



Updated: September 2025

NURSING HOME (COMPREHENSIVE CARE FACILITY)

REQUEST FOR EXEMPTION FROM ACQUISITION APPROVAL REQUIREMENTS FOR AN ACQUISITION INVOLVING ONLY CHANGES IN REAL PROPERTY

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 10.24.20.06A(3). Please submit this form in both PDF and WORD at least sixty (60) days prior to the desired closing date of the acquisition of a nursing home that only involves changes of ownership among real property 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 all the requirements of COMAR 10.24.20.06A(3) are met.

Facility Name (*i.e. d/b/a name under which the facility currently operates*):

Address: _____

Tax ID#: _____

Medicare/Medicaid Certification #: _____

Transfer of Ownership of a Nursing Home		
1.	For all transactions, please attach a separate narrative summarizing the proposed transfer of ownership interest.	
2.	Attach complete organizational charts for all persons holding at least a 5 percent ownership interest in the nursing home prior to and after the proposed transfer.	
3.	Disclose any unsatisfied conditions from prior certificate of need reviews on the facility to be acquired	
4.	Provide affirmation that neither the bed capacity nor services will change as a result of the proposed transfer.	
5.	Purchase price	
6.	Source of funds	
7.	Anticipated Date of Transfer	

8.	Disclose whether any of the purchaser's principals — i.e., any owner ¹ or former owner, member of senior management or management organization, or current or former owner or senior manager of any related or <ul style="list-style-type: none"> • affiliated entity during the past three years has: been convicted of felony or crime; • pleaded guilty, nolo contendere, or entered a best interest plea of guilty; • received a diversionary disposition regarding a felony or crime that relates to the ownership or management of a health care facility; • or has paid a civil penalty in excess of \$1 million dollars. 		
9.	The name and address of the owner of the real property and improvements.	Current	After transaction
10.	The name and address of the owner of the bed rights (i.e., the person/entity that could sell the beds to a third party).	Current	After transaction
11.	The name and address of the operator of the facility (and the relationship of the operator to the owner). Attach a chart that completely delineates the ownership structure and any other relevant management contract or lease. Also include any relevant affiliation agreements, attestations, affirmations, or disclosable parties.	Current	After transaction
12.	The relationship between the three entities under 9, 10, and 11 above		

Affirmation of Real Property Purchaser

I affirm on behalf of _____ (Real Property Purchaser), under the penalties of perjury, 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.

¹ The definition of owner or operator is an entity that owns at least 5% and is the owner of the real property and improvements; the owner of the bed rights; or the operator of the facility.



4. Within the last ten years no owner or former owner, or member of senior management or management organization, or a current or former owner, senior manager of any related or affiliated entity has been convicted of felony or crime, or pleaded guilty, nolo contendere, entered a best interest plea of guilty, received a diversionary disposition regarding a felony or crime, and that the or a related or affiliated entity has not paid a civil penalty in excess of \$10 million dollars that relates to the ownership or management of a health care facility;
5. Neither the services nor the bed capacity at the facility will change as a result of this transaction;
6. The information provided to the Maryland Health Care Commission regarding the proposed acquisition of the above-named facility is true and correct to the best of my knowledge, information, and belief, and that I have been duly authorized by the purchaser/ acquiring entity/ transferee to provide this information on its behalf.

Date: _____

Signature

[Name and Title] [Company] [Address] [Phone]

[E-Mail]

cc: [local health officer]

Heather Reed, Office of Health Care Quality

