

**CHANGE LICENSURE
APPLICATION PACKET
FOR
FAMILY CARE HOME
(2 TO 6 BEDS)**

Return the entire packet to:

Mailing address of Adult Care Licensure Section:

U.S. Postal Service:

Division of Health Service Regulation
Adult Care Licensure Section
2720 Mail Service Center
Raleigh NC 27699-2720
Attn: License Materials Enclosed

Express/Overnight Courier (FED-EX, UPS):

Division of Health Service Regulation
Adult Care Licensure Section
801 Biggs Drive
Raleigh, North Carolina 27603
Attn: License Materials Enclosed

Adult Care Licensure Section: 919-855-3765

STEPS FOR A CHANGE OF OWNERSHIP FOR FAMILY CARE HOMES (2-6 Beds)

Please read and follow these steps to complete a change of ownership successfully.

1. Prior to the sale of a family care home business, the current licensee shall provide written notification of a planned change of licensee to the Division of Health Service Regulation, the county department of social services, and the residents or their responsible persons at least 30 days prior to the date of the planned change of licensee. Preferably, this contact should be made at least 60 days in advance of the proposed change. The current licensee will contact the local county department of social services for assistance with resident discharge if requested by any resident. Pursuant to § 131D-2.4, the Department shall not issue a new license for a change of ownership of an adult care home if outstanding fees, fines, and penalties imposed by the State against the home have not been paid. Fines and penalties for which an appeal is pending are exempt from consideration.
2. The Construction Section of the Division of Health Service Regulation must approve any proposed structural changes of the building before a license can be approved.
3. The following information is required to be submitted for administrator approval:
 - Completed Administrator Application
 - Copy of driver's license or other proof of age
 - Copy of resume
 - Employer reference letter (required if using supervisory experience for education requirements). The reference letter must be on company letterhead and include: dates of employment, statement of supervisory experience, and business phone number of the supervisor.
 - Documentation of completed education
 - Criminal History Report Forms for Live Scan:
 - Applicant Information Form and Electronic Fingerprint Submission Release of Information Form
 - Documentation of completed Administrator in Training (AIT) program (certificate, meeting notes, evaluation)
 - Documentation of successful completion of DHSR Administrator Exam
4. The prospective licensee shall submit the following license application material to the Division of Health Service Regulation:
 - The Change Licensure Application for Family Care Home (2 to 6 Beds) that is available on the internet website, <https://info.ncdhhs.gov/dhsr/acls/pdf/fcchgapp.pdf> at no cost and includes the following:
 - Facility, administrator and building owner information;
 - Operation disclosure including new licensee information and management company, if any; and
 - Ownership disclosure including new owners, principles, affiliates, shareholders, and members;
 - A fire and building safety inspection report from the local fire marshal dated within the past 12 months;
 - A sanitation report from the sanitation division of the county health department dated within the past 12 months; and
 - A nonrefundable license fee of \$315.00 as required by [G.S. 131D-2.5 \(ncleg.net\)](#).
 - A letter from the previous owner relinquishing ownership (this letter must specify the date of the change in ownership).
5. Upon receipt of the licensing packet, including the license fee, and completion of a compliance review, the Adult Care Licensure Section will notify the prospective licensee of any outstanding documents or actions required for licensure.
6. If all requirements are met, the Adult Care Licensure Section will issue a new license to the applicant within 2 days of the effective date of the change of ownership.
7. The license must be renewed annually using the DHSR online renewal system [DHSR Enterprise - \(nc.gov\)](#) including the non-refundable annual license renewal fee of \$315.00.

For the purpose of this application the following definitions apply:

- (1) "Person" means an individual; a trust or estate; a partnership; a corporation; or any grouping of individuals, each of whom owns five percent or more of a partnership or corporation, who collectively own a majority interest of either a partnership or a corporation.
- (2) "Owner" means any person who has or had legal or equitable title to or a majority interest in an adult care home.
- (3) "Affiliate" means any person that directly or indirectly controls or did control an adult care home or any person who is controlled by a person who controls or did control an adult care home. In addition, two or more adult care homes who are under common control are affiliates.
- (4) "Principal" means any person who is or was the owner or operator of an adult care home, an executive officer of a corporation that does or did own or operate an adult care home, a general partner of a partnership that does or did own or operate an adult care home, or a sole proprietorship that does or did own or operate an adult care home.
- (5) "Indirect control" means any situation where one person is in a position to act through another person over whom the first person has control due to the legal or economic relationship between the two.

APPLICABLE REGULATIONS:

§ 131D-2.5. License and registration fees.

(a) The Department shall charge each adult care home with six or fewer beds a nonrefundable annual license fee in the amount of three hundred fifteen dollars (\$315.00). The Department shall charge each adult care home with more than six beds a nonrefundable annual license fee in the amount of three hundred sixty dollars (\$360.00) plus a nonrefundable annual per-bed fee of seventeen dollars and fifty cents (\$17.50).

§ 131D-2.4. Licensure of adult care homes for aged and disabled individuals; impact of prior violations on licensure; compliance history review; license renewal.

(a) Licensure. - Except for those facilities exempt under G.S. 131D-2.3, the Department of Health and Human Services shall inspect and license all adult care homes. The Department shall issue a license for a facility not currently licensed as an adult care home for a period of six months. If the licensee demonstrates substantial compliance with Articles 1 and 3 of this Chapter and rules adopted thereunder, the Department shall issue a license for the balance of the calendar year. A facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for the purposes of G.S. 131E-184(a)(8).

(b) Compliance History Review. - Prior to issuing a new license or renewing an existing license, the Department shall conduct a compliance history review of the facility and its principals and affiliates. The Department may refuse to license a facility when the compliance history review shows a pattern of noncompliance with State law by the facility or its principals or affiliates, or otherwise demonstrates disregard for the health, safety, and welfare of residents in current or past facilities. The Department shall require compliance history information and make its determination according to rules adopted by the Medical Care Commission.

(c) Prior Violations. - No new license shall be issued for any adult care home to an applicant for licensure under any of the following circumstances for the period of time indicated:

(1) Was the owner, principal, or affiliate of a licensable facility under this Chapter, Chapter 122C, or Article 7 of Chapter 110 of the General Statutes and was responsible for the operation of the facility that had its license revoked until five years after the date the revocation became effective.

(1a) Was the owner, principal, or affiliate of a licensable facility under this Chapter, Chapter 122C, or Article 7 of Chapter 110 of the General Statutes and was responsible for the operation of the facility

that had its license summarily suspended until five years after the date the suspension was lifted or terminated.

(2) Is the owner, principal, or affiliate of an adult care home and is responsible for the operation of the facility that was assessed a penalty for a Type A or Type B violation until the earlier of one year from the date the penalty was assessed or until the home has substantially complied with the correction plan established pursuant to G.S. 131D-34 and substantial compliance has been certified by the Department.

(3) Is the owner, principal, or affiliate of an adult care home and is responsible for the operation of the facility that had its license downgraded to provisional status or had its admissions suspended as a result of violations under this Article, Chapter 122C, or Article 7 of Chapter 110 of the General Statutes until six months from the date of restoration from provisional to full licensure, termination of the provisional license, or lifting or termination of the suspension of admissions, as applicable.

(5) Is or was the owner, principal, or affiliate of an adult care home and is responsible for the operation of the facility where outstanding fees, fines, and penalties imposed by the State against the facility have not been paid. Fines and penalties for which an appeal is pending are exempt from consideration under this subdivision.

§ 131D-34. Penalties; remedies

(d1)The Department shall impose a civil penalty on any applicant for licensure who provides false information or omits information on the portion of the licensure application requesting information on owners, administrators, principals, or affiliates of the facility. The amount of the penalty shall be as is prescribed for a Type A1 Violation.

**Construction Licensure Plan Review
Information For
Adult Care Licensure Section**

Complete this form ONLY IF there are proposed structural changes to the building.
Please do not send Construction Section Fee payment for Family Care Home projects.
The Construction Section will invoice the Contact Person listed on the application.

Current Name of Facility:

New Name of Facility (if applicable):

Site Address:

Site City, State, and Zip:

County:

Contact Person:

Contact Phone Number:

Email:

Address:

Site City, State, and Zip:

Requested Information:

Applicable Licensure Rules: Family Care Home Rules (10A NCAC 13G)

Number of beds requested:

Status of Residents:

All Ambulatory

Non-Ambulatory, 1-3

Non-Ambulatory, More than 3

Review For: Licensee/Ownership Change Name Change Capacity Change Other

Return this form: Adult Care Licensure Section
2720 Mail Service Center
Raleigh, NC 27699-2720
ATTN: License Materials Enclosed

Office Use Only

Date Received _____

FID _____ LICENSE NUMBER _____

Team Supervisor/Branch Manager _____

Comments _____

Instructions for Completing a Change Licensure Application

Overview

1. These instructions are provided to assist you in completing a change application.
2. Failure to provide all requested information will result in a delay processing the application. If the information does not pertain to your facility, mark N/A in the applicable area.
3. Change requests must be submitted at least 30 days prior to the anticipated change date.
4. If structural modifications are part of the change, please contact the [Construction Section](#) prior to the completion of this application.
5. Requested Effective Date of Change: Enter the date you are requesting the change to be effective. It is understood this date may be delayed depending upon other factors associated with the change.

Type of Licensure Application

Check the appropriate box/boxes for the action you are requesting. If the action is not listed, fill in the blank beside "Other".

- Change of Facility Name:** There is no fee for a facility name change.
- Change of Licensee/Ownership:** The fee for a change of ownership is \$315.00. Payment must be made by check, money order or certified check and made payable to: Division of Health Service Regulation, Adult Care Licensure Section.
- Change of Capacity:** If the change of capacity is an increase, submit photos and a floor plan.

Requested Effective Date of Change

Enter the date you are requesting the change to be effective. It is understood this date may be delayed depending upon other factors associated with the change.

Current Information

- Current Facility License Number:** Enter license number on the current license.
- Current Facility Name:** Enter name printed on the current license.
- Current Facility Site Address:** This address is the physical site location as printed on the current license.
- Current Legal Identity of Ownership/Licensee:** This is the name printed on the current license as the licensee/owner. Please enter address, phone and email information.

LICENSE FEE INVOICE

Please submit the licensure fee with the enclosed application. Failure to submit a completed application with licensure fee will result in the delay of the license being issued.

Facility Name:

County:

Facility Type	Number of Beds	Total Fee Due
Family Care Home		\$315.00

- **A separate check is required for each application submitted.**
 - Payment **must** be made by check, money order, or certified check, made payable to: **Division of Health Service Regulation.**
 - Write the proposed facility name on the check in the memo line.

ATTACH THE CHECK HERE



N.C. Department of Health and Human Services

Division of Health Service Regulation

Adult Care Licensure Section

2720 Mail Service Center ■ Raleigh, North Carolina 27699-2720

CHANGE LICENSURE APPLICATION FOR FAMILY CARE HOMES

TYPE OF LICENSURE APPLICATION: Family Care Home

(2-6 beds)

CURRENT FACILITY LICENSE Number- _____ - _____ - _____

- Change of Facility Name, Change of Capacity, Other (specify):, Change of Licensee/Ownership

Requested Effective Date of Change: _____

No less than 30 days from the submission of the application and fee.

Note: A Change in Ownership requires a license fee. A Change of Capacity requires a Construction Section review and fee. The Construction Section will invoice the Contact Person listed on the application.

CURRENT INFORMATION (Prior to Change)

1. CURRENT FACILITY NAME: _____

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

Street: _____

City: _____ Zip Code: _____ County: _____

Facility Telephone Number: _____ Fax Number: _____

3. CURRENT LEGAL IDENTITY OF OWNERSHIP/LICENSEE:

Name of Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Contact Phone Number of Applicant/Licensee: _____ Fax: _____

Table with 1 column and 8 rows: DHR USE ONLY, License#, FID#, Region, Compliance Check Completed, Entry by/Reviewed by, Date, License Fee: \$315.00

Part A. Facility Information

Facility Name:

Physical Address:

City:

State:
NC

Zip:

County:

Telephone Number:

Fax Number:

If applicable - Please provide your National Provider Identifier Number (NPI) if applicant is an owner of a currently licensed Adult Care Home.

NPI:

For questions regarding NPI, contact 1-800-465-3203 (NPI Toll-Free)

Contact Person and Correspondence Mailing Address:

(Name of person who can make licensure/operation decisions about the facility and address where ALL Correspondence, including the license, will be mailed, and emailed from Division of Health Service Regulation.)

Name:

Title:

Address:

Telephone Number:

City:

State:

Zip:

Primary Email:

APPROVED ADMINISTRATOR:

Name:

Address:

Email:

Telephone Number:

Fax:

Administrator Approval Number:

Expiration Date:

Part B. Operation Disclosure

LEGAL IDENTITY OF LICENSEE

Licensee Information

- The Licensee is the name of the legal entity licensed to operate the business at that site as indicated in **Part A**.
- The Licensee is responsible for compliance to State rules and laws governing adult care homes.
- Please enter the complete address and phone number(s) for licensee.
- The status of the Legal entity will be verified with the NC Office of the Secretary of State.

Licensee Name:		
Address:		
City:	State:	Zip code:
Telephone Number:		Fax Number:
The licensee is :	For Profit	Not For Profit*

The licensee is: (Check one)	
Proprietorship (individual owner) Corporation (Inc) Limited Liability Company (LLC)	Partnership (Unincorporated) Limited Liability Partnership (LLP) Government Unit
NC Secretary of State ID #:	Registered in Other State: Yes No

Part C. Officers, Partners, Managers

COMPLETE THE FOLLOWING INFORMATION:

NOTE: The Executive Officer, General Partner, or Managing Member must be an individual, listed by name, not a business entity.

- If the licensee is **not for profit**, the name of each Officer, Director or Trustees.
- If the licensee is a **corporation**, the name and title of each corporate officer.
- If the licensee is a **limited liability company (LLC)**, the names of the managing members.
- If the licensee is a **partnership or limited liability partnership (LLP)**, the name of each partner.
- If the licensee is a **governmental unit**, the name and title of the individual in charge of the governmental agency or the individual designated in writing by the individual in charge of the governmental agency.

Executive Officer, General Partner, Managing Member		
Name:	Telephone Number:	Fax Number:
Address:		
Email:		
City:	State:	Zip:

Executive Officer, General Partner, Managing Member

Name:	Telephone Number:	Fax Number:
Address:		
Email:		
City:	State:	Zip:

Executive Officer, General Partner, Managing Member

Name:	Telephone Number:	Fax Number:
Address:		
Email:		
City:	State:	Zip:

Part D. Ownership Disclosure

OWNERS, PRINCIPALS, SHAREHOLDERS, MEMBERS

Complete the information below on **all** individuals who are owners, shareholders or members holding an interest of 5% or more of the licensee. Attach additional pages if necessary. **If you are the only owner, complete the information below, listing the percentage interest as 100%.**

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email Address: _____
Percentage interest in this licensed Facility: _____ Title: _____
List the names of other licensed Family Care Homes and Adult Care Homes in which you are an owner: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email Address: _____
Percentage interest in this licensed Facility: _____ Title: _____
List the names of other licensed Family Care Homes and Adult Care Homes in which you are an owner: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Percentage interest in this licensed Facility: _____ Title: _____

List the names of other licensed Family Care Homes and Adult Care Homes in which you are an owner: _____

Part E. Majority Ownership Disclosure

MAJORITY INTEREST OWNERS

Complete the information below on **all persons** who hold a **majority** interest in the licensee. A “person” means an individual; a trust or estate; a partnership; a corporation; or any grouping of individuals, each of whom owns five percent or more of a partnership or corporation. A **majority interest** is an interest in the licensee, or in entities who have an interest in the licensee, constituting ownership of more than fifty-percent of the licensee. For the purposes of this disclosure, all persons who hold a **majority interest** in the licensee must be disclosed **regardless of whether the persons hold a direct interest in the licensee.** The disclosure must include parent, grand-parent, or other levels of ownership. **If you are the only majority owner, please move to Part F.**

For ownership that goes above the parent level, include a diagram of the ownership structure including all majority owners.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Percentage interest in this licensed Facility: _____ Title: _____

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Percentage interest in this licensed Facility: _____ Title: _____

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Percentage interest in this licensed Facility: _____ Title: _____

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner: _____

ATTACH OWNERSHIP DIAGRAM WITH THIS APPLICATION:

Part F. Affiliate Disclosure

AFFILIATES

Complete the information below for **all affiliates** of the licensee. “Affiliate” means any person that will directly or indirectly control the facility. “Affiliate” also means any person who will be controlled by a person who will control the facility. In addition, two or more adult care homes which are under common control are affiliates. “Indirect control” means any situation where one person is in a position to act through another person over whom the first person has control due to the legal or economic relationship between the two. Note, an individual or entity need not have an ownership interest in the licensee to be an affiliate. **If there are no affiliates, please move to Part G.**

Management companies and other entities that control a facility’s operations are affiliates, including but not limited to entities that control/oversee a facility’s clinical or healthcare services, contracts and billing, provision of goods and services, and human resources. **(Attach additional pages as necessary).**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Is the affiliate a management company? Yes No

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner, principal or affiliate: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Is the affiliate a management company? Yes No

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner, principal or affiliate: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Is the affiliate a management company? Yes No

List the names of other licensed Family Care Homes and Adult Care Homes in which this person is an owner, principal or affiliate: _____

Part G. Ownership and Affiliate Disclosure - Confidential Information

The following information will be used to conduct compliance history checks as required by G.S. 131D-2.4. Please provide the last four digits of the social security number or tax EIN for all persons identified in this application, both individual and business entities. This information will be used only as an identification number for internal record keeping and data processing. Incomplete data will delay the application being processed. **(Attach additional pages as necessary).**

Category	Name	Last 4 digits of SSN of Individuals or EIN of Corporation	Contact Number	Percentage of interest as reported on pages 4 -6 (If Applicable)
			Cell Number	
Licensee/Owner		***_**_ _____ or EIN ____ - _____		
Administrator		***_**_ _____ or EIN ____ - _____		
Officers, Partners and Managers		***_**_ _____ or EIN ____ - _____		
Officers, Partners and Managers		***_**_ _____ or EIN ____ - _____		
Officers, Partners, and Managers		***_**_ _____ or EIN ____ - _____		
Owners, Principals, Shareholders or Members		***_**_ _____ or EIN ____ - _____		
Owners, Principals, Shareholders or Members		***_**_ _____ or EIN ____ - _____		

Owners, Principals, Shareholders or Members		***_**_ _____ or EIN ____-_____		
Majority Interest Owners		***_**_ _____ or EIN ____-_____		
Majority Interest Owners		***_**_ _____ or EIN ____-_____		
Majority Interest Owners		***_**_ _____ or EIN ____-_____		
Affiliate (Management Company)		***_**_ _____ or EIN ____-_____		
Affiliates (Management Company)		***_**_ _____ or EIN ____-_____		
Affiliates (Management Company)		***_**_ _____ or EIN ____-_____		
Affiliates (Management Company)		***_**_ _____ or EIN ____-_____		
Affiliates (Management Company)		***_**_ _____ or EIN ____-_____		

Reminder: Failure to complete this information will delay the licensing process.

Part H. Building Owner:				
Is the building where services are offered leased/ rented? Yes No				
If yes, please complete the following on the building/property owner and provide a copy of the lease agreement.				
Name:				
Street/Box:				
City:	State:	Zip:	Email:	
Telephone Number:			Fax Number:	

Part I. Capacity

Capacity:

- Requested Licensed Capacity (as it will appear on License) _____**
Ambulatory 1-3 Non-Ambulatory 4 + Non-Ambulatory
(non-ambulatory - unable to leave a building unassisted under emergency conditions)

Authenticating Signature: The undersigned submits this application for licensure in accordance with Article 1 Chapter 131 D of the General Statutes of North Carolina and to the rules adopted there under by the North Carolina Medical Care Commission (10A NCAC 13G) and certifies the accuracy of this information.

The undersigned must be the applicant licensee or the Executive Officer, Partner, or Managing member of the licensee.

Signature: _____ Date: _____

Print Name: _____ Phone Number: _____