NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION
NURSING HOME LICENSURE AND CERTIFICATION SECTION
2711 MAIL SERVICE CENTER RALEIGH, NORTH CAROLINA 27699-2711 TELEPHONE: (919) 855-4520

2026

NURSING HOME APPLICATION - CHANGE OF OWNERSHIP
(Including Adult Care Home Beds in Combination Facilities)

LEGAL IDENTITY OF APPLICANT:

_____
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

DOING BUSINESS AS (d/b/a) - names under which the facility or services are advertised or presented to the public:

PRIMARY: _____

Other: _____

If the above names are **NOT IDENTICAL** to the names on the current license, please check reason for the change:

___ Change of Ownership/Licensee ____ Facility Name Change ____ Other (Specify):

NC NH LICENSE NUMBER: _____ **CMS CERTIFICATION NUMBER (CCN):** _____

NPI NUMBER: _____

FACILITY MAILING ADDRESS:

Street/P O Box: _____

City: _____ State: _____ Zip: _____- _____

FACILITY SITE ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____- _____

County: _____

Telephone: _____ Fax: _____

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age or disability in employment or the provision of services."

Change of Ownership Application to Operate a Nursing Home

PART A OWNERSHIP AND MANAGEMENT DISCLOSURE

1. The following information is required by Nursing Home Licensure Rule 10A NCAC 13D .2101.

   a. What is the name of the **LEGAL ENTITY** with ownership responsibility and liability? If it is a corporation, please write the exact wording of the corporate office name and address as on file with the NC Secretary of State. If the legal entity is a Unit of government, please write the name of the unit which has ownership responsibility and liability for the services offered.

   NAME: _____

   b. Mailing Address (***as reported tp NC Secretary of State)***: _____

   City: _____ State: _____ Zip: _____

   Telephone: _____ Fax: _____

   Senior Officer/Title: _____ Email: _____

   c. Indicate the Percent of Ownership of the Legal Identity: _____

   d. Is legal entity: (check one)

   For Profit _____ Not for Profit _____

   e. Is the legal entity a: (check 1, 2, 3 or 4)

   (1) PROPRIETOR ____

   (2) LIMITED LIABILITY CORPORATION _____

   (3) PARTNERSHIP

   (a) General ____ If General, where is it registered? County _____ State _____

   (b) Limited ____ If Limited, where is it registered? State _____

   (c) Is the limited partnership registered with the North Carolina Corporations Division in the NC Department of the Secretary of State?

   YES ___ NO ____

   (d) List the names and addresses of ALL people who have a 5% financial interest or more and the names of all officers:

   Name: _____ Title: _____

   Address: _____ Percent of Ownership: _____

   Name: _____ Title: _____

   Address: _____ Percent of Ownership: _____

   Name: _____ Title: _____

   Address: _____ Percent of Ownership: _____

(4) CORPORATION ___

(a) Where was the corporation originally established? State _____

(b) List the names and addresses of ALL people who have a 5% financial interest or more and the names of all officers:

Name: _____ Title: _____

Address: _____ Percent of Ownership: _____

Name: _____ Title: _____

Address: _____ Percent of Ownership: _____

Name: _____ Title: _____

Address: _____ Percent of Ownership: _____

(5) UNIT OF GOVERNMENT ____

(a) What is the name and title of the official in charge of the above governmental unit?

Name: _____

Title: _____

(b) Check the word which best describes the above type of governmental unit:

CITY ____ COUNTY _____ STATE _____ AUTHORITY ____

2. Does the licensee (legal entity: individual, partnership, corporation, or unit) own the building from which services are offered? **YES** _____ **NO** _____

If **NO**, who owns the building?

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Note: If neither the building owner nor the lessee is shown as the license applicant, explain on a separate page.

3. Is this facility part of a multiple facility system **within North Carolina**? (A multiple facility system is defined as two or more nursing homes or health care facilities under the same ownership.) **YES** _____ **NO** _____

If "YES", give the name and address of the multiple facility system and name of senior officer for said organization.

Parent Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Senior Officer/Title: _____ Email: _____

4. Does the facility operate under a management contract? **YES** _____ **NO** _____

If "YES", give the name and address of the organization that manages the facility and name of senior officer for said organization.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Senior Officer/Title: _____ Email: _____

PART B OPERATIONS

PROVIDE NAMES FOR THE FOLLOWING:

1. FACILITY PERSONNEL
   a. Full-time administrator as required in 10A NCAC 13D .2201(c).

   Name of Administrator _____
   (Full First, Middle Initial, Last Name)

   Email: _____ Date Hired: _____ NC License No.: _____

   b. Name of Director of Nursing _____
   (Full First, Middle Initial, Last Name)

   Email: _____ Date Hired: _____ NC License No.: _____

   c. Activity Director _____

   Email: _____

   d. Dietary Services Director _____

   Email: _____

   e. Social Services Director _____

   Email: _____

2. MEDICAL AND DENTAL STAFF FOR EMERGENCY CALL

   a. Name of Medical Director _____
   (Full First, Middle Initial, Last Name)

   Address _____

   Email: _____ Date Hired: _____ NC License No.: _____

b. Dentist(s) Name(s) Phone Number

1. _____ _____

2. _____ _____

3. _____ _____

3. CONTRACT/OTHER PERSONNEL OR CONSULTANTS

a. Physical Therapist _____

Email: _____

b. Occupational Therapist _____

Email: _____

c. Respiratory Therapist _____

Email: _____

d. Speech Therapist _____

Email: _____

e. Medical Records Professional_____

Email: _____

f. Pharmacy Consultant _____

Email: _____

g. Dietary Consultant _____

Email: _____

4. PHARMACY

a. Source of Drugs:

1. Do you have a pharmacy located in your facility? YES_____ NO _____

2. If "YES", please complete: Pharmacist Manager: _____

Email: _____

b. If a pharmacy is not located in your facility, what is the name of the pharmacy from which drugs are obtained?

Name: _____

Street Address: _____

City, State, Zip: _____

PART C PATIENT SERVICES

1. Continuing Care Retirement Communities (CCRC)

a. Is the facility licensed by the Department of Insurance as a "Continuing Care Retirement Community"?

YES _____ **NO** _____

If yes, submit Department of Insurance approval of the change of ownership.

2. Is the facility a Combination Facility, thereby incorporating ACH beds? Yes ___ No ___

If **YES**, indicate which rules the facility chooses to apply to the operation of the ACH beds (NH rules, ACH rules or both NH & ACH). If **NO** no need to check anything below

_____NH Licensure Rules _____ACH Licensure Rules _____NH & ACH Licensure Rules**
*(** **Complete checklist at the end of the application if using both sets of rules**.)*

3. **NUMBER OF BEDS BY TYPE (*If you are acquiring a facility with a Special Care Unit, please submit your disclosure documents see N.C.G.S. 131E-114)**

a.	**Nursing Beds (NF)**	**(TOTAL)** a. _____
	1. General Nursing Facility Beds	1. _____
	*Alzheimer's Special Care Unit Resident Beds	2.* _____
	3. Ventilator Dependent Resident Beds	3. _____
	4. Traumatic Brain Injury Beds	4. _____
b.	**Adult Care Home (ACH)**	**(TOTAL)** b. _____
	1. General Adult Care Home Beds	1. _____
	2. *Alzheimer's Special Care Unit Resident Beds	2.*_____
c.	**TOTAL LICENSED BEDS**	**(TOTAL a & b)** c. _____

PART D LICENSE FEE - A non-refundable license fee is required and must accompany this application prior to the issuance of a nursing home license. The payment should be in the form of check, certified check or money order and must be made payable to: "**The Division of Health Service Regulation**." A separate check is required for each licensed entity.

Pursuant to §131E-102(b), effective August 14, 2009, annual license fees will be $420.00 (base fee) plus $17.50 per bed. CCRC facility type annual license fees will be $450.00 (base fee) plus $12.50 per bed. Fees for change of ownership licensure effective during the months of October – December will be credited to the license renewal fee.

This application must be completed and submitted to the Nursing Home Licensure and Certification Section, Division of Health Service Regulation, with the license fee, prior to the issuance of a nursing home license. The legislation (SB 622, Session Law 2005-276) prohibits a license from being issued if the fee has not been paid.

The undersigned submits this application for licensure for the year 2026 (subject to the provisions of the Nursing Home Licensure Act, Article 6, Chapter 131E of the General Statutes of North Carolina and to the rules adopted thereunder by the North Carolina Medical Care Commission) and certifies the accuracy of this information.

_____
Authorized Agent Name & Title (print)

_____ _____
Authorized Agent (signature) Date

Change of Ownership Application to Operate a Nursing Home

NH & ACH Licensure Rules

- If using both ACH and NH rules for the ACH beds, please choose which rule, Adult Care Home or Nursing Home, the facility will use for the Adult Care Home beds by entering an X by the corresponding rule for the specific criteria. If there is no Nursing Home rule to choose, the Adult Care Home rule **must be selected**.

- No choices are allowed for certain Physical Plant rules as they must apply to Adult Care Home beds due to structural/building code requirements.

Adult Care Home Rules (10A NCAC 13F)	**Nursing Home Rules (10A NCAC 13D)**
Section .0200 – Licensing	
	☐ 13D .2001 Definitions
	☐ 13D .2101 Application Requirements, .2102 Issuance of The License, .3101 General Rules
	☐ 13D .2102 Issuance of License, .2105 Temporary Change in Bed Capacity
	☐ 13D .2104 Requirements for Licensure Renewal or Changes
	☐ 13D .2106 Denial, Amendment, or Revocation of License
	☐ 13D .2108 Procedure for Appeal
	☐ 13D .2107 Suspension of Admissions, .2108 Procedure for Appeal
Section .0300 - Physical Plant (may not choose structural/building code rules)	
☐ 13F .0302 Design and Construction	
☐ 13F .0303 Location	
☐ 13F .0304 Plans and Specifications	

☐ 13F .0305 Physical Environment	
☐ 13F .0306 Housekeeping and Furnishings	☐ 13D .2208 Safety, .3202 Furnishings
☐ 13F .0307 Fire Alarm System	
☐ 13F .0308 Fire Extinguisher	
☐ 13F .0309 Plan for Evacuation	☐ 13D .2208 Safety
☐ 13F .0311 Other Requirements	
Section .0400 Staff Qualifications	
	☐ 13D .2001 Definitions
☐ 13F .0403 Qualifications of Medication Staff	
☐ 13F .0404 Qualifications of Director	☐ 13D .2801 Activity Services
☐ 13F .0405 Qualifications of Food Service Supervisor	
☐ 13F .0403 Other Staff Qualifications	☐ 13D .221 Personnel Standards, .2304 Nurse Aides, .2503 Use of Nurse Practitioners and Physician Assistants, .2602 Pharmacy Personnel, .2802 Social Services
Section .0500 Staff Orientation, Training and Competency	
☐ 13F .0501 Personal Care Training and Competency	☐ 13D .2211 Personnel Standards, .2304 Nurse Aides
☐ 13F .0503 Medication Administration Competency	

☐ 13F .0504 Competency Validation for Licensed Health Professional Support Tasks	
☐ 13F .0505 Training on Care of Diabetic Residents	
☐ 13F .0506 Training on Physical Restraints	
☐ 13F .0507 Training on Cardio-Pulmonary Resuscitation	
☐ 13F .0508 Assessment Training	
☐ 13F .0509 Food Service Orientation	☐ 13D .2701 Provision of Nutrition and Dietetic Services
☐ 13F .0512 Document Staff Training	
Section .0600 Staffing	
☐ 13F .0601 Management of Facilities with a Capacity or Census of Seven to Thirty Residents	☐ 13D .2201 Administrator, .2308 Adult Care Home Personnel Requirements
☐ 13F .0602 Management of Facilities with a Capacity or Census Of 31 to 80 Residents	☐ 13D .2201 Administrator, .2308 Adult Care Home Personnel Requirements
☐ 13F .0603 Management of Facilities with a Capacity or Census Of 81 OR More Residents	☐ 13D .2201 Administrator, .2308 Adult Care Home Personnel Requirements
☐ 13F .0604 Person Care and Other Staffing	☐ 13D .2303 Nursing Staffing Requirements
☐ 13F .0605 Staffing of Personal Care Aide Supervisors	☐ 13D .2302 Nursing Services
☐ 13F .0606 Staffing Chart	
☐ 13F .0607 Staffing for Facilities with a Census of 13 to 20 Residents	
☐ 13F .0608 Staffing for Facilities with a Census of 21 or More Residents	

☐ 13F .0609 Personal Care Aide Supervisors	
Section .0700 Admission and Discharge	
☐ 13F .0701 Admission of Residents	☐ 13D .2202 Admissions, .2203 Patients Not to Be Admitted
☐ 13F .0702 Discharge of Residents	☐ 13D .2205 Discharge of Patients, .2207 Patient Rights
☐ 13F .0703 Tuberculosis Test, Medical Examination and Immunization	☐ 13D .2209 Infection Control, .2501 Availability of Physician's Services
☐ 13F .0704 Resident Contract, Information on Home, and Resident Register	☐ 13D .2207 Patient Rights
Section .0800 Resident Assessment and Care Plan	
☐ 13F .0801 Resident Assessment	☐ 13D .2301 Patient Assessment and Care Planning
☐ 13F .0802 Resident Care Plan	☐ 13D .2301 Patient Assessment and Care Planning
Section .0900 Resident Care and Services	
☐ 13F .0901 Personal Care and Supervision	☐ 13D .2305 Quality of Care
☐ 13F .0902 Health Care	☐ 13D .2305 Quality of Care, .2307 Dental Care and Services, .2501 Availability of Physician's Services, .2503 Use of Nurse Practitioners and Physician Assistants, .2802 Social Service
☐ 13F .0903 Licensed Health Professional Support	☐ 13D .2211 Personnel Standards, .2303 Nursing Staffing Requirements
☐ 13F .0904 Nutrition and Food Service	☐ 13D .2701 Provision of Nutrition and Dietetic Services
☐ 13F .0905 Activities Program	☐ 13D .2801 Activity Services

☐ 13F .0906 Other Resident Care and Services	☐ 13D .2207 Patient Rights, .2307 Dental Care and Services
☐ 13F .0907 Respite Care	☐ 13D .2204 Respite Care
	☐ 13D .2309 Cardio-Pulmonary Resuscitation
☐ 13F .0909 Resident Rights	☐ 13D .2207 Patient Rights
Section .1000 Medications	
☐ 13F .1001 Medication Administration Policies and Procedures	☐ 13D .2306 Medication Administration
☐ 13F .1002 Medication Orders	☐ 13D .2306 Medication Administration, .2501 Availability of Physician's Services, .2601 Availability of Pharmaceutical Services
☐ 13F .1003 Medication Labels	☐ 13D .2604 Drug Procurement
☐ 13F .1004 Medication Administration	☐ 13D .2306 Medication Administration
☐ 13F .1005 Self-Administration of Medications	☐ 13D .2306 Medication Administration, .2601 Availability of Pharmaceutical Services
☐ 13F .1006 Medication Storage	☐ 13D .2605 Drug Storage and Disposition
☐ 13F .1007 Medication Disposition	☐ 13D .2605 Drug Storage and Disposition
☐ 13F .1008 Controlled Substances	☐ 13D .2605 Drug Storage and Disposition, .2606 Pharmaceutical
☐ 13F .1009 Pharmaceutical Care	☐ 13D .2601 Availability of Pharmaceutical Services, .2603 Medication Administration
☐ 13F .1010 Pharmaceutical Services	☐ 13D .2601 Availability of Pharmaceutical Services
Section .1100 Resident's Funds and Refunds	

☐ 13F .1101 Management of Resident's Funds	☐ 13D .2207 Patient Rights
☐ 13F .1101 Refund Policy	
☐ 13F .1103 Legal Representative or Payee	☐ 13D .2207 Patient Rights
☐ 13F .1104 Accounting for Residents Personal Funds	☐ 13D .2207 Patient Rights
☐ 13F .1105 Refund of Personal Funds	
☐ 13F .1106 Settlement of Cost of Care	
Section .1200 Policies, Records and Reports	
☐ 13F .1201 Resident Records	☐ 13D .2401 Maintenance of Medical Records
☐ 13F .1202 Disposal of Resident Records	☐ 13D .2402 Preservation of Medical Records
☐ 13F .1205 Health Care Personnel Registry	☐ 13D .2210 Reporting and Investigation Abuse, Neglect or Misappropriation
☐ 13F .1206 Advertising	
☐ 13F .1207 Facilities to Report Resident Deaths	
☐ 13F .1208 Death Reporting Requirements	☐ 13D .2901 Report of Death
☐ 13F .1209 Definitions Applicable to Death Reporting	
☐ 13F .1210 Record of Staff Qualifications	☐ 13D .2211 Personnel Standards
☐ 13F .1211 Written Policies and Procedures	

☐ 13F .1212 Reporting of Accidents and Incidents	
☐ 13F .1213 Availability of Corrective Action and Survey Reports	
Section .1300 Special Care Units for Alzheimer and Related Disorders	
☐ 13F .1301 Definitions Applicable to Special Care Units	
☐ 13F .1302 Special Care Unit Disclosure	
☐ 13F .1303 Licensure of Facilities with Special Care Units	
☐ 13F .1304 Special Care Unit Building Requirements	
☐ 13F .1305 Special Are Unit Policies and Procedures	
☐ 13F .1306 Admission to The Special Care Unit	
☐ 13F .1307 Special Care Unit Resident Profile and Care Plan	
☐ 13F .1308 Special Care Unit Staffing	
☐ 13F .1309 Special Care Unit Staff Orientation and Training	
☐ 13F .1310 Other Applicable Rules for Special Care Units	
☐ 13F .1311 Other Requirements	
Section .1501 Use of Physical Restraints and Alternatives	
☐ 13F .1501 Use of Physical Restraints and Alternatives	☐ 13D .2305 Quality of Care

Section .1801 Infection Prevention and Control	
☐ 13F .1801 Infection Prevention and Control Policies and Procedures	☐ 13D .2209 Infection Control
☐ 13F .1802 Reporting and Notification of a Suspected or Confirmed Communicable Disease Outbreak	☐ 13D .2209 Infection Control