



FACILITY 30 DAY NOTICE OF CLOSURE FORM

Fillable Form (signatures are not fillable)

Facility Name:

Facility License Number:

Facility Site Address:

Facility Identification Number (FID #):

County:

Facility Closure Date:

Facility Telephone Number:

TYPE OF CLOSURE

Planned Facility Closure AND Relinquishing the License.

Please include with this form a relinquishing letter containing the following information:

- Intent to close the facility
- Intent to relinquish the facility license
- Date of closure
- Future correspondence contact (address, phone number, email address)
- Signature of the Licensee

Planned Facility Closing NOT Relinquishing the License (Keep License Active).

ADDITIONAL INFORMATION

- Number of residents in the facility:
 - Total Census:
 - Assisted Living Census:
 - Special Care Unit Census:
- Number of residents receiving State/County Special Assistance:
- Anticipated date of reopening:

Please note that any additions or renovations to existing buildings shall meet the North Carolina State Building Code. **Pursuant to 10A NCAC 13F .0302(d) and 10A NCAC 13G .0302(d)** any existing licensed facility that is closed or vacant for more than one year (Adult Care Home) and 60 days (Family Care Home) shall meet all requirements of a new facility. For facilities that are maintaining an active license, the facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

Mail, phone, and email address of the current licensee for future correspondence:

Name:

Phone:

Email:

Name/Title of the person completing this form:

Signature:

Date:

Email:

Phone:

If you have questions about this form, please contact the Adult Care Licensure Section at 919-855-3765. Email the completed form and License Relinquishing Letter to DHSR.AdultCare.LicensingUnit@dhhs.nc.gov.