mill Creek Subdivision and M. Dodd seconded the motion, the motion passed unanimously.
- Regular Business:** Planning Department Staff Report (May 2025, June 2025, July 2025, August 2025, September 2025, & October 2025).

W. Oldham reviewed the staff departmental reports and answered questions from the Planning Board Members. Discussion included the street take-over for the Mill Creek subdivision and the planned opening date for Wilson's Mills High School. A motion was made by D. Riley to approve the staff reports for (May 2025, June 2025, July 2025, August 2025, September 2025, & October 2025) and L. Barnes seconded the motion. The motion passed unanimously.

Update On Projects

W. Oldham provided an update to the Planning Board on all projects that were included in the staff report, W. Oldham read aloud the staff report. Chairman D. Bryd raised questions concerning 366 and 200 Powhatan Road, W. Oldham updated him on the current permit approvals and changes made to the current construction taking place.

Old Business

W. Oldham discussed the Town's Bike and Pedestrian Acceleration Plan Project. Jim Uzzle asked about grant opportunities to assist with project costs. W. Oldham stated that she is working with a Johnston County contract to explore potential grant funding, noting that the Town's Bike and Pedestrian Plan connect with Johnston County's Greenway Trail.

A motion was made by Doris Riley to approve Old Business. The motion was seconded by Lloyd Barnes.
Motion passed unanimously.

Adjourn:

B. Parrish made a motion to adjourn at 7:50 P.M, and M. Dodd seconded it. Motion carried unanimously.

Donald Byrd, Chair

Attest:

Wendy Oldham, Planning Director



Request for Planning Board Action

TO: Donald Byrd and Planning Board Members
FROM: Wendy Oldham, CZO
DATE: January 26, 2026
FILE No.: SUP-03-2025
REQUEST: Special Use Permit to allow a Residential Group Home facility in Town limits.

REQUEST SUMMARY	
CASE #:	SUP-03-2025
Applicant/Owner:	Lina El Hasan – Luna Care LLC.
LOCATION:	115 Gladstone Loop Wilson's Mills NC 27520
TAX ID:	17J07043B
SITE ACREAGE:	0.16
ZONING:	RMST
CURRENT USE:	Residential
REQUEST:	To Allow a Licensed Residential Group Home Facility for children with disabilities.

SITE LOCATION



RELEVANT SECTIONS FROM THE CODE

Goal 3: RETAIN OUR CHARACTER!

5.2.3.1 Objective 1: Preserve the small-town appeal of Wilson's Mills while encouraging compatible business growth through development of revised development standards and specifications.

Goal 10: FOSTER A FAMILY ORIENTED COMMUNITY!

5.2.10.1 Objective 1: Identify which barriers currently exist in Wilson's Mills that inhibit it from being a more family friendly community.

BACKGROUND

The property owner is requesting a Special Use Permit to allow the future operation of a Residential Group Home Facility for children with disabilities. The facility would be designed to provide supervised long-term residential care and support services for children with disabilities and/or special needs. The proposed home would offer a safe, supportive, and structured environment tailored to meet the ongoing needs of its residents.

STANDARDS FOR APPROVAL

Recommendation to the Town Council will be based on facts as presented, staff, planning board recommendation, and the findings of facts listed below:

FINDINGS OF FACT

1. All applicable specific conditions as described in the Town's Code of Ordinances pertaining to the proposed Special Use have been or will be satisfied.

Statement by applicant: The proposed development is appropriately located within a zoning district that permits the intended use, is thoughtfully designed to meet all local building, safety, and accessibility standards, and will be operated in full compliance with applicable regulations. The facility's layout, staffing, and daily operations are planned to ensure safety functionality and minimal impact on the surrounding community, supporting its suitability in alignment with public interest and planning requirements.

2. Access roads or entrance and exit drives are or will be sufficient in size and properly located to ensure automotive and pedestrian safety, and convenience, traffic flow, and control and access in case of fire or another emergency.

Statement by applicant: The proposed group home complies with all required regulations and standards outlined in the Wilson's Mills Development Ordinance,

including Zoning, Safety, accessibility, and land use provisions. Additionally, the development adheres to all applicable state and federal regulations governing residential care facilities, ensuring the site is suitable, legally compliant, and appropriately designed to support the needs of its residents in a safe and supportive environment.

3. Off Street parking, loading, refuse, and other service areas are located to be safe, convenient, allow access in case of emergency and to minimize economic, glare, odor, and other impacts on adjoining properties and properties in the general neighborhood.

Statement by applicant: The proposed group home located, designed, and will be operated in a manner that will not substantially injure the value of adjoining or abutting properties. The home is residential in scale, and character maintaining compatibility with the surrounding neighborhood. Furthermore, it serves a vital public need by providing safe, supportive housing and care for vulnerable children, fulfilling a necessary community service that aligns with both public interest and social responsibility.

4. Utilities, schools, fire, police, and other necessary public and private facilities and services will be adequate to manage the proposed use.

Statement by applicant: The proposed group home for disabled children will be in harmony with, the surrounding area maintaining a residential appearance and scale consistent with the character of the neighborhood. The development aligns with the Town of Wilson's Mills general plans for land use by supporting inclusive, community-based residential care within appropriate zoning districts. It promotes the Town's Goals of providing diverse housing options and essential services while preserving the integrity and cohesion of the local community.

STATEMENT OF REASONABLENESS AND CONSISTENCY

The proposed Special Use Permit (SUP-03-2025) for a licensed group home serving disabled children is consistent with the Town's Comprehensive Land Use Plan. The use aligns with the plan's goals to support inclusive, community-based residential services and is appropriate within the RMST zoning district. The proposed group home is a reasonable use that serves the public interest by providing supervised necessary care and housing for children with disabilities while remaining compatible with surrounding residential uses.

1. The request is consistent with the comprehensive land use plan and Unified Development Ordinances.
2. The proposed use is compatible with surrounding land uses and zoning classifications.
3. The request promotes orderly development and supports the health, safety, and general welfare of the community.

STAFF RECOMMENDATION:

The staff's recommendation is for approval of the Special Use Permit as the applicant has met all conditions and has sufficiently addressed the findings of fact.

PLANNING BOARD ACTION:

1. OPTION TO APPROVE:

The Planning Board hereby adopts the statement of Consistency and Reasonableness based on the information provided and the discussions held at the Planning Board meeting on January 26, 2026; I hereby recommend approval of the Special Use Permit (SUP-03-2025) to the Town Council.

2. OPTION TO APPROVE WITH CONDITIONS:

The Planning Board hereby adopts the statement of Reasonableness and Consistency based on the information provided and the discussions held at the Planning Board Meeting on January 26, 2026; I hereby recommend the approval of the Special Use Permit (SUP-03-2025) to the Town Council subject to the following conditions:

3. OPTION TO DENY:

Based on the information provided and the discussions held at the Planning Board Meeting on January 26, 2026, I hereby recommend denial of the Special Use Permit (SUP-03-2025) to the Town Council for the following reasons:

Attachments:

1. **Map**
identifying the subject property and its location within the Town of Wilson's Mills.
2. **Letters from Adjoining Property Owners**
Written correspondence from neighboring property owners acknowledging and/or supporting the proposed use.
3. **Architectural Approval Letter from Charleston Management**
Documentation confirming architectural review and approval by Charleston Management.
4. **Zoning Letter from the Town of Wilson's Mills**
Official correspondence verifying the zoning designation of the property and applicable use considerations.
5. **Alliance Health Licensure Application**
Application materials submitted to Alliance Health in connection with required licensure.
6. **Fire Inspection and Safety Report**
Inspection documentation.
7. **Department of Health and Human Services (DHHS) – Licensure Application, Correspondence, and Inspection Documentation**
Materials submitted to and received from the Department of Health and Human Services, including the licensure application, related correspondence, and inspection documentation associated with regulatory review and compliance.



TOWN OF WILSON'S MILLS
**SPECIAL USE PERMIT
APPLICATION**

Planning Department
PO Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 Fax: (919) 938-1121

PROCESS INFORMATION:

Submission Requirement: An application for a Special Use Permit shall be filed with the Planning, Zoning & Subdivision Administrator. Such applications shall contain all the information required on this form and must be determined to be complete by the Planning, Zoning & Subdivision Administrator prior to advancing it through the approval process.

Public Notification: This is a quasi-judicial process that requires a public hearing.

Review Process: Special Use Permits are for certain land uses that, because of unique characteristic or potential impacts on adjacent land uses, are not permitted in zoning districts as a matter of right. These uses may be permitted through the issuance of a Special Use Permit (SUP) after ensuring that the use complies with the SUP approval criteria. No inherent right exists to receive a SUP. Such authorization must be approved under a specific set of circumstances and conditions. Each application and situation is unique and may be subject to specific requirements to mitigate the impacts of the proposed use. A Special Use Permit must be granted in accordance with the procedures set forth in Article 7 of the Wilson's Mills Development Ordinance (WMDO). For a detailed list of uses requiring a Special Use Permit, please refer to Article 10.2 of the WMDO.

FILING INSTRUCTIONS:

✓ 12-3-25 Every applicant for a Special Use Permit is required to meet with the Planning, Zoning & Subdivision Administrator in a pre-application conference prior to the submittal of a formal application. The purposes of this conference are to provide additional information regarding the review process and assistance in the preparation of the application.

✓ A petitioner must complete this application in full. This application will not be processed unless all information requested is provided.

✓ waived Submission of associated fees with completed SUP Application, in the amount of \$500.00.

GENERAL INFORMATION:

Project Address/Location: 115 Gladstone Loop Wilson's Mills NC 27520

Zoning District: RMST Size of Property (acres): 0.16

Johnston Co. Tax PIN #: 17507043B Proposed Building Square Footage: 1,721

Town Jurisdiction: Town Limits ETJ

Findings of Fact:

Article 7.8 of the WMDO require the compliance of specific findings of fact in order to grant a Special Use Permit. The applicant shall submit the following statements of justification, presenting factual information, supporting each and all the required findings as they relate to the proposed Special Use Permit:

1. That the use or development is located, designed, and proposed to be operated so as to maintain or promote the public health, safety, and general welfare.

Statement by applicant:

The proposed development is appropriately located within a zoning district that permits the intended use, is thoughtfully designed to meet all local building, safety, and accessibility standards, and will be operated in full compliance with applicable regulations. The facility's layout, staffing, and daily operations are planned to ensure safety, functionality, and minimal impact on the surrounding community, supporting its suitability and alignment with public interest and planning requirements.

2. That the use or development complies with all required regulations and standards of the Wilson's Mills Development Ordinance and with all other applicable regulations.

Statement by applicant:

The proposed group home complies with all required regulations and standards outlined in the Wilson's Mills Development Ordinance, including zoning, safety, accessibility, and land use provisions. Additionally, the development adheres to all applicable state and federal regulations governing residential care facilities, ensuring the site is suitable, equally compliant, and appropriately designed to support the needs of its residents in a safe and supportive environment.

3. That the use or development is located, designed, and proposed to be operated so as not to substantially injure the value of adjoining or abutting property, or that the use or development is a public necessity.

Statement by applicant:

The proposed group home located, designed, and will be operated in a manner that will not substantially injure the value of adjoining or abutting properties. The home is residential in scale and character, maintaining compatibility with the surrounding neighborhood. Furthermore, it serves a vital public need by providing safe, supportive housing and care for vulnerable children, fulfilling a necessary community service that aligns with both public interest and social responsibility.

4. That the use or development will be in harmony with the area in which it is to be located and conforms to the general plans for the land use and development of Town of Wilson's Mills and its environs.

Statement by applicant:

The proposed group home for disabled children will be in harmony with the surrounding area, maintaining a residential appearance and scale consistent with the character of the neighborhood. The development aligns with the Town of Wilson's Mills' general plans for land use by supporting inclusive, community-based residential care within appropriate zoning districts. It promotes the town's goals of providing diverse housing options and essential services while preserving the integrity and cohesion of the local community.

Existing land use/zoning on adjoining properties:

North: single Family Residential
South: single Family Residential
East: single Family Residential
West: single Family Residential

APPLICANT INFORMATION:

Applicant: Lina El Hasan

Address: 5709 Preveza Pl

City: Raleigh State: NC Zip: 27603

Phone: 919-777-8435 Email: Lina-Hasan2006@hotmail.com

Property Owner (if different from applicant):

Name: Same as above

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SPECIAL USE PERMIT REQUEST:

Special Use Request (Proposed Land Use and Description):

A Group home through Alliance Health with a maximum of 4 ages 18 and younger disabled minors.

Proposed Conditions Offered by Applicant:

I have voluntarily taken all of the carpet out of the bedrooms, closets, and the living room to help in with wheelchair accessibility. I also added televisions to each room for entertainment. I bought bed rails for safety and assistance. I also upgraded the Shower Chair to a Sliding Chair making it easier and safer for the children.

APPLICANT SIGNATURE:

I do hereby make application and petition to the Town of Wilson's Mills to approve the subject Special Use. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Wilson's Mills and will not be returned. I understand that this application will not be processed unless it is complete, including required fees paid. I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.

Lina El Hasan
Applicant Printed Name

Lina El Hasan
Applicant Signature

12-3-2025
Date

OWNER'S SIGNATURE:

I, Lina El Hasan, owner of subject property, do hereby give consent to _____ (type, stamp or print clearly full name of agent) to act on my behalf, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to the application indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have full knowledge that the property I have an ownership interest in is the subject of this application. I understand that any false, inaccurate, or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I acknowledge that additional information may be required to process this application. I further consent to the Town of Wilson's Mills to publish, copy, or reproduce any copyrighted document submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application.

I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Wilson's Mills and will not be returned.

Lina El Hasan
Printed Name of Owner

Lina El Hasan
Signature of Owner

12-3-2025
Date

FOR TOWN USE ONLY

Date Received: 12-3-2025 Case #: SUP-03-2025

Payment Amount: Waived Date Paid: _____

Application Received By: Cynthia Paul

PB Date: 1/26/26 Recommended _____ Denied _____

TC Date: _____ Approved _____ Denied _____



*** DISCLAIMER ***

Johnston County assumes no legal responsibility for the information represented here.



Result

id: 17J07043B
 Tag: 17J07043B
 NCPin: 168600-33-5897
 Mapsheet No: 1686
 Owner Name 1: STARLIGHT HOMES NORTH CAROLINA L.L.C.
 Owner Name 2:
 Mail Address 1: 4025 LAKE BOONE TRL STE 200
 Mail Address 2:
 Mail Address 3: RALEIGH, NC 27607-3087
 Site Address 1:
 Site Address 2:

Book: 06786
 Page: 0656

Market Value: 65000
 Assessed Acreage: 0.160
 Calc. Acreage: 0.160

Sales Price: 1238500
 Sale Date: 2024-11-27

Township: Wilson's Mills
 Flood Panel: 3720168600 K | 2014-04-30
 Water District: Wilson's Mills Water District

ETJ: Wilson's Mills
 City Limits: Wilson's Mills

Town Zoning: RMST
 County Zoning: Not Applicable
 OverLay Zoning: Not Applicable

EMS District: ST12
 Fire District: Wilson's Mills
 Law District: WMPD

Census Tract: 409
 Electric District: SMITHFIELD-SELMA

MUNICIPAL

Special Tax Not Applicable
 Voting Districts: Wilson's Mills
 US Congressional: 13

Scale: 1:6629 - 1 in. = 552.43 feet

(The scale is only accurate when printed landscape on a 8 1/2 x 11 size sheet with no page folding.)
 Johnston County GIS
 May 20, 2025

NC House District: 28

NC Senate District: 10

Date: 6/17/2025

To Whom It May Concern,

I, Claudia Reed, residing at 121 Gladstone Loop, Wilson's Mills, NC, am writing this letter to confirm that I have no objection to my neighbor, Lina El-Hasan, operating a group home for children at their residence located at 115 Glad Stone Loop, Wilson's Mills, NC.

I understand that the nature of the business is a small group home for children who are in need of physical and mental assistance, and I have been informed that the operations will not cause noise, traffic, or other disruptions to the neighborhood.

Having considered the scope and impact of the business, I give my full approval and support for Lina El-Hasan to proceed with their home-based business activities.

If you have any questions or require further information, you may contact me at the details provided above.

Sincerely,

Signature: Claudia Reed 6/18/2025

Printed Name: CLAUDIA REED

Date: 7/1/2025

To Whom It May Concern,

I, Ms. Martinez, residing at 109 Glad Stone Loop, Smithfield, NC, am writing this letter to confirm that I have no objection to my neighbor, Lina El Hasan, operating a group home for children at their residence located at 115 Glad Stone Loop, Smithfield, NC 27577.

I understand that the nature of the business is a small group home for children who are in need of physical and mental assistance, and I have been informed that the operations will not cause noise, traffic, or other disruptions to the neighborhood.

Having considered the scope and impact of the business, I give my full approval and support for Lina El Hasan to proceed with their home-based business activities.

If you have any questions or require further information, you may contact me at the details provided above.

Sincerely,

Signature: Marbella Santiago, 7/20/25

Printed Name: Marbella Santiago



CHARLESTON MANAGEMENT

ESTABLISHED 1993

Ph 919.847.3003 Fx 919.848.1548
PO Box 97243, Raleigh, NC 27624
info@charlestonmanagement.com

Lina El Hasan
115 Gladstone Loop
Wilson's Mills, NC 27520

December 23, 2025

Re: Architectural Request ID 336511
Status: Approved

Dear Lina El Hasan ,

Thank you for submitting your Request. Upon further review, the Architectural Review Committee has approved your request for your home as of 12/23/2025.

This letter will serve as written confirmation that you may proceed with your Group Home request. A hard copy of this letter can be mailed to you upon request.

Thank you for your continued support of your Crescent Mills Owners Association, Inc. and for maintaining and enhancing our carefully designed community.

Sincerely,

Lezia Norman, Support Manager
lnorman@charlestonmanagement.com



TOWN OF WILSON'S MILLS

4083 Wilson's Mills Road – P. O. Box 448 – Wilson's Mills, NC 27593

Voice: 919-938-3885 – Fax: 919-938-1121

Website: www.wilsonsmillsnc.org

June 9, 2025

Lina El Hasan
114 Gladstone Loop
Wilson's Mills, NC 27577

Ms. El Hasan:

This letter serves as verification that parcel ID 17J07043B at 115 Gladstone Loop is within the Town of Wilson's Mills corporate limits and is currently zoned RMST. Per the Wilson's Mills Development Ordinance, a group home is allowed within the RMST district, once a Special Use Permit is approved by the Town Council.

Should you have any questions, feel free to contact me at 919-938-3885, extension 220 or via email at woldham@wilsonsmillsnc.org.

Respectfully,

Wendy Oldham, CZO
Planning Director



919-651-8401
AllianceHealthPlan.org

June 18, 2025

Luna Care LLC
115 Gladstone Loop
Smithfield, NC 27577

Subject: .5600B Luna Care LLC 115 Gladstone Loop Smithfield, NC 27577

Dear: Luna Care LLC

Luna Care LLC is seeking licensure for a residential facility in Johnston County, which is part of the Alliance Health catchment area. N.C.G.S. 122C-23.1 and 10A NCAG 27G.0406 requires applicants for licensure of new residential treatment facilities to submit a letter of support from the Local Management Entity-Managed Care Organization in whose catchment area the facility will be located with their license application to the Division of Health Service Regulation.

The purpose of the statute is to protect the general welfare and lives, health, and property of the people of the State of North Carolina, to ensure that unnecessary costs to the State do not result, that residential treatment facility beds are available where needed, and that individuals who need care in residential treatment facilities may have access to quality care.

In accordance with N.C.G.S. 122C-23.1: Licensure of Residential Treatment Facilities, Alliance concludes the following:

Number of Existing Beds for Same Type of Facility:	0
Projected Need for Additional Beds of Same Type:	TBD

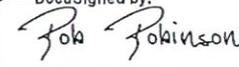
Based on data currently available to Alliance, there is a need for an additional 4 beds in the Alliance Health Johnston County catchment area.

This letter is not intended as an endorsement of the quality of the service or provider, nor is it to be interpreted as a guarantee of contract, referrals, business, or occupancy of the beds for the provider.

Data utilized is current as of the date of the letter and subject to change. This letter of support is valid for 6 months from the date of issuance. Periodically, we may have specialized residential treatment needs in the Cumberland/Durham/Harnett/Johnston/Mecklenburg/Orange/Wake Counties, which will be posted on our website at www.alliancehealthplan.org as a Request for Information (RFI) or Request for Proposal (RFP). Please feel free to visit our website and respond to any RFI/RFP listed.

Should you have any questions, please contact Todd Day at tday@alliancehealthplan.org

Sincerely,

DocuSigned by:

758EC192365E407...
Robert Robinson, CEO
Alliance Health

FIRE INSPECTION SAFETY REPORT
(Group R-3 - Single Family Residential Care Homes & Facilities)

NAME OF FACILITY Lana Care, LLC PERSON IN CHARGE Lina Elhasan
STREET ADDRESS 115 Gladstone Loop, Smithfield, NC 27577 PHONE # 919-777-8435

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

- | | YES | NO | N/A |
|---|-------------------------------------|----|-------------------------------------|
| 1. Does the occupant utilize <i>listed</i> extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances. | | | <input checked="" type="checkbox"/> |
| 2. Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence? | <input checked="" type="checkbox"/> | | |
| 3. Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests? | <input checked="" type="checkbox"/> | | |
| 4. Does the home have a working telephone which functions without use of electrical power and are emergency numbers posted within sight of the telephone? | <input checked="" type="checkbox"/> | | |
| 5. Is there a working smoke alarm in the residence complying with the following? (CHECK ONLY ONE) | | | |
| • Houses licensed prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area. | | | |
| • Houses licensed 1976 – June 30, 1999; electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time. | <input checked="" type="checkbox"/> | | |
| • Houses licensed after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code. | | | |
| 6. Are double key dead bolts installed on any required egress doors? (If YES, these must be removed or changed out to a thumb latch.) | <input checked="" type="checkbox"/> | | |
| 7. Do doors and windows in rooms used for sleeping open properly with little effort? | <input checked="" type="checkbox"/> | | |
| 8. Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage and readily accessible? | <input checked="" type="checkbox"/> | | |
| 9. Are address numbers posted in a prominent exterior location and are they visible and legible? | <input checked="" type="checkbox"/> | | |
| 10. If provided, the Fire Alarm System and/or Sprinkler System must be maintained, tested and inspected on annual basis by qualified and approved service personnel. Provide documentation. | | | <input checked="" type="checkbox"/> |
| 11. Designate Primary Heat Source <u>Electric</u> Secondary Heat Source (if applicable) <u>None</u> | | | |
| 12. List any substandard components or hazards found which were not addressed above or which would require additional inspections: | | | |

DATE of INSPECTION 6-19-23 STATUS: Approved Not Approved

FIRE INSPECTOR: (Signature) [Signature] (Printed Name) Jackson Neal

PHONE NUMBER 984-249-9962 INSPECTION DEPT. SCE S

LICENSEE'S (Signature) [Signature] (Printed Name & Title) Maha Hasan

If Initial Licensure application must include the following information:
NC State Building Code (Code Section) _____ (Code Classification) _____

DHSR Inspector Name and Title _____ Phone No. _____

Any item marked NO on this form will not necessarily result in a non-approval of this home, depending on the various applicable Licensure Regulations. However, any form marked Not Approved will result in non-approval until the items marked are corrected and verified approved by the local Official.

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

INITIAL LICENSURE APPLICATION FOR MH/DD/SAS FACILITIES

Include First Name, Middle Initial & Last Name for every person listed in the application

Fillable Form

Office use only: License Number: MHL# _____ FID# _____

1. FACILITY NAME: Luna Care llc

Name which the facility is advertised or presented to the public. This is the name that will be printed on your license. Refer to this facility name in all inquiries.

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

Street Address: 115 Gladstone Loop

City: Wilson's Mills State: NC Zip Code: 27577 County: Johnston County

Phone: (919)777-8435 Email: Lina_Hasan2006@hotmail.com

* *Must have an operable facility designated telephone that is clearly visible, accessible, on site and available 24 hours.*

3. FACILITY CORRESPONDENCE MAILING ADDRESS:

Name of Contact Person (Identified person will oversee application process): Lina El Hasan

Street Address: 5709 Preveza pl

City: Raleigh State: NC Zip Code: 27603

Phone: (919)777-8435 Email: Lina_Hasan2006@hotmail.com

4. NAME OF FACILITY DIRECTOR: (First, MI, Last) Lina El Hasan

5. SIGNATURE OF LICENSEE OR PERSON WITH SIGNATORY AUTHORITY: The undersigned, representing the governing authority, submits information for the above-named facility and certifies the accuracy of this information in accordance with 10A NCAC 27G. **ALL APPLICATIONS MUST HAVE AN ORIGINAL SIGNATURE**

Name: (First, MI, Last) Lina G El Hasan

Signature: Lina El Hasan Title: CEO/Owner Date: 22-JUL-2025

OFFICIAL USE ONLY:

Licensure Categories: _____ Check # _____ Check Amount _____

SOS

P Request: _____

PPT

MFF

Staff Initials:

ACCESS

ACO

Remarks:

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

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

Name of Building Owner: N/A

Street Address: N/A

City: N/A State: N/A Zip Code: N/A

Phone: N/A Email: N/A Lease expires:

N/A

9. OWNERS, PRINCIPLES, AFFILIATES, SHAREHOLDERS (Confidential Information for Official Use Only)

For-Profit Individuals or Companies

Complete the information below on all individuals who are owners, principles, affiliates or shareholders holding an interest of 5% or more of the licensing entity listed on page 2. Attach additional pages if necessary. If you are the only owner, complete the information below, listing the percentage interest as 100%.

Shareholder Name: (First, MI, Last)
Lina, G, El Hasan

Street Address: 115 Gladstone Loop

City: Wilson' s Mills State: NC Zip Code: 27577

Phone: 919-777-8435 Email: Lina_hasan2006@hotmail.com

Percentage interest in this facility: 100 Title: CEO / Owner

Shareholder Name: (First, MI, Last)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Percentage interest in this facility: _____ Title: _____

Shareholder Name: (First, MI, Last)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Percentage interest in this facility: _____ Title: _____

Non-Profit Companies and For-Profit Companies (If no individual holds an interest of 5% or more, please sign the statement below.)

There are no owners, principles, affiliates or shareholders who hold an interest of 5% or more of the licensing entity applying for or renewing a license:

Signature Lina G El Hasan Title CEO/Owner Date 22-JUL-2021

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

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

Name of Company/Contact Person: N/A
Street Address: N/A
City: N/A State: N/A Zip Code: N/A
Phone: N/A Email: N/A

7. LOCAL MANAGEMENT ENTITY/ MANAGED CARE ORGANIZATION (LME/MCO) (List name(s) of LME/MCOs with which the facility has a contract): Alliance Health

8. LEGAL IDENTITY OF OWNERSHIP/LICENSEE:

The full legal name of the individual, partnership, corporation or other legal entity, which owns the mental health facility business, is required. Owner/Licensee means any person/business entity (Corp., LLC, etc.) that has legal or equitable title to or a majority interest in the mental health facility. This entity is responsible for the financial and contractual obligations of the business and will be recorded as the licensee on the license.

(a) Name of Corporation/Legal Entity:

Address: 115 Gladstone Loop
City: Wilson' s Mills State: NC Zip Code: 27520
Phone: 919-777-8435 Email: Lina_hasan2006@hotmail.com

(b) Federal Tax ID number of Owner/Licensee: 33-4616713

(c) NATIONAL PROVIDER IDENTIFIER (NPI): 1831084003

For Health Care Providers

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of a standard unique identifier for health care providers. The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique **National Provider Identifier (NPI)**. If you have questions or need additional information regarding the NPI number, call the toll-free number 1-800-465-3203 or visit the website: <https://medicaid.ncdhhs.gov/claims-and-billing/national-provider-identifier>
<http://www.ncdhhs.gov/dma/NPI/index.htm>

(d) Legal entity is: For Profit Not for Profit

(e) Legal entity is: Proprietorship
 Corporation Limited Liability Company
 Partnership Limited Liability Partnership
 Government Unit Professional Limited Liability Company

(f) Name of CEO/President: :(First, MI, Last) Lina, G, El Hasan

Title: CEO / Owner

Street Address: 115 Gladstone Loop

City: Wilson' s Mills State: NC Zip Code: 27520

Phone: 919-777-8435 Email: Lina_hasan2006@hotmail.com

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

10. SERVICE CATEGORIES:

Services subject to licensure under GS 122C are shown in the table below and are found in the Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services. All applicants must complete the following table for all services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.1100 Partial hospitalizations for individuals who are acutely mentally ill. <i>Does not encompass SUD as a primary D/O</i>				
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness				
.1300 Residential treatment facilities for children or adolescents—Level II (Max. of 12 clients)				
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances				
.1700 Residential treatment Staff Secure for Children or Adolescents—Level III (Max of 12 clients)				
.1800 Intensive residential treatment for children or adolescents (Level IV)				
.1900 PRTF – Psychiatric Residential Treatment Facility for minors who are emotionally disturbed or who have a mental illness.				
.2100 Specialized community residential centers for individuals with developmental disabilities. (Max. of 30 clients) (CON Required if ICF/IID)				
.2200 Before/after school and summer developmental day services for children with or at risk for developmental delays, developmental disabilities, or atypical development				
.2300 Adult Developmental and vocational programs for individuals with developmental disabilities				
.3100 Non-hospital medical detoxification for individuals who are substance abusers				
.3200 Social setting detoxification for substance abuse				
.3300 Outpatient detoxification for substance abuse				
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders				
.3600 Outpatient narcotic addiction treatment (preliminary SOTA Authorization letter required)				
.3700 Day treatment facilities for individuals with substance abuse disorders				
.4100 Therapeutic homes for individuals with substance abuse disorders and their children (min. 3 clients)				
.4300 A supervised therapeutic community for individuals with substance abuse disorder				
.4400 Substance Abuse Intensive Outpatient Program				
.4500 Substance Abuse Comprehensive Outpatient is a periodic service that is a time-limited, multi-faceted approach treatment service for adults who require structure and support to achieve and sustain recovery.				

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.5000 facility based crisis service for individuals of all disability groups				
.5100 Community Respite services for individuals of all disability groups				
.5200 Residential therapeutic (habilitative) camps for children and adolescents of all disability groups				
.5400 Day activity for individuals of all disability groups				
.5500 Sheltered workshops for individuals of all disability groups				
. 5600 supervised living for individuals of all disability groups – NOTE: Only <u>one</u> category (A, B, C, D, E or F) can be checked for .5600 facilities				
5600A Group homes for <u>adults</u> whose primary diagnosis is mental illness (Max. of 6 clients)				
5600B Group homes for <u>minors</u> whose primary diagnosis is mental retardation or other developmental disabilities (Max. of 6 clients) (CON required only if ICF/IID)	✓	6		6
.5600C Group homes for <u>adults</u> whose primary diagnosis is mental retardation or other developmental disabilities (Max. of 6 clients) (CON required only if ICF/IID)				
.5600D Group homes for <u>minors</u> with substance abuse problems				
.5600E Half-way houses for <u>adults</u> with substance abuse problems				
.5600F Alternative family living – providing service in own private residence (Max. 3 clients)				

11. DO YOU HAVE A CERTIFICATE OF NEED? *Required for ICF/IID Facilities (program code .2100 or .5600C)*

No Yes If yes, CON Number: N/A Date CON Received: N/A

12. Do you plan on serving clients requiring blood sugar checks? Yes No

*If yes and your staff will be conducting blood sugar checks, you must apply for a CLIA waiver before conducting blood sugar checks. Please contact DHSR's Acute & Home Care section's CLIA branch for information on obtaining CLIA waiver: <https://info.ncdhs.gov/dhsr/ahc/clia/index.html>

13. NUMBER OF CLIENTS FOR WHICH THE FACILITY IS GOING TO BE LICENSED:

Type	Specify Number to be Licensed
Ambulatory*	
Non-Ambulatory, 1-3	
Non-Ambulatory, 4 or more	6

Ambulatory: Is a person who can evacuate the facility without physical or verbal assistance during a fire or other emergency.

14. NUMBER AND AGE(S) OF PEOPLE OTHER THAN CLIENTS RESIDING WITHIN THE FACILITY:

(Applicable only in categories where a private residence is allowable: .5600F & .5100 Private Home Respites)

1

Are any of the above people listed non-ambulatory? Yes No

An interpretation the NC Department of Insurance determined in June of 1998, that any child under the age of six residing in a licensed Home (MHL, FCH or Child Care etc.) is considered non-ambulatory and, as such, must be considered as part of the home's licensed census, as the child will require attention in addition, to the care the licensed clients of the home will also require, this would also apply for an aged or disabled family member that needs assistance residing the home.

PHYSICAL PLANT

Please fill in information for each inspection Department:

Zoning Department Official

Department Name: Wilson's Mills Town Hall
 Street Address: 4083 Wilson' s Mills Rd
 City: Wilson' s Mills State: NC Zip Code: 27593
 Phone: 919-938-3885 EXT 250 Email: woldham@wilsonsmillsnc.org

Local Building Official

Department Name: Johnston County Inspections
 Street Address: 309 E. Market Street
 City: Smithfield State: NC Zip Code: 27577
 Phone: 919-989-5060 Email: nspections@johnstonnc.gov

Local Fire Marshall

Department Name: Johnston County Fire Marshal Division
 Street Address: 2875 US-70 BUS E(PO Box 530)
 City: Smithfield State: NC Zip Code: 27577
 Phone: (919) 989-5050 Email: jces@johnstonnc.gov

Local Sanitation

Department Name: Johnston County Environmental Health
 Street Address: 309 E. Market Street
 City: Smithfield State: NC Zip Code: 27577
 Phone: (919) 989-5180 Email: envhealth@johnstonnc.gov

Building Information: Complete for 24-hour residential facilities only:

Has the building housed a licensed facility previously? Yes No

If Yes: Type of licensed facility: N/A

Previous License #: N/A Dates of Licensure: From: N/A To: N/A

Does this building(s) contain facilities licensed for a different use other than the one an initial license is being sought for? Yes No

If yes, please clarify type of license N/A

Is the building a site constructed home or a manufactured/mobile home? Site Constructed Home

NOTE: If it is a manufactured/mobile home, contact the DHSR Construction Section for licensure limitations on this type of structure)

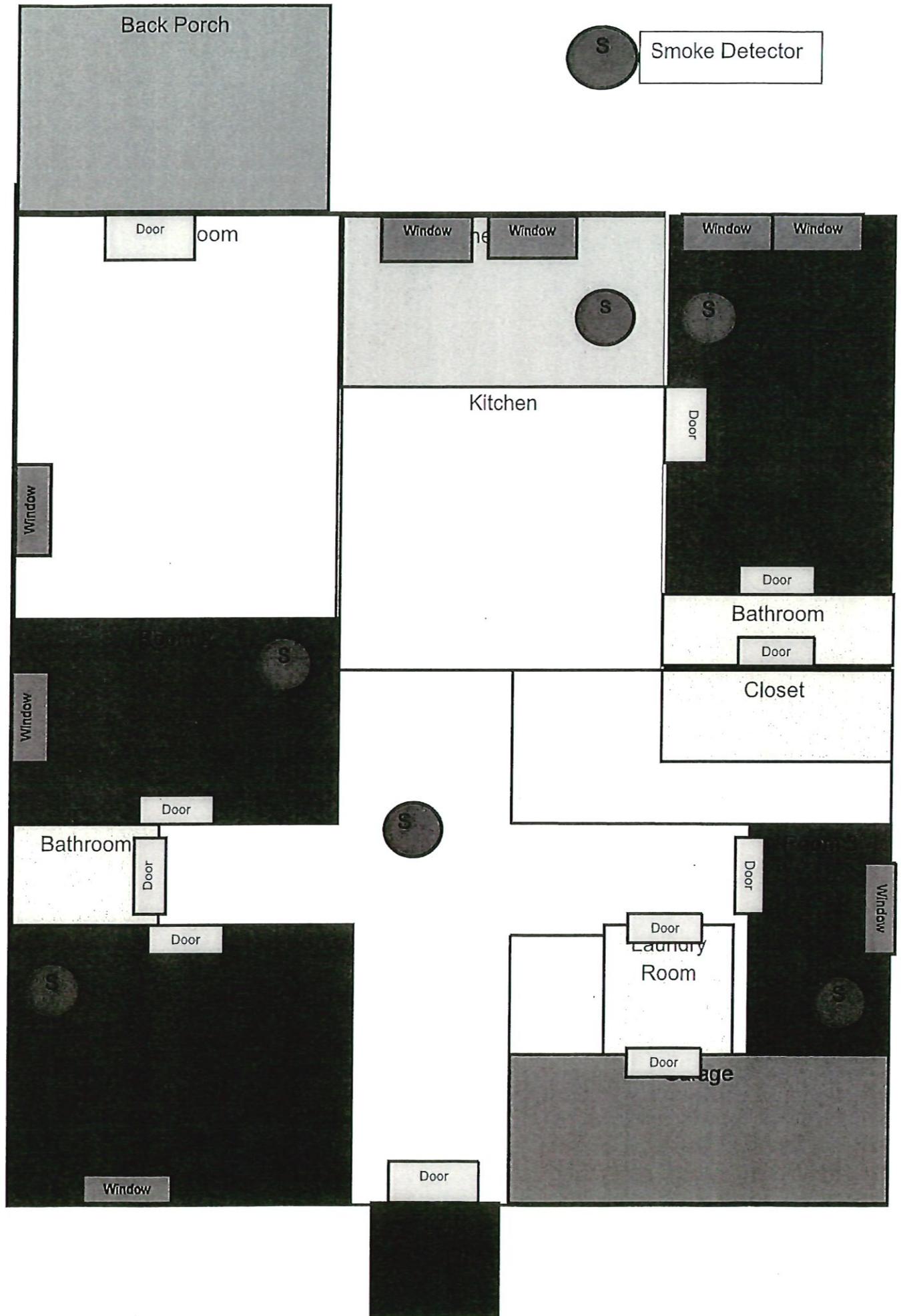
If it is a manufactured/mobile home, was it built after 1976? Yes No

PHOTOGRAPHS

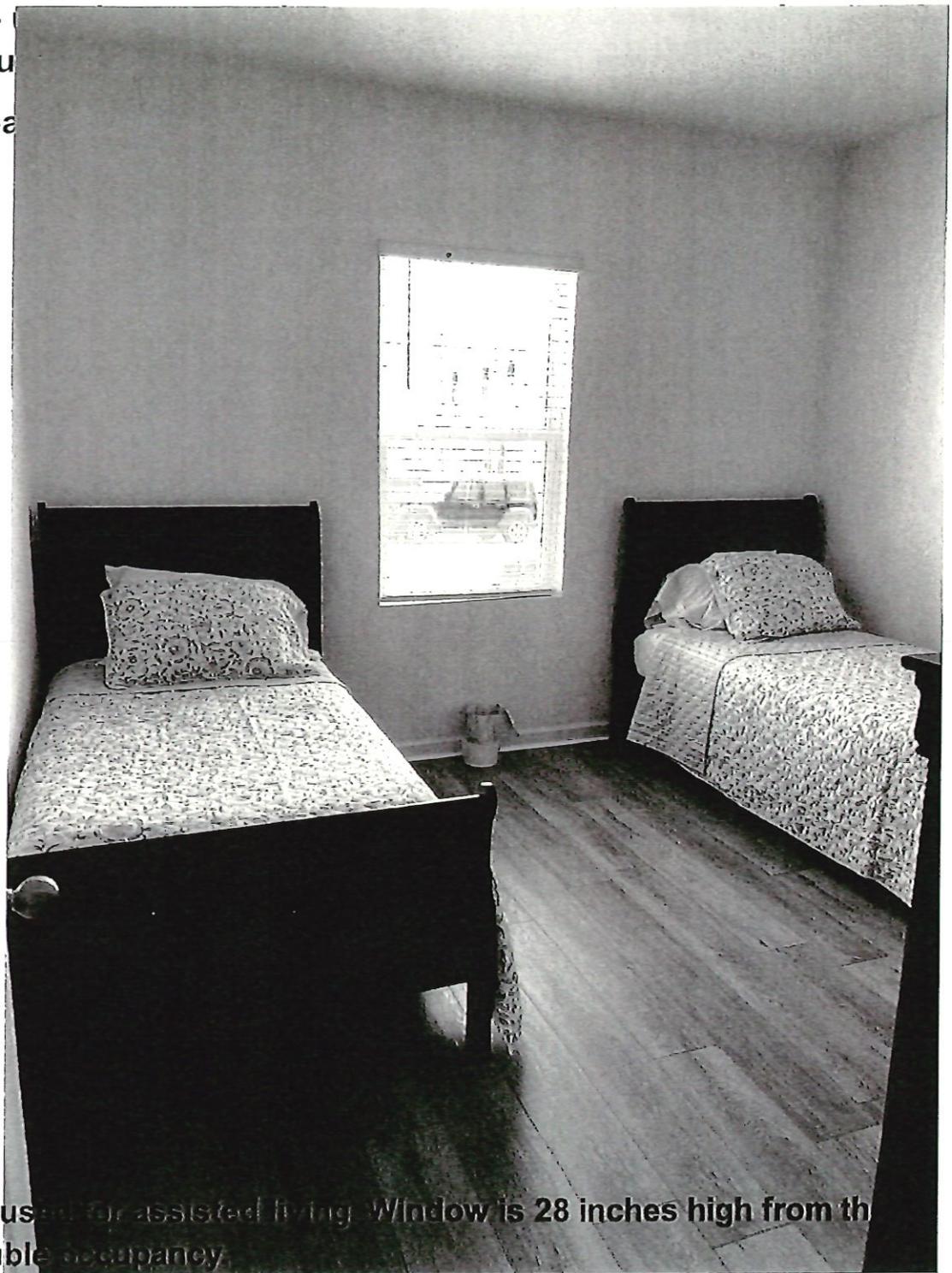
Name of Facility: Luna Care llc

County: Johnston

Please attach/insert photos of your facility, as required, to this sheet and add other blank sheets as needed.
Please label each photograph as to the identity of the room within the facility. (If original photos are submitted on the back of the photo, identify with the name and address of the facility (to help identify pictures should photos get separated)).



Room 1 –
floor. Dou
Room mea



Room 2 – used for assisted living. Window is 28 inches high from the floor. Double occupancy.

Room measurements: 14 ½ ft x 12 ft 10 inches



Room 3 – used for assisted living. Window is 28 inches high from the floor. Double occupancy.

Room measurements: 11 ft 11 inches x 10 ft 10 inches

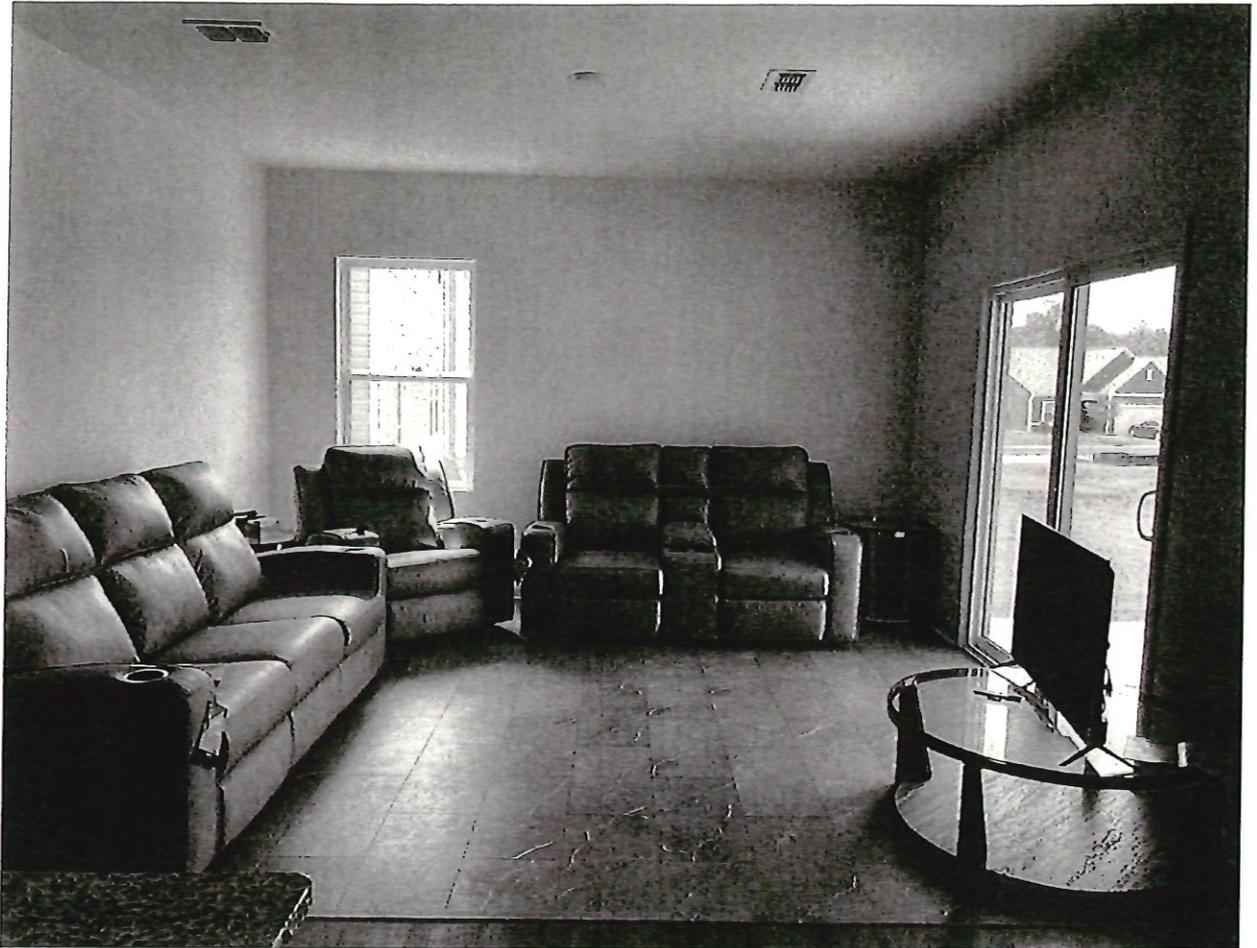


Room 4 – used for office with a pull-out bed for care provider to reside in. window is 28 inches high from floor.

Single occupancy

Room measurements: 10 ft x 11 ft

- Window height from floor: 28 inches.



Dinning Room, used for breakfast / lunch/ dinner as applicable to clients.

Measurements: 8 ft ¼ X 10 ft 6

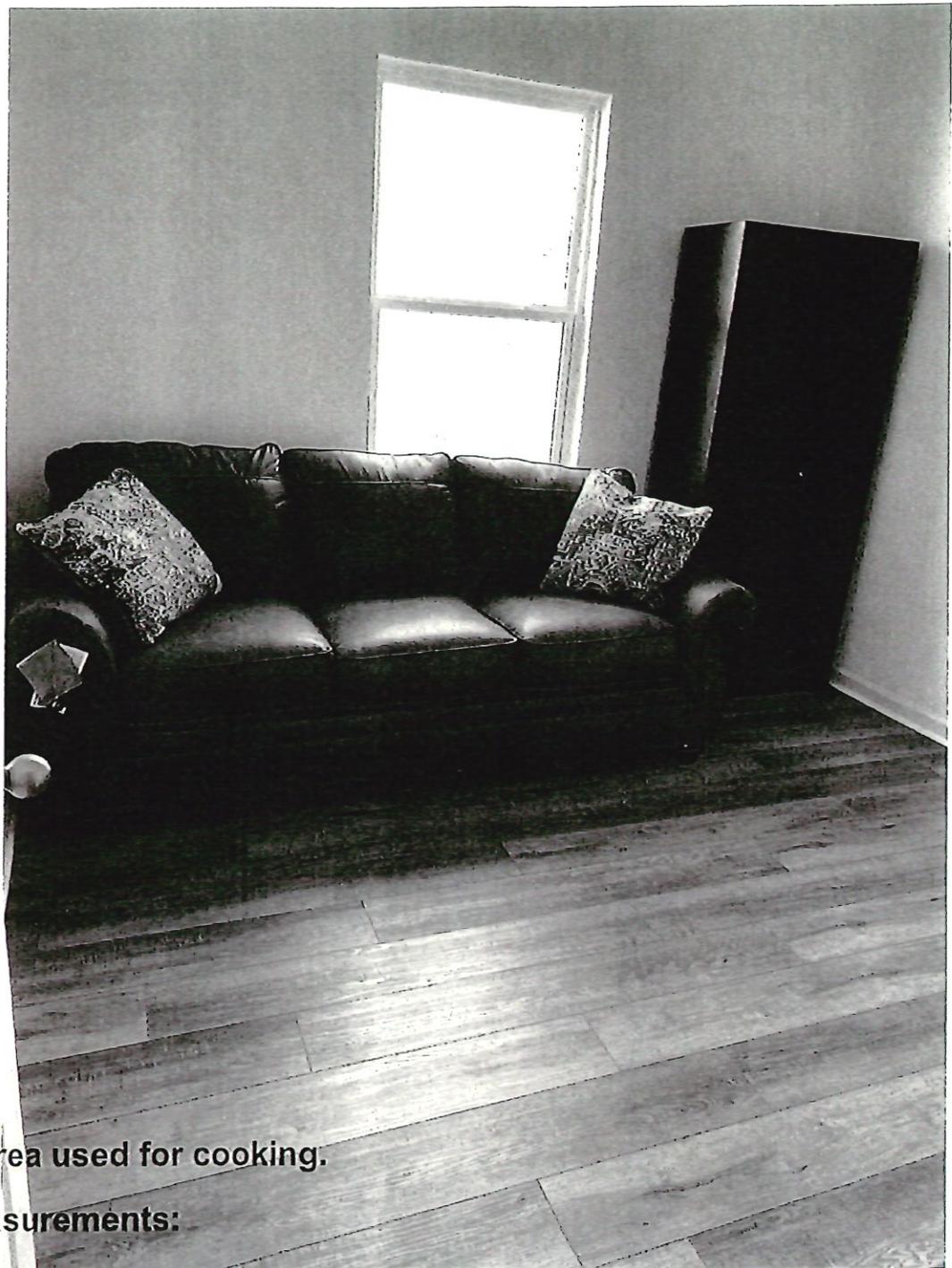




Living room, used as a common area.

Backdoor measurements:

- Width: 70 inches
- Length: 80 inches



Kitchen area used for cooking.

Floor measurements:

- **Width: 12 feet**
- **Length: 19 ft 5 inches**



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor
DEV DUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 5, 2025

Ms. Lina Hasan, CEO/Owner (via email only)
Luna Care, LLC
5709 Preveza Place
Raleigh, NC 27603

Re: Project No. MHL-5873-ARB
FID No. 250832
Luna Care, LLC
Initial Application
Wilson's Mill (Johnston)

Dear Ms. Hasan:

The floor plan and documents (received September 04, 2025; fee paid October 10, 2025) for the project located at 115 Gladstone Loop, Wilson Mills, NC, 27577 have been reviewed for conformance with the licensure rules for Mental Health, Developmental Disabilities, and Substance Abuse Facilities and Services (10A NCAC Chapter 27, Subchapter G) for program .5600B, *Group homes for minors whose primary diagnosis is mental retardation or other developmental disabilities*, with the understanding that the home is a 1-story, non-sprinklered building, under the applicable requirements of the 2018 North Carolina State Residential Code (NCSRC) and the 2018 North Carolina State Building Code (NCSBC) Section 428.4, *Small Non-ambulatory Care Facilities*, with references back to 428.3, *Small Residential Care Facilities*. The capacity of the home is proposed for up to four (4) non-ambulatory clients all of whom may not be able to respond and evacuate the home without verbal or physical assistance in an emergency.

Please be sure that you have reviewed and will be able to meet all of the following requirements as well as any issued by local authorities before beginning construction or modifications to prevent unnecessary expense on your part if any of the requirements are not physically or financially achievable. This project **cannot** be approved until we receive an acceptable written response to the following comments:

1. Bedrooms must have at least 100 square feet for single occupancy and 160 square feet when two clients occupy the bedroom. [Licensure Rule 27G .0304(d)(1)] Based on the information received, the following bedrooms can be used by clients. This information will be verified during the final inspection. Please note that minimum client bedroom sizes must not include the square footage of closets or wardrobes. (Floor plan attached).

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
CONSTRUCTION SECTION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
info.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- a. Bedroom #1 – approximately 143 sq. ft. – One (1) client
 - b. Bedroom #2 – approximately 129 sq. ft. – One (1) client
 - c. Bedroom #3 – approximately 110 sq. ft. – Staff Office
 - d. Bedroom #4 – approximately 180 sq. ft. – Two (2) Client's
2. Based on the information provided, it appears this home will have 24-hour shift staff and no live-in staff. Please confirm.
 3. This application is for four (4) non-ambulatory clients who may not be able to respond and evacuate the home without verbal or physical assistance in an emergency. Per 2018 NCSBC, Section 428.4.1, this home must be sprinklered with a NFPA 13-D wet pipe system with a 30-minute water supply. Provide sprinkler drawings, designed by a NICET Level III designer for review and approval. All bathrooms, toilets, closets, pantries, storage and utility spaces shall be protected by sprinklers. The sprinkler system shall be monitored in accordance with 2018 NCSBC Section 903.4, Exemption 1 is not applicable in this occupancy.
 4. A building fire alarm system in accordance with NFPA 72 must be provided. Provisions shall be made to activate the internal evacuation alarm at all required exits (pull stations). [2018 NCSBC, Section 428.3.7]. Provide fire alarm drawings designed by a North Carolina licensed Professional Engineer for our review and approval.
 5. The home must be provided with smoke detectors as required by the 2018 NCSRC, Section R314.3. Smoke detectors must be installed in each sleeping room and outside each separate sleeping area in the immediate vicinity of the bedrooms. All smoke detectors must be interconnected so if one sounds, they all sound. Each smoke detector must receive its primary power from the building wiring and have battery back-up.
 6. Heat detectors must be installed in all attic spaces. Heat detectors must be connected to the fire alarm and detection system. [2018 NCSBC, Section 428.3.5].
 7. Verify electrical outlets located in the bathroom, outdoors, garage, kitchen countertops and laundry are GFCI protected. [2017 NC State Electrical Code, 210.8].
 8. In areas of the facility where clients are exposed to hot water, the temperature of the water must be maintained between 100-116 degrees Fahrenheit. Verify this requirement is met. [Licensure Rule 27G .0304 (b) (4)]
 9. Section 428.3.3 [2018 NCSBC] requires each normally occupied story of the home must have two remotely located exits. Section 428.1.2 requires where two means of egress exits are required, the exits or exit access doors shall be located to minimize the possibility that both may be blocked by any one fire or other emergency condition. Based on the floor plan submitted, the location of the Kitchen and the laundry room may present a potential hazard and may require an additional exit for the clients located in Bedrooms #4 & #3 as they will have to traverse by these areas in the event of a potential fire to reach an exit. No action is required at this time we will field verify on site at the time of Inspection.

Please note that the North Carolina Department of Insurance considers any occupant less than six years of age, any developmentally challenged child or adult, and any elderly adult needing assistance in evacuating the home to be unable to respond and evacuate without assistance. Therefore, if you plan to

have any staff with family members less than six years of age or any other non-client person needing assistance to evacuate living in the home, an additional review will be required.

We must receive responses and supporting documentation on your letterhead addressing each requirement listed above. At that time, we will re-review the project.

You may access the current licensure rules our website: <https://info.ncdhhs.gov/dhsr/rules.htm>. You may also want to review the process for licensing Mental Health facility at the following website: <https://info.ncdhhs.gov/dhsr/mhics/faclicinfo.html>.

Please use our Project No. MHL-5873-ARB and FID No. 250832 on all correspondence related to this project and attach a Construction Plan Submittal Form with any project resubmittals. If you have any questions about this project or if we can be of any further service, please contact our office at the telephone number or e-mail address below.

Sincerely,

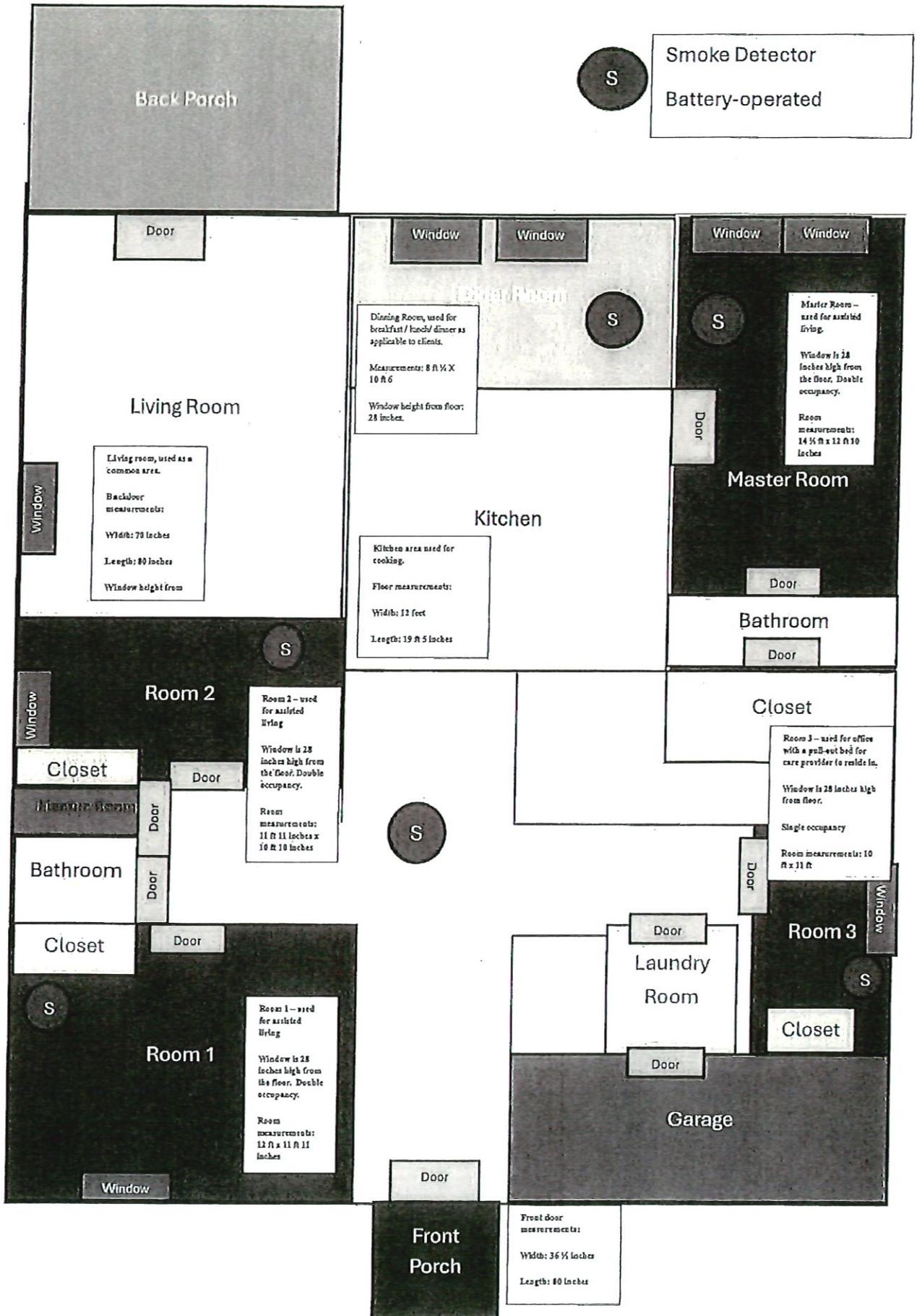
Anthony Brinson

Anthony Brinson

Engineering Plan Reviewer
DHSR Construction Section
anthony.brinson@dhhs.nc.gov
(919) 855-3920

Attachment

cc: DHSR Mental Health Licensure and Certification Section – Danalouise Reeves, Michael Blake (via email only)
Johnston County Building Permitting & Inspections – Anthony House (via email only)
Johnston County Fire Marshal Office – Jackson Neal (via email only)



Inspection of Residential Care Facilities

Establishment Name: LUNA CARE
 Location Address: 115 GLADSTONE LOOP
 City: SMITHFIELD State: North Carolina Zip: 27577
 County: 51 Johnston
 Licensee: LUNA CARE LLC
 Telephone: (919) 777-8435

Establishment ID: 4051430456

Date: 07/08/2025 Status Code: A

Time In: 1:35 PM Time Out: 2:30 PM

Inspection Re-Inspection

Number of Residents: 6

Wastewater System:

Municipal / Community Onsite

Water Supply:

Municipal / Community Onsite

Classification: Approved (40 or less demerits, and no 6-demerit item violated) Disapproved (More than 40 demerits or 6-demerit item violated)

PHYSICAL FACILITIES: (1607 & 1608)

1.	Floors and carpets kept clean	2	0
	Floors and carpets in good repair	1	0
2.	Walls, ceilings, and attachments clean	2	0
	Walls, ceilings, and attachments in good repair	1	0

LIGHTING AND VENTILATION: (1609)

3.	Illumination of required spaces	2	0
4.	Ventilation equipment clean and in good repair	2	0

TOILET, HANDWASHING, AND BATHING FACILITIES: (1610)

5.	Facilities provided	5	0
6.	Facilities clean and in good repair	4	0
7.	Hand sink design	4	0
8.	Handwashing facilities properly equipped	4	0

WATER SUPPLY: (1611)

9.	Approved water supply (6-demerit item)	6	0
10.	No cross-connections	5	0
11.	Water availability, pressure, at required ranges	4	0

LIQUID WASTES: (1613)

12.	Approved sewage disposal (6-demerit item)	6	0
-----	---	---	---

SOLID WASTES: (1614)

13.	Approved waste storage	2	0
14.	Containers covered, clean, and good repair	2	0
15.	Waste removal frequency	2	0

PEST CONTROL AND OUTDOOR PREMISES: (1615)

16.	Pest presence	3	0
17.	Prevention of harborage conditions; premises clean	2	0
18.	Outdoor furniture and playgrounds in good repair	2	0

CHEMICAL AND MEDICATION STORAGE: (1616)

19.	Storage and Use	4	0
-----	-----------------	---	---

BEDS, LINEN, LAUNDRY, FURNITURE: (1617)

20.	Furnishings clean	2	0
21.	Furnishings in good repair	2	0
22.	Bed linens provided and in good repair	4	0
23.	Bed linens clean; cleaning frequency	4	0
24.	Clean linen storage	3	0
25.	Laundry area and equipment kept clean and in good repair	3	0

FOOD SERVICE UTENSILS AND EQUIPMENT: (1618)

26.	Utensils/equipment (except holding equipment) in good repair	3	0
27.	Utensils and equipment clean	4	0
28.	Equipment non-food contact sides clean	2	0
29.	Utensil and equipment storage	2	0
30.	Ware washing provisions	5	0
31.	Food storage areas clean	3	0

FOOD: (1619)

32.	Foods safe and approved sources	5	0
-----	---------------------------------	---	---

FOOD PROTECTION: (1620)

33.	Food time and temperature control	5	0
34.	Live pet prohibitions	3	0
35.	Food holding equipment provided and in good repair	5	0
36.	Temperature indicating device provided and accurate	2	0
37.	Food storage	4	0

EMPLOYEES: (1621)

38.	Handwashing method	4	0
39.	Handwashing frequency	4	0
40.	Proper use of restriction, exclusion, and reporting	5	0
41.	Vomitus and diarrheal clean up supplies; written plan available	2	0

Total Demerits: 2



NC DEPARTMENT OF
**HEALTH AND
 HUMAN SERVICES**

Comment Addendum to Inspection Report

Establishment Name: LUNA CARE

Establishment ID: 4051430456

Date: 07/08/2025 Time In: 1:35 PM Time Out: 2:30 PM

Observations and Corrective Actions

- 11 The hot water shall be provided in a temperature between 105F-116F. The hot water at the sinks is 103F and needs to be adjusted to a range between 105F-116F.
- 36 Provide a temperature measuring device for the refrigerator. This thermometer must be able to indicate the temperature in the refrigerator.

Signatures

First

Last

Person In Charge (Print & Sign):

Lina. El Hasan



TOWN OF WILSON'S MILLS

4083 Wilson's Mills Road – P. O. Box 448 – Wilson's Mills, NC 27593

Voice: 919-938-3885 – Fax: 919-938-1121

Website: www.wilsonsmillsnc.org

MEMORANDUM:

To: Members of the Planning Board

From: Planning Department

Date: January 12, 2026

Re: Review of In-Town Resident Planning Board Applications

I respectfully request that the Planning Board review the two applications submitted by in-town residents for the vacant Planning Board seat and make a selection at the January 26, 2026, Planning Board meeting to fill the vacancy resulting from the departure of Doris Riley. Please note that this vacancy must be filled by an in-town resident, as that is the only Planning Board seat currently available.

Thank you for your time and consideration.

Cynthia Paul

Planning Technician

Town of Wilson's Mills

P. O. Box 448
Wilson's Mills, N.C. 27593
919-938-3885 – Office 919-938-1121 - Fax

Application for Committee Appointment

(Please Print When completing the application)

Please indicate below which committee(s) or board(s) you are interested in serving on.

Planning Board _____ Historic Preservation Committee
_____ Events Committee _____ Board of Adjustment

1st Time Appointment _____ Reappointment

Full Name: CHARLOTTE SUE COX

Address: 134 HOLTON STREET WILSON'S MILLS NC 27577

Phone Number (Home) 919-754-7182 (Mobile) 919-754-7182

Employer: ADAMS HOMES Occupation: REALTOR

Do you live in the Wilson's Mills Corporate Limits? YES How long? 9 MONTHS

Are you a citizen of the United States? YES How Long? 45 YEARS

Have you ever served on any committees or any of the above listed committees or Boards? If so, please list.
NO.

What do you feel are your qualifications for serving on the committee and why do you think you would be an asset to this committee? I am a licensed real estate professional with experience as an Agent, Instructor and Broker in Charge. I am detail-oriented, organized, and systems-driven, bringing clarity, structure, and a practical perspective to planning decisions not only professionally but personally while supporting smart, sustainable growth for the Town.

What areas of concern would you like to see the committee address? Balancing new development with the town's small-town character. Ensuring growth aligns with infrastructure capacity. Supporting attainable housing while maintaining quality standards. Preserving green space, buffers, and natural features. Planning with a 10?20 year outlook.

Signature Charlotte Sue Cox Date 1-5-2026

Any comments can be written on the back of this page if you need more room to do so.

Appointed to _____ Committee on _____

Town of Wilson's Mills
P. O. Box 448
Wilson's Mills, N.C. 27593
919-938-3885 - Office 919-938-1121 - Fax

Application for Committee Appointment
(Please Print When completing the application)

Please indicate below which committee(s) or board(s) you are interested in serving on.

Planning Board Historic Preservation Committee
 Events Committee Board of Adjustment

1st Time Appointment Reappointment

Full Name: Kaitlin Meitzler
Address: 145 Eason Creek Way, Wilson's Mills, NC 27527
Phone Number (Home) N/A (Mobile) 908-763-8298
Employer: Galaxy Diagnostics Occupation: Sr. Quality Specialist
Do you live in the Wilson's Mills Corporate Limits? yes How long? 1 year & 2 months
Are you a citizen of the United States? yes How Long? Since birth (26.5 yrs.)

Have you ever served on any committees or any of the above listed committees or Boards? If so, please list.
No

What do you feel are your qualifications for serving on the committee and why do you think you would be an asset to this committee? While I may not have construction management experience, I am good with organization, detail, and work well with teams. In addition, I want to be an involved member of the community while assisting with continuous town growth in whatever way possible.

What areas of concern would you like to see the committee address? I reviewed the document that outlines the strategic plan for fiscal years 2025/26 - 2030/31 and would love to see parks + recreation for Wilson's Mills become established as well as increasing walkability and adding more small businesses.

Signature Kaitlin A. Meitzler Date 15 Jan 2026

Any comments can be written on the back of this page if you need more room to do so.

Appointed to _____ Committee on _____

STAFF REPORT

TO: Mayor Byrd and Town Council Members
 DATE: January 9, 2026
 FROM: Wendy Oldham, Planning Director
 SUBJECT: Planning Report – December 2025



RESIDENTIAL PROJECTS		
WORKING ON INFRASTRUCTURE		
Willis Crossing	Construction Plans Approved	Waiting on Developer
Southerland Mills	Construction Plans Approved	Installing Infrastructure
CURRENTLY BUILDING IN PHASES		
Wilson's Walk	Phase 3 Plat Recorded	Pulling Permits for Phase 3
Olive Branch	Working on Phase 2B	Building in Phase 2B
Eason Creek	Building Out	Finishing build out
Crescent Mills	Phase 6 Plat Recorded	Last Phase on West Side
Wilson's Ridge	Building in Phase 2	Waiting on Phase 3
PLANNING STAGES		
Cobalt Townes Hwy 70 Bus beside East Hampton	Preliminary Plat Approved	Still working on Sewer/Water
Miller Ridge (formerly known as Johnston Farms Phase 3)	Preliminary Plans approved	Construction Plans approved; waiting on outside approvals
Wilson's Mills Storage WM Road across from Poplar Ck	Construction complete	Certificate of Occupancy Issued
Johnston Farms Waterview Way	Construction Plans Approved	Waiting on Developer
Lee Property Swift Creek End of Strickland Road	Construction Plans	Waiting on state permits
Wellons Property Connecting to Wilson's Ridge	Reviewing construction plans	Reviewing 2 nd submittal; waiting on sewer/water
AWAITING FINAL INSPECTION		
Cottages at Wilson's Mills	Passed final inspection	Waiting on street takeover
STREET TAKEOVER		
Street Name	Subdivision	Linear Feet
Shelmore Ln, Forest Bend Way, Maple Tree Ln	Mill Creek at Wilson's Mills	3,405.41
RECOMBINATION/SUBDIVIDES		
ADDRESS	ACTION	STATUS
N/A	N/A	N/A
REZONES		
ADDRESS	ACTION	STATUS
Gordon Rd/Clayton Blvd	Requesting C-70	Postponed to 1/20/2026

NON-RESIDENTIAL PROJECTS		
ADDRESS/PROJECT	USE REQUEST	STATUS
Clayton Glass & Mirror	New Building for expansion	Waiting on outside permits & water/sewer approval
Wilson's Mills High School	Construction Plans Approved	Building out
SPECIAL USE PERMIT		
N/A	N/A	N/A
EXCAVATION PERMITS		
ADDRESS/PROJECT	COMPANY	STATUS
N/A	N/A	N/A
SIGN PERMITS		
ADDRESS	BUSINESS/PROJECT	STATUS
5117 Wilson's Mills Rd	Wilson's Mills Storage, LLC	Approved
NON-RESIDENTIAL PERMITS		
N/A	N/A	N/A
RESIDENTIAL ZONING PERMITS		
USE	#	
Single Family Home/Town Home – New Construction	23	
Porch/Deck/Pool/Driveway Extension/Ramp/Additions	2	
Accessory Structure	1	
Fence	1	
Manufactured Home	0	
Rooftop Solar Panels	1	
Chickens	0	
MUAHS (Multi Unit Assisted Housing with Services)	0	
Home Occupation	0	
Change of Use	0	
TOTAL	28	
FLOODPLAIN DEVELOPMENT PERMITS		
ADDRESS/PROJECT	ACTION	STATUS
N/A	N/A	N/A
ZONING INSPECTIONS/LETTERS		
Completed and Passed- Single Family Homes		22
Completed and Passed-Other		4
Zoning Verification Letters		0
CODE ENFORCEMENT VIOLATIONS		
VIOLATIONS	#	
TOTAL	4	
Undue Growth	1	
Debris/Garbage Clean-Up	3	
Nuisance/Junk/Abandoned Vehicles	0	
Chickens/Roosters	0	

ZONING VIOLATIONS	
VIOLATIONS	#
TOTAL	4
Building without Permit	3
Fence without Permit	1
Unsafe Structure	0
Other Zoning Violation	0
CODE ENFORCEMENT AND ZONING ABATEMENT	
OUTCOMES	#
TOTAL	4
Abated	4
Final Letter Sent	0
Citations/Fines Issued	0
TOWN ABATEMENTS	
Paid Town Abatements	0