



Updated: January 2026

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 #: _____

Background

1. Please attach a narrative summarizing the proposed transfer of ownership interest.
2. What is the purchase price?
3. What is the source of funds? What percentage of the purchase price is debt, and what percentage is equity?
4. What is the anticipated date of transfer?

Parties Information

5. Provide the name and address of the real property owner prior to and after the acquisition. Include complete organizational charts for both parties, including all persons holding at least a 5 % ownership interest.
6. Provide the name and address of the bed rights owner prior to and after the acquisition.

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7. Provide the name and address of the nursing home operator prior to and after the acquisition.
8. Other than rental payments, do any individuals or entities with at least 5% or more interest in the acquirer receive or expect to receive any form of compensation from the operator or management service of the facility? If so, please identify the persons involved and the nature of the compensation.

Documents

9. Please send an unredacted lease agreement or if a lease does not exist yet, a letter of intent or other agreement between the real estate acquirer and the operator and bed rights owner or future bed rights and operator.
 - a. If a lease has not yet been executed:
 - i. Identify the amount of the initial rent under the future lease agreement including the rent per square foot.
 - ii. What is the current market rate of rent for the nursing home and how was that determined;
 - iii. Indicate whether the lease will include a rent escalator, and if so the terms of escalation;
 - iv. Indicate which party will be responsible for property taxes, building insurance, and maintenance and repair costs of the real estate and improvements;
 - v. Describe whether the real property acquirer or any individual or organization affiliated with the real property acquirer will have the right to review, approve and/or make recommendations about the budget for the operator;
 - vi. Indicate whether the real property acquirer has any role in selecting contractors providing management or other services at the facility;
 - vii. Indicate whether any portion of the rent will be related to the profits of the operations;
 - viii. Indicate whether the real property acquirer or any individual or organization affiliated with the real property acquirer will receive a management fee, consulting fee, or any other non-rent remuneration related to the nursing home; and
 - ix. Describe any oversight or monitoring of the quality of the nursing home by the acquirer.
10. Identify the amount of rent with the current real estate owner;
11. Provide unredacted agreements, contracts, or affiliations with any other entity involved in the operations of the nursing home, currently or post-acquisition.
12. What is the relationship between the real estate acquirer and the operator and bed rights owner?



13. Provide a list of all nursing home facilities that the acquiring party has acquired in the last 5 years in the United States, the date of acquisition, and the date divested to another party, if applicable.
14. Disclose any unsatisfied conditions from a prior certificate of need reviews on the facility to be acquired.
15. If the acquirer or one of its parent companies is a Real Estate Investment Trust (REIT):
 - a. Is the REIT operating under the REIT Investment Diversification and Empowerment Act (RIDEA)?
 - b. Does the REIT have any taxable REIT subsidiaries? If so, please list the subsidiaries and indicate their ownership structures, any individuals with a financial stake in the subsidiaries, and the duties of the subsidiaries. Do any of the subsidiaries have or intend to have any role or responsibility, in whole or in part, related to the budget or operations of the facility to be acquired?



Affirmation of Real Property Acquirer

I affirm on behalf of _____ (Real Property Acquirer), under the penalties of perjury, that:

1. The Real Property Acquirer is acquiring the real property and improvements of _____ (name of nursing home facility to be acquired).
2. The Real Property Acquirer will not have any direct or indirect ownership interest in the bed rights or operations of the nursing home;
3. The Real Property Acquirer, or any individual, subsidiary, or parent organization affiliated with the Real Property Acquirer, will not have any direct or indirect control over the operations, management, staffing, or clinical decisions of the nursing home. This includes, but is not limited to:
 - a. No authority over budget or operations
 - b. No incentive payments
 - c. No ability to review or make recommendations about budget or operations
 - d. No receipt of fees or any non-rent remuneration related to the nursing home
 - e. No individuals that are owners, employed, or have any financial interest in both the Real Property Acquirer and bed rights owner, manager, or any organizations providing services in the nursing facility
4. Within the last ten years no owner or former owner of the acquirer, 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 acquirer 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

