STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS

CONTINUING CARE RETIREMENT COMMUNITIES

S.C. Code Ann. § 37-11-10 et seq.

www.consumer.sc.gov

(803) 734-4200

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

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

APPLICATION FOR
CCRC FINAL LICENSE
(First Time Applicant)

An operator of a Continuing Care Retirement Community (CCRC) that has been issued the required Preliminary License may not enter into continuing care contracts nor provide continuing care, except for good cause shown, until the issuance of a Final License by the Department. The application fee for a Final License is: Five Hundred Dollars ($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 address 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 address 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 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 South Carolina Code Regulation 28-600(L). 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 and/or actual number of residents of your facility that are or will be provided services pursuant to a continuing care contract; the number of living units constructed and the current number of residents of the facility that are provided services by the operator pursuant to the contract for continuing care; the number of reservation agreements and/or the number of people on the waiting list; and, if applicable, a current occupancy status of a nursing home, community residential care facility or a similar facility or accommodation.

21. (Attach as Exhibit N) A statement as to whether your facility has a complaint system to resolve complaint by residents. If the facility has a complaint system, please attach the description of the system. If the facility has presently no complaint system, please attach the description of the proposed system. 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.

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. This includes copies of any DHEC licenses the applicant holds or a list of licenses applied for. Include a brief description of the nursing, medical, or other health related facilities or services you operate or provide to your residents. Please state specifically whether the DHEC licenses you have are community-based or restricted.

26. (Attach as Exhibit S) A copy of any agreements with providers of nursing care, health care, or other health-related services.

27. (Attach as Exhibit T) A statement as to whether or not your facility (or any of its components) 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 copy of any residents' guide, policy manual, or other similar materials. Should these materials be too bulky, you may submit them under separate cover.

29. (Attach as Exhibit V) An affidavit, duly notarized, by the person who prepared the original feasibility study, that there has been no material adverse change in status with regard to the feasibility study. This statement should not be dated more than 12 months from the date of filing the application for a final license. Should a material adverse change exist at the time of the submission, then sufficient information acceptable to the Department and the feasibility consultant must be submitted together with a proposed remedy.

30. (Attach as Exhibit W) If a feasibility study was not submitted with the application for a preliminary license, then the feasibility study and the opinion letter must be submitted with the application for a final license. Operators of proposed facilities that are not planned to exceed 25 units, and that will not collect entrance fees, do not have to submit a feasibility study with the application.

31. (Attach as Exhibit X) Proof that the applicant has received written commitments for construction financing and for permanent long-term financing when the construction has been completed.

32. (Attach as Exhibit Y) A statement concerning the anticipated role of any publicly-funded benefit or insurance program in the financing of care.

33. (Attach as Exhibit Z) A copy of a disclosure statement conforming in all respects to South Carolina Code § 37-11-60 and South Carolina Code Regulation 28-600(M). This Exhibit must be accompanied by a duly notarized affidavit by the operator that prospective residents are and will be receiving this disclosure statement.

34. (Attach as Exhibit AA) The certified financial statements of the operator. The statements shall include a balance sheet as of the end of your most recent fiscal year and statements of income and expenses for your three most recent fiscal years or for all of the years in existence if less than three years. The statements shall be in accordance with generally accepted accounting principles and shall also contain: (i) an accountant's opinion; and (ii) notes to the financial statements considered customary or necessary to full disclosure or adequate understanding of the financial statements, financial condition, and operation. **IF THE FISCAL YEAR ENDED MORE THAN ONE HUNDRED TWENTY DAYS BEFORE THE DATE OF FILING, PLEASE SUBMIT YOUR PREVIOUS CERTIFIED FINANCIAL STATEMENT TOGETHER WITH AN UNCERTIFIED STATEMENT FROM THE PERIOD BETWEEN THE DATE THE FISCAL YEAR ENDED AND A DATE NOT MORE THAN NINETY DAYS BEFORE THE DATE THE APPLICATION IS FILED.**

35. (Attach as Exhibit BB) A projected annual budget of the facility for one year.

36. (Attach as Exhibit CC) If the facility has had a feasibility study conducted in the past two (2) years, please submit a copy of the study.

37. (Attach as Exhibit DD) A statement of financial responsibility as required in South Carolina Code Regulation 28-600(Q).

38. Any additional information that you may think is material may be attached and labeled as Exhibit(s) EE, FF, etc.

39. **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.

×	×
Signature	Signature
Type or Print your name and title	Type or Print your name and 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

at either the post office box address or the street address listed at the beginning of this application.

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

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