



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

CONTINUING CARE RETIREMENT COMMUNITIES

S.C. Code Ann. § 37-11-10 et seq.

www.consumer.sc.gov

(803) 734-4200

Street Address
2221 Devine St. Suite 200
Columbia, SC 29205

APPLICATION FOR CCRC PRELIMINARY LICENSE

The application fee for a Preliminary License for a Continuing Care Retirement Community (CCRC) is: One Thousand Five Hundred Dollars (\$1,500.00). Please make all checks payable to the **South Carolina Department of Consumer Affairs**.

1. Name of Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Website: _____

2. Name of Operator: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Website: _____

3. The operator is (check one):

Corporation

Limited Liability Company

General Partnership

Limited Partnership

Sole Proprietorship

Other (specify) _____

4. Chief Executive Officer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Email Address: _____

5. Affiliated Parent or Subsidiary: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Website: _____

6. Name of Owner: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
Website: _____

7. The owner is (check one):
 Corporation Limited Liability Company
 General Partnership Limited Partnership Sole Proprietorship
 Other (specify) _____

8. Primary Regulatory Contact: _____
Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
Email Address: _____

PLEASE NOTE: ALL EXHIBITS LISTED BELOW MUST BE ATTACHED. IF THE EXHIBIT(S) ARE NOT APPLICABLE OR AVAILABLE, ATTACH AN EXPLANATION IN PLACE OF THE REQUIRED EXHIBIT (S) STATING THE REASON (S) THEY ARE NOT APPLICABLE OR AVAILABLE.

- 9a. (Attach as Exhibit A-1) Names, addresses, telephone and fax numbers, and the email addresses of partners or members if the operator is a partnership or other unincorporated association.
- 9b. (Attach as Exhibit A-2) Names, addresses, telephone and fax numbers, and the email addresses of stockholders holding at least a five percent interest if the operator is a corporation.
- 9c. (Attach as Exhibit B) Names, addresses, telephone and fax numbers, and the email addresses of the officers, directors, trustees, managing or general partners, any person having a five percent or greater equity or beneficial interest in the continuing care retirement community, and any person who is or will be managing the facility daily, and a description of this person's interests in or occupations with the operator.
- 9d. With respect to any person listed in items 1 through 9(c) please provide:
- i. (Attach as Exhibit C-1) A description of the business experience of the person, if any, in the operation or management of similar facilities;
 - ii. (Attach as Exhibit C-2) The name and address of any professional service firm, association, trust, partnership, or corporation in which this person has, or which has in this person, a five percent or greater interest and is providing or in the future shall provide goods, leases, or services to the facility or to residents of the facility, of an aggregate value of \$5,000 within any year, including a description of the goods, leases, or services and their probable or anticipated cost to the facility, operator, or residents, or a statement that this cost presently cannot be estimated;
 - iii. (Attach as Exhibit C-3) A description of any matter in which the person has been convicted of a felony or pleaded nolo contendere to a felony charge, or held liable or enjoined in a civil action by final judgment, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property, or is subject to a currently effective injunctive or restrictive court order or within the past five years, had a state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department.
10. (Attach as Exhibit D) A copy of any current document as it pertains to the legal organization of the operator, such as copies of articles of incorporation, with all amendments thereto, if the operator is a corporation; copies of all instruments by which the trust is declared if the operator is a trust; copies of articles of partnership or association and all other organization papers if the operator is organized under another form. In the event the operator is not the legal title holder to this property upon which the facility is or is to be constructed, the above documents shall be submitted for both the operator and the legal title holder.
11. (Attach as Exhibit E) An organizational chart describing the relationship between the applicant and its affiliates, indicating the state of domicile of the entity and the primary business of each.
12. (Attach as Exhibit F-1) A statement concerning any litigation, orders, judgments or decrees which might affect the facility.

13. (Attach as Exhibit F-2) A statement concerning any adjudication of bankruptcy during the last five years against the operator, its predecessor, parent or subsidiary company and any principal owning more than five percent of the interests in the facility at the time of the filing of this application. (NOTE: This requirement does not extend to limited partners or those whose interests are solely those of investor.)
14. (Attach as Exhibit G) A statement as to the operator's affiliation with a religious, charitable, or other nonprofit organization, the extent of the affiliation, if any, the extent to which the affiliate organization is responsible for the financial and contractual obligations of the operator, and the provision of the Federal Internal Revenue Code, if any, under which the operator or affiliate is exempt from the payment of income tax.
15. (Attach as Exhibit H) Documents pertaining to the location and description of the physical property of the facility, existing or proposed, and to the extent proposed, the estimated completion date, whether construction has begun, and the contingencies subject to which construction may be deferred.
16. (Attach as Exhibit I) A statement as to the health and financial conditions required for a person to be accepted as a resident and to continue as a resident once accepted, including the effect of a change in the health or financial condition of a person between the date of entering a contract for continuing care and the date or initial occupancy of a living unit by that person.
17. (Attach as Exhibit J) A copy of your current and/or proposed continuing care contract(s) and any current and/or proposed binding reservation agreement for the furnishing of continuing care or for taking reservations for continuing care. Please submit both your current contract and the proposed contract conforming to Regulation 28-600(N). If, in your opinion, you will not be able to submit a copy of your proposed contract at the time you will be filing the application with the Department, please notify the Department as soon as possible of the anticipated delay and the reasons for such delay.
18. (Attach as Exhibit K) Description of the services provided or proposed to be provided pursuant to contracts for continuing care at the facility, including the extent to which medical care is furnished, and a clear statement of which services are included for specified basic fees for continuing care and which services are made available at or by the facility at extra charge.
19. (Attach as Exhibit L) A description of all fees required of resident, including the entrance fee and/or periodic charges, if any. The description must include:
 - a. (Attach as Exhibit L-1) A statement of the fees charged if the resident marries while at the facility and a statement of the terms concerning the entry of a spouse to the facility and the consequences if the spouse does not meet the requirements for entry;
 - b. (Attach as Exhibit L-2) A statement as to the circumstances under which the resident is permitted to remain in the facility if he has financial difficulties;
 - c. (Attach as Exhibit L-3) A description of the terms and conditions under which a contract for continuing care at the facility may be canceled by the operator or by the resident, and the conditions, if any, under which all or a portion of the entrance fee is refunded if the contract is canceled by the operator or by the resident or if the resident dies before or following occupancy of a living unit;

- d. (Attach as Exhibit L-4) A description of the conditions under which a living unit occupied by a resident may be made available by the facility to a different or new resident;
 - e. (Attach as Exhibit L-5) A description of the manner by which the operator may adjust periodic charges or other recurring fees and the limitations on these adjustments, if any. If the facility is already in operation or if the operator or manager operates one or more similar continuing care locations in this State, tables must be included showing the frequency and average dollar amount of each increase in periodic charges, or other recurring fees at each facility or location for the previous five years, or for all of the years in operation if less than five years. (See, South Carolina Code § 37-11-30(B)(6)(e).)
- 20. (Attach as Exhibit M) Anticipated number of residents of your facility that will be provided services pursuant to a contract for continuing care.
 - 21. (Attach as Exhibit N) A description of the proposed complaint system to resolve complaints by prospective residents who have deposited funds with you. A complaint system must be in place prior to the issuance of a preliminary license. Please consult South Carolina Code § 37-11-60 and South Carolina Code Regulation 28-600(W) as to the minimum standards for the complaint system.
 - 22. (Attach as Exhibit O) A copy your current or proposed entrance fee escrow agreement, if applicable. See, South Carolina Code § 37-11-90 and South Carolina Code Regulation 28-600 (P).
 - 23. (Attach as Exhibit P) A copy of a reservation agreement, if the operator is taking reservations for continuing care, and a copy of the escrow agreement for such deposits. See, South Carolina Code Regulation 28-600(A)(5) and (6).
 - 24. (Attach as Exhibit Q) A representative sample of advertisements for your facility.
 - 25. (Attach as Exhibit R) A copy of all necessary permits, licenses and certifications received or applied for and their status at the time the application is submitted to the Department.
 - 26. (Attach as Exhibit S) A copy of any agreements with providers of nursing care, health care, or other health-related services. If no agreement is executed at the time of the application for a preliminary license, these agreements may be submitted with an application for a final license.
 - 27. (Attach as Exhibit T) A statement as to whether or not your facility or any component thereof is eligible for Medicare and/or Medicaid. If the facility is not eligible for Medicare and/or Medicaid, the following statement must be inserted verbatim in bold faced type in your disclosure statement:

This facility is currently not eligible for Medicare and Medicaid (insert whichever is applicable). In case a resident exhausts his available financial resources prior to or following admission into our nursing home or assisted living accommodations, the resident might have no choice but to apply for admission to a facility that is eligible for these payments.

If you currently have a discretionary fund to assist residents who deplete their financial resources, the following paragraph must also be added:

The discretionary funds available to the management may be used to supplement the entire cost of care or a part of it. However, the application of these funds is entirely within the discretion of the management and the presence of these funds is no guarantee for a continuing stay in this facility following the depletion of your own financial resources.

28. (Attach as Exhibit U) A statement concerning the anticipated role of any publicly-funded benefit or insurance program in the financing of care.
29. (Attach as Exhibit V) The most recent audited financial statement of comparable facilities currently or previously owned, managed or developed by the applicant or its principal in South Carolina or elsewhere. If not applicable, please state so.
30. (Attach as Exhibit W) A copy of your current disclosure statement, if any, and a duly notarized affidavit by the operator that prospective residents will or are receiving a disclosure statement conforming in all respects to the requirements of South Carolina Code § 37-11-60 and South Carolina Code Regulation 28-600(M). If you wish to make changes in your current disclosure statement or if you did not use a disclosure statement in the past, please submit the proposed version to the Department.
31. (Attach as Exhibit X) A copy of your feasibility study. Please consult South Carolina Code Regulation 28-600(C)(4) as to the guidelines. If you are unable to obtain a feasibility study at this point, please consult South Carolina Code Regulation 28-600(C) (2) for the procedure for obtaining an approval to submit a substitute study.
32. Any additional information that you may think is material may be attached and labeled as Exhibit(s) Y, Z, AA, BB, etc.
33. **Please note that the Application must be signed by the Chief Executive Officer of the Facility and by the person who prepared the Application. These signatures must be duly notarized by a Notary Public.**

AFFIDAVIT OF APPLICANT

I swear or affirm and certify that I have completed and/or reviewed all information on this form and submitted with this Application, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact which would have a bearing upon the South Carolina Department of Consumer Affairs' decision to grant the requested license. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

x Signature	x Signature
Type or Print your name	Type or Print your name
Title	Title
Date	Date

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

The completed Application should be submitted to:

South Carolina Department of Consumer Affairs
Attn: CCRC Licensing and Regulation

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

Street Address

2221 Devine St. Suite 200
Columbia, SC 29205

Do not fax this form. An original, signed and notarized form is required.

The South Carolina Freedom of Information Act may require the S.C. Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.