Updated: February 2025

**NURSING HOME (COMPREHENSIVE CARE FACILITY)**

**REAL PROPERTY ONLY TRANSACTION**

Before acquiring a nursing home, a person must obtain approval from the Maryland Health Care Commission in accordance with Health-General § 19-120.2, COMAR 10.24.01.21 and COMAR 10.24.20.06. unless the acquisition only involves changes of ownership among existing owners of the nursing home. The Commission may exempt from the approval requirements an acquisition that involves only changes in the ownership of the real property, provided that:

1. The real property purchaser does not have any overlapping ownership with the bed rights owner or operatorship of the nursing home;
2. The real property purchaser does not have any direct or indirect role in the operations or management of the nursing home; and
3. The bed rights owner of the nursing home provides a notice to the Commission at least 60 days prior to the proposed closing date of the acquisition of real property that includes:
4. The information required under COMAR 10.24.20.04C(1)(a); and
5. An affidavit under the penalties of perjury that paragraphs (a) and (b) of this subsection are true.

COMAR 10.24.20.06A(3).

To request an exemption from the requirements of COMAR 10.24.20.06, the bed rights owner must submit the Transfer of Ownership Interest of a Nursing Home form and the attached affidavit at least 60 days prior to the proposed closing date of the acquisition of the real property. https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\_ltc/hcfs\_ltc.aspx

**AFFIDAVIT OF REAL PROPERTY PURCHASER**

I affirm on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Real Property Purchaser) that:

1. The Real Property Purchaser is purchasing the real property and improvements of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of nursing home facility to be purchased);
2. The Real Property Purchaser will not have any direct or indirect ownership interest in the bed rights or operations of the nursing home;
3. The Real Property Purchaser will not have any direct or indirect control over the operations, management, staffing, or clinical decisions of the nursing home.

I solemnly affirm under the penalties of perjury on behalf the above information is true and correct to the best of knowledge, information, and belief I have been duly authorized by the Real Property Purchaser to provide this information on the Real Property Purchaser’s behalf.

Date:

Signature

[Name and Title]

[Company]

[Address]

[Phone]

[E-mail]