

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

H.B. 170
Feb 22, 2023
HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH50003-NE-28A

Short Title: Continuing Care Retirement Communities Act.-AB (Public)

Sponsors: Representatives Setzer and Humphrey (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO ENACT THE CONTINUING CARE RETIREMENT COMMUNITIES ACT, AS
3 RECOMMENDED BY THE DEPARTMENT OF INSURANCE.

4 The General Assembly of North Carolina enacts:

5 SECTION 1. Article 64 of Chapter 58 of the General Statutes is repealed.

6 SECTION 2. Chapter 58 of the General Statutes is amended by adding a new Article
7 to read:

8 "Article 64A.

9 "Continuing Care Retirement Communities.

10 "Part 1. General Provisions.

11 "**§ 58-64A-1. Title.**

12 This Article shall be known and may be cited as the "Continuing Care Retirement
13 Communities Act."

14 "**§ 58-64A-2. Legislative intent.**

15 The General Assembly recognizes that continuing care retirement community residents often
16 expend a significant portion of their savings when contracting with a provider for continuing care
17 and devastating consequences can result if a provider becomes insolvent or unable to provide
18 continuing care. It is the intent of the General Assembly to promote the dignity and protect the
19 health, safety, and welfare of older citizens of North Carolina by (i) encouraging the development
20 of continuing care retirement communities and (ii) requiring providers offering or providing
21 continuing care in this State to obtain a license and to be monitored and regulated by the North
22 Carolina Department of Insurance under this Article. This Article applies to both for-profit and
23 nonprofit providers.

24 "**§ 58-64A-5. Definitions.**

25 As used in this Article, unless the context requires otherwise, the following definitions shall
26 apply to the defined words and phrases and their cognates:

- 27 (1) Accepted actuarial standards of practice. – Standards of practice that conform
28 with Actuarial Standards of Practice No. 3 for Continuing Care Retirement
29 Communities, Revised Edition, effective June 1, 2022, including subsequent
30 amendments and editions.
31 (2) Actuarial opinion. – An opinion issued by an actuary in accordance with
32 accepted actuarial standards of practice.
33 (3) Actuarial study. – An analysis that includes an actuary's opinion of whether
34 the provider or applicant is in satisfactory actuarial balance in accordance with
35 accepted actuarial standards of practice.



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- 1 (4) Actuary. – An individual qualified to sign an actuarial opinion in accordance
2 with the American Academy of Actuaries' qualification standards and who is
3 a member in good standing of the American Academy of Actuaries.
- 4 (5) Advertisement. – Any written, visual, or electronic information provided to
5 potential residents, or their representatives, to induce those persons to
6 subscribe to or enter into a non-binding reservation agreement, binding
7 reservation agreement, continuing care contract, or continuing care without
8 lodging contract.
- 9 (6) Affiliate. – A person that, directly or indirectly, through one or more other
10 persons, controls, is controlled by, or is under common control with a provider
11 or applicant.
- 12 (7) Affiliation. – Close connection to or association with another person other
13 than an affiliate or related party.
- 14 (8) Annual debt service. – The current year's interest expense plus scheduled
15 principal payments, excluding any balloon principal payment amounts and
16 any portion of the annual debt service that has been or will be funded by debt
17 for the payment of debt service.
- 18 (9) Applicant. – Any person with a pending application or other request for
19 approval under this Article.
- 20 (10) Assisted living care. – Care provided in an assisted living residence as defined
21 in G.S. 131D-2.1.
- 22 (11) Audited financial statement. – Financial statements prepared in accordance
23 with Generally Accepted Accounting Principles.
- 24 (12) Average daily cash operating expenses. – The total expenses of a provider
25 incurred in the conduct of the provider's business, over the 12-month period
26 ending on the reporting date, divided by 365. For purposes of this definition,
27 "total expenses" includes interest expense but excludes depreciation,
28 amortization, realized or unrealized nonoperating losses, bad debt expenses,
29 and other noncash expenses.
- 30 (13) Binding reservation agreement. – A binding contractual agreement between a
31 provider and a depositor that requires the payment of a deposit to reserve the
32 right to purchase continuing care, including the right to live in an independent
33 living unit at a continuing care retirement community. A purchase and sale
34 agreement for an independent living unit shall not be considered a binding
35 reservation agreement for the purposes of this Article.
- 36 (14) Cancel. – To terminate the force and effect of an agreement or contract.
- 37 (15) Continuing care. – The rendering to an individual other than an individual
38 related by blood, marriage, or adoption to the person rendering the care, of
39 housing in an independent living unit, together with related services, including
40 access, when needed, to progressive levels of health care, including either
41 assisted living care or nursing care, or both, regardless of whether the health
42 care is provided at the continuing care retirement community where the
43 individual resides or another location or through a contractual relationship
44 with a third party, pursuant to a contract effective for the life of the individual
45 or for a period longer than one year.
- 46 (16) Continuing care retirement community. – A retirement community consisting
47 of one or more structures where a provider renders or will render some or all
48 services promised in a continuing care or continuing care without lodging
49 contract, whether or not the structures and land that make up the community
50 are constructed, owned, leased, rented, managed, or otherwise contracted for
51 by the provider. A continuing care retirement community may include one or

1 more structures on a primary or contiguous site or an immediately accessible
2 site. Continuing care retirement community does not include a person's
3 personal residence if the residence is not a living unit provided by the
4 provider. A distinct phase of development approved by the Commissioner
5 may be considered to be the continuing care retirement community when a
6 project is being developed in successive distinct phases over a period of time.
7 The terms "continuing care retirement community" and "life plan community"
8 are synonymous.

9 (17) Continuing care without lodging. – A program offered by a provider holding
10 a permanent license under this Article that provides continuing care to an
11 individual who is not yet receiving housing, including programs that offer an
12 individual an opportunity to move to an independent living unit at a future
13 date, if desired, according to the provider's established priority and admissions
14 policies at the continuing care retirement community sponsoring the
15 continuing care without lodging program.

16 (18) Control. – The direct or indirect ability to direct or cause the direction of the
17 management and policies of a person.

18 (19) Days cash on hand ratio. – The quotient obtained by dividing unrestricted cash
19 and investments by average daily cash operating expenses.

20 (20) Debt service coverage ratio. – The quotient obtained by dividing the sum of
21 total excess of revenues over or under expenses plus interest expense,
22 depreciation and amortization expenses, other noncash operating losses, and
23 net cash proceeds from entrance fees, minus entrance fee amortization and
24 other noncash operating gains divided by annual debt service. Entrance fees
25 received from the initial residents of independent living units at a continuing
26 care retirement community that have been financed in whole or in part with
27 the proceeds of indebtedness shall be excluded from the net proceeds from
28 entrance fees up to an amount equal to the aggregate of the principal amount
29 of the indebtedness.

30 (21) Deposit. – Any transfer of consideration made by a depositor to a provider to
31 reserve an independent living unit at a continuing care retirement community
32 or proposed continuing care retirement community.

33 (22) Depositor. – Any person who pays a deposit.

34 (23) Entrance fee. – The sum of any initial, amortized, or deferred transfer of
35 consideration made or promised to be made by, or on behalf of, an individual
36 entering into a continuing care or continuing care without lodging contract.

37 (24) Escrow agent. – Any person, including a bank, approved by the Commissioner
38 to hold entrance fees and deposits required to be placed in escrow under this
39 Article.

40 (25) Escrow agreement. – An agreement between a provider and an escrow agent
41 by which entrance fees and deposits are held by the escrow agent until release
42 is permitted in accordance with this Article.

43 (26) Expansion. – Increasing the number of living units at an existing continuing
44 care retirement community.

45 (27) Generally Accepted Accounting Principles. – The accounting principles or
46 standards generally accepted in the United States, including the accounting
47 standards codification and interpretations of those standards published by the
48 Financial Accounting Standards Board.

49 (28) Hazardous condition. – A present, or reasonably anticipated future condition,
50 whereby (i) a provider is unlikely to be able to meet its continuing care
51 obligations or to pay other obligations in the normal course of business or (ii)

- 1 the continued operation of a provider or continuing care retirement
2 community in its current condition is potentially harmful to depositors,
3 residents, creditors, or the general public.
4 (29) Home care services. – As defined in G.S. 131E-136.
5 (30) Housing. – A living unit set forth in a continuing care contract. The terms
6 "housing" and "lodging" are synonymous.
7 (31) Immediately accessible site. – A parcel of land separated by no more than a
8 reasonable distance, as determined by the Commissioner, from the primary
9 location of the continuing care retirement community as measured along
10 public thoroughfares.
11 (32) Impairment. – A weakened financial state or condition that may affect a
12 provider's ability to pay its obligations as they come due in the normal course
13 of business.
14 (33) Independent living unit. – A living unit in a continuing care retirement
15 community for residents who are routinely able to carry out activities of daily
16 living, as defined in G.S. 160D-915, with minimal or no assistance; the
17 accommodations may be in the form of apartments, flats, houses, cottages,
18 condominium units, or rooms. Receiving home care or similar services,
19 regardless of whether the services are provided by the provider or another
20 person, does not preclude a living unit from being considered an independent
21 living unit.
22 (34) Insolvent. – A condition whereby the provider is unable to pay its obligations
23 as they come due in the normal course of business.
24 (35) Life plan community. – The terms "continuing care retirement community"
25 and "life plan community" are synonymous.
26 (36) Living unit. – An independent living unit, adult care home bed, nursing bed,
27 or other area within a continuing care retirement community set aside for the
28 exclusive use or control of one or more identified residents.
29 (37) Living unit days available. – The maximum number of living unit days that
30 would have been provided if all available living units were filled during the
31 given time period. The total shall equal the sum of all living units, minus any
32 living units that are unavailable for occupancy, on each day for the given time
33 period.
34 (38) Lodging. – The terms "housing" and "lodging" are synonymous.
35 (39) Long-term care facility. – As defined in G.S. 131E-231.
36 (40) Manager. – A person who administers the day-to-day business operations of
37 a continuing care retirement community for a provider, subject to the policies,
38 directives, and oversight of the provider.
39 (41) Net operating margin ratio. – The quotient obtained by dividing total operating
40 revenues, excluding interest and dividend income, entrance fee amortization,
41 and contributions by total operating expenses, excluding interest expense,
42 depreciation and amortization expenses, and income taxes.
43 (42) Non-binding reservation agreement. – An agreement between a provider and
44 a depositor, which may be canceled by either party upon written notice at any
45 time, confirming a person's desire to reserve an independent living unit at a
46 continuing care retirement community on a non-binding basis.
47 (43) Nursing care. – As defined in G.S. 131E-176.
48 (44) Obligated group. – One or more persons that jointly agree to be bound by a
49 financing structure containing security provisions and covenants applicable to
50 the group.

- 1 (45) Occupancy rate. – A ratio used to show the actual occupancy or utilization of
2 living units, calculated by living unit type, at a continuing care retirement
3 community for a given time period expressed as a percent. The occupancy rate
4 shall be a rolling average that is equal to 100 times the quotient obtained by
5 dividing occupied living unit days by living unit days available.
- 6 (46) Occupied living unit days. – The sum of each daily living unit census at the
7 continuing care retirement community for a given time period, excluding any
8 second person occupants. The total shall equal the sum of each daily census
9 for the given time period.
- 10 (47) Operating ratio. – The quotient obtained by dividing total operating expenses,
11 excluding depreciation and amortization expenses by total operating revenues,
12 excluding amortization of entrance fees and other deferred revenue.
- 13 (48) Periodic fee. – The fee charged to a resident on a monthly or other periodic
14 basis for housing, services, or both.
- 15 (49) Person. – An individual, partnership, firm, association, corporation,
16 joint-stock company, trust, any similar entity, or any combination of the
17 foregoing acting in concert.
- 18 (50) Presale. – Entering into an agreement or contract with a depositor for an
19 independent living unit that is not yet constructed or available for occupancy.
- 20 (51) Primary market area. – The area from which a continuing care retirement
21 community will likely draw the majority of its residents.
- 22 (52) Processing fee. – A payment made to a provider to cover administrative costs
23 of processing the application of a depositor or a prospective resident.
- 24 (53) Prospective financial statements. – Financial forecasts or financial
25 projections, including the summaries of significant assumptions and
26 accounting policies prepared by an independent certified public accountant.
- 27 (54) Provider. – A person that offers or undertakes to provide continuing care under
28 a continuing care or continuing care without lodging contract, or that
29 represents himself, herself, or itself as providing continuing care.
- 30 (55) Related party. – A person or persons that have common interests with a
31 provider as a result of ownership, control, or by contract, including affiliates,
32 principal owners, management, or their affiliates and their management and
33 members of the immediate family of the principal owners, management, or
34 their affiliates and their management.
- 35 (56) Renovation. – A material capital improvement to, or replacement of, all or
36 part of an existing continuing care retirement community.
- 37 (57) Resale fee. – A contractual assessment by the provider against the proceeds
38 from the sale of an independent living unit.
- 39 (58) Resident. – An individual who enters into a continuing care or continuing care
40 without lodging contract with a provider, or who is designated in a continuing
41 care or continuing care without lodging contract to be the individual being
42 provided or to be provided continuing care.
- 43 (59) Residents' council. – A group duly elected by residents at a continuing care
44 retirement community to advocate for residents' rights and to serve as a liaison
45 between residents and the provider with respect to resident welfare and
46 interests.
- 47 (60) Restriction. – A limitation, specific action, or other requirement imposed by
48 the Commissioner for the initial or continuing validity of a permit to accept
49 deposits, a start-up certificate, a preliminary certificate, or a permanent
50 license. A restriction may limit the circumstances under which the provider
51 may enter into any new non-binding reservation agreement, binding

1 reservation agreement, continuing care contract, or continuing care without
2 lodging contract, or may be imposed as a restriction precedent to the issuance
3 of a permit to accept deposits, a start-up certificate, a preliminary certificate,
4 or a permanent license.

5 (61) Satisfactory actuarial balance. – Meeting all of the required conditions, as of
6 a specified valuation date, as set forth in accordance with accepted actuarial
7 standard of practice.

8 (62) Unrestricted cash and investments. – The sum of the provider's unrestricted
9 cash, cash equivalents and investments, any provider restricted funds that are
10 available to pay debt or to pay operating expenses, any unrestricted cash, cash
11 equivalents, and investments of foundations set up solely for the benefit of the
12 provider, and the operating reserve required by G.S. 58-64A-255 as of the
13 reporting date.

14 (63) Unrestricted cash and investments to long-term debt ratio. – The quotient
15 obtained by dividing unrestricted cash and investments by total long-term
16 debt, less current portion.

17 **§ 58-64A-10. Rulemaking authority.**

18 The Commissioner may adopt rules to implement the provisions of this Article.

19 **§ 58-64A-15. Dividends and distributions.**

20 No dividend or other distribution of equity or net assets shall be paid by any provider after
21 the Commissioner has determined that the provider is in a hazardous condition or has been
22 determined to not be in satisfactory actuarial balance in an actuarial study filed with the
23 Commissioner pursuant to G.S. 58-64A-230, or when the payment would have the effect of
24 creating a hazardous condition in the provider or cause the provider to not be in satisfactory
25 actuarial balance.

26 **§ 58-64A-20. Commissioner approval requirement.**

27 No person shall engage in the business of offering or providing continuing care in this State
28 without a certification, license, permit, or other approval from the Commissioner as provided in
29 this Article. Engaging in the business of offering or providing continuing care in this State
30 includes all of the following:

31 (1) Accepting any deposit or any other payment that is related to continuing care.

32 (2) Entering into any non-binding reservation agreement, binding reservation
33 agreement, continuing care contract, or continuing care without lodging
34 contract.

35 (3) Commencing construction of a prospective continuing care retirement
36 community.

37 (4) Converting an existing building or buildings to a continuing care retirement
38 community.

39 (5) Executing new non-binding reservation agreements, binding reservation
40 agreements, continuing care contracts, or continuing care without lodging
41 contracts after a permit, certificate, or license issued pursuant to this Article
42 has been inactivated, surrendered, or forfeited.

43 (6) Assuming responsibility for continuing care and continuing care without
44 lodging contracts.

45 (7) Expanding the number of independent living units at a continuing care
46 retirement community in an amount equal to or in excess of twenty percent
47 (20%) of existing independent living units.

48 (8) Advertising or marketing to the general public any product similar to
49 continuing care through the use of terms as "life care," "life plan," "continuing
50 care," or "guaranteed care for life," or similar terms, words, or phrases.

51 **§ 58-64A-25. Leasing real property for a continuing care retirement community.**

1 (a) A provider who intends to collect or does collect entrance fees shall not lease any land
2 or other real property from another person if the land or other real property is to be used as a
3 material part of a continuing care retirement community operated by the provider without first
4 obtaining Commissioner approval.

5 (b) When considering whether to allow an applicant or provider to lease any of the real
6 property of a continuing care retirement community under this section, the Commissioner shall
7 consider all relevant factors, including all of the following:

8 (1) The terms of the proposed lease, including the proposed length of the lease
9 and any proposed purchase options.

10 (2) The owner of the real property and the owners' relationship to the provider.

11 (3) The distance from any existing real property owned by the provider.

12 **"§ 58-64A-30. Required electronic filings and submissions.**

13 Except when required by the Commissioner to submit a hard copy, all applicants and
14 providers shall submit all filings required by this Article electronically in a form and manner
15 acceptable to the Commissioner and in compliance with the Uniform Electronic Transactions
16 Act.

17 **"§ 58-64A-35. Waiver or modification.**

18 (a) The Commissioner may waive or modify any provision of this Article if the
19 Commissioner determines waiver or modification is justified based on any of the following
20 reasons:

21 (1) A state of emergency or disaster being proclaimed in this State or for an area
22 within this State under G.S. 166A-19.20 or G.S. 166A-19.21 or whenever the
23 President of the United States has issued a major disaster declaration for the
24 State or for an area within the State under the Stafford Act, 42 U.S.C. § 5121,
25 et seq.

26 (2) An incident beyond a provider's reasonable control, including an act of God,
27 insurrection, strike, fire, pandemic, epidemic, power outage, or systemic
28 technological failure that substantially affects the daily business operations of
29 a provider or a continuing care retirement community.

30 (3) Sound actuarial, accounting, business principles, or other reasonable reason
31 that does not diminish the protections provided for under this Article.

32 (b) No waiver or modification made by the Commissioner pursuant to this section shall
33 result in a greater regulatory burden than imposed by this Article prior to the exercise of the
34 waiver or modification, unless agreed to in writing by the applicant or provider.

35 **"§ 58-64A-40. Confidential treatment.**

36 (a) All of the following shall be confidential and privileged, shall not be considered a
37 public record under either G.S. 58-2-100 or Chapter 132 of the General Statutes, shall not be
38 subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private
39 civil action:

40 (1) Any third-party management contract or proposed management contract
41 provided to the Commissioner pursuant to G.S. 58-64A-55(a)(3) or
42 G.S. 58-64A-240(a), and any statement filed with the Commissioner pursuant
43 to G.S. 58-64A-240(a) regarding any significant disagreements with a former
44 manager.

45 (2) Any lease agreement or proposed lease agreement provided to the
46 Commissioner pursuant to G.S. 58-64A-25 or G.S. 58-64A-55(a)(4).

47 (3) The written notice provided to the Commissioner pursuant to
48 G.S. 58-64A-215(d).

49 (4) The request for approval provided to the Commissioner pursuant to
50 G.S. 58-64A-220(a).

1 (5) The actuarial study, other than the statement of actuarial opinion, provided to
2 the Commissioner pursuant to G.S. 58-64A-60(a)(3), 58-64A-80(b)(3),
3 58-64A-195(a)(4), or 58-64A-230.

4 (6) Any market study provided to the Commissioner pursuant to
5 G.S. 58-64A-55(a)(9) or G.S. 58-64A-195(a)(5).

6 (7) Any feasibility study provided to the Commissioner pursuant to
7 G.S. 58-64A-60(a)(2) or G.S. 58-64A-80(b)(2).

8 (8) Documents, materials, or other information in the possession or control of the
9 Commissioner that are obtained by or disclosed to the Commissioner or any
10 other person in the course of an examination or investigation made pursuant
11 to G.S. 58-64A-300 or G.S. 58-64A-380.

12 (9) All working papers, information, documents, and copies of those materials
13 produced by, obtained by, or disclosed to the Commissioner in connection
14 with the financial analysis of a provider by the Commissioner.

15 (b) Notwithstanding subsection (a) of this section, the Commissioner is authorized to use
16 these documents, materials, or other information in the furtherance of any regulatory or legal
17 action brought as a part of the Commissioner's official duties. The Commissioner shall not
18 otherwise make these documents, materials, or other information public without the prior written
19 consent of the provider to which it pertains unless the Commissioner, after giving the provider
20 and its affiliates and other related parties who would be affected thereby notice and opportunity
21 to be heard, determines that the interest of residents or the public will be served by their
22 publication, in which event the Commissioner may publish all or any part of the information in
23 a manner deemed appropriate by the Commissioner.

24 (c) Neither the Commissioner nor any person who received any documents, materials, or
25 other information while acting under the authority of the Commissioner pursuant to this Article
26 or with whom any documents, materials, or other information are shared pursuant to this Article
27 shall be permitted or required to testify in any private civil action concerning any confidential
28 documents, materials, or information subject to subsection (a) of this section.

29 (d) Any document, material, or other information that is shared with the Commissioner
30 that is not covered under subsection (a) of this section that an applicant, provider, or other person
31 believes is confidential or a trade secret shall be marked as confidential or as a trade secret before
32 submitting to the Commissioner. Any document, material, or other information that is not marked
33 as confidential is not eligible for confidential treatment pursuant to G.S. 132-1.2.

34 (e) To assist in the performance of the duties imposed by this Article, the Commissioner
35 may do both of the following:

36 (1) Share documents, materials, or other information, including the confidential
37 and privileged documents, materials, or information subject to subsection (a)
38 or (d) of this section, with other state, federal, and international regulatory
39 agencies, and with state, federal, and international law enforcement
40 authorities, provided that the recipient agrees in writing to maintain the
41 confidentiality and privileged status of the document, material, or other
42 information and has verified in writing the legal authority to maintain
43 confidentiality.

44 (2) Receive documents, materials, or information, including otherwise
45 confidential and privileged documents, materials, or information from
46 regulatory and law enforcement officials of other foreign or domestic
47 jurisdictions, and shall maintain as confidential or privileged any document,
48 material, or information received with notice or the understanding that it is
49 confidential or privileged under the laws of the jurisdiction that is the source
50 of the document, material, or information.

1 (f) The sharing of information by the Commissioner pursuant to this section shall not
2 constitute a delegation of regulatory authority or rulemaking, and the Commissioner is solely
3 responsible for the administration, execution, and enforcement of the provisions of this Article.
4 No waiver of any applicable privilege or claim of confidentiality in the documents, materials, or
5 information shall occur as a result of disclosure to the Commissioner under this section or as a
6 result of sharing as authorized in subsection (e) of this section.

7 **"§ 58-64A-45. Advertisement in conflict with disclosures and contracts.**

8 A provider may not engage in any type of advertisement for a continuing care retirement
9 community if the advertisement contains a statement or representation which materially conflicts
10 with the disclosures required under this Article or materially conflicts with any continuing care
11 or continuing care without lodging contract offered by the provider.

12 "Part 2. Approval, Certification, Licensure, and Permitting Process.

13 **"§ 58-64A-50. Permit to accept deposits.**

14 (a) No person shall market a proposed continuing care retirement community to measure
15 its viability without a permit from the Commissioner. A person may apply for a permit by filing
16 an application on a form prescribed by the Commissioner. The application form shall include all
17 of the following:

- 18 (1) The name, business address, and telephone number of the applicant.
- 19 (2) A proposed non-binding reservation agreement.
- 20 (3) A proposed escrow agreement that meets the requirements of
21 G.S. 58-64A-120.
- 22 (4) A description of the proposed continuing care retirement community. The
23 description shall include all of the following:
 - 24 a. The location of the proposed continuing care retirement community.
 - 25 b. The types of living units to be offered.
 - 26 c. The types of continuing care contracts to be offered.
 - 27 d. A description of the services that will be provided to residents,
28 including an indication if any services will be provided by any
29 affiliates, other related parties, or third parties.
 - 30 e. A description of the applicant's corporate structure and experience in
31 developing or operating continuing care retirement communities,
32 including the experience of any affiliate of the applicant.

33 (b) The Commissioner shall comply with the following deadlines in response to an
34 application for a permit to accept deposits:

- 35 (1) Within five business days after receipt of an application or of materials
36 intended to supplement an incomplete application, the Commissioner shall
37 acknowledge receipt in writing.
- 38 (2) Within 10 business days after receipt of an application or of materials intended
39 to supplement an incomplete application, the Commissioner shall determine
40 if the application is complete and inform the applicant in writing of the
41 determination. If the Commissioner determines that the application is
42 incomplete, the notice to the applicant shall specifically set forth and request
43 any additional information the Commissioner determines is necessary to
44 complete the application.
- 45 (3) Within five business days after an application is deemed complete, the
46 Commissioner shall approve or deny the application.

47 (c) The Commissioner shall approve an application for a permit to accept deposits unless
48 the Commissioner determines that any of the following requirements are not met:

- 49 (1) The application meets all requirements of this section.
- 50 (2) None of the grounds for denial listed in G.S. 58-64A-285 apply to the
51 applicant.

- 1 (3) The proposed escrow agreement meets the requirements of G.S. 58-64A-120.
2 (4) The proposed escrow agent and depository are acceptable in accordance with
3 G.S. 58-64A-115.

4 (d) After the issuance of a permit to accept deposits, the applicant may do all of the
5 following:

- 6 (1) Disseminate materials describing the intent to develop a continuing care
7 retirement community.
8 (2) Enter into non-binding reservation agreements.
9 (3) Collect deposits in an amount not to exceed five thousand dollars (\$5,000).
10 All deposits collected shall be placed in escrow and shall only be released in
11 accordance with Part 4 of this Article.

12 (e) After the issuance of a permit to accept deposits, the Commissioner shall require the
13 provider to file periodic status reports in a form prescribed by the Commissioner.

14 **"§ 58-64A-55. Start-up certificates.**

15 (a) A person may apply for a start-up certificate by paying an application fee of two
16 thousand dollars (\$2,000) and submitting all of the following to the Commissioner for review:

- 17 (1) A statement signed by the applicant under penalty of perjury certifying that to
18 the best of the applicant's knowledge and belief, the items submitted in the
19 application are correct. If the applicant is a corporation, the chief executive
20 officer or other authorized individual shall sign the statement. If there are
21 multiple applicants, these requirements shall apply to each applicant. When a
22 person signs on behalf of an applicant, proof of the person's authority to sign
23 on behalf of the applicant will be required if that person does not possess
24 apparent authority to sign on behalf of the applicant. Proof may take the form
25 of a copy of a resolution or consent of the board of directors, a provision of
26 the bylaws, or a copy of a paper properly delegating authority to that person
27 to sign the application on behalf of the applicant.
28 (2) A statement disclosing any revocation or other disciplinary action taken, or in
29 the process of being taken, against a license, permit, or certificate held or
30 previously held by the applicant, any current or former affiliate, or any person
31 included or to be included in a current or proposed obligated group.
32 (3) If the applicant intends to employ a third-party management company to
33 manage the continuing care retirement community, a copy of the management
34 contract or proposed management contract, if available, along with a narrative
35 describing the proposed third-party management company's experience
36 managing continuing care retirement communities.
37 (4) If the applicant intends to lease any land or other real property to be used as
38 part or all of the proposed continuing care retirement community, the name of
39 the person from whom the land or other real property will be leased along with
40 a copy of the lease agreement, or proposed lease agreement, if available, or a
41 statement describing the applicant's intentions, including the intended length
42 of the lease, if a lease agreement or proposed lease agreement is not available.
43 If the applicant intends to lease any of the real property of the continuing care
44 retirement community and to collect entrance fees, Commissioner approval
45 must be received pursuant to G.S. 58-64A-25.
46 (5) If the applicant is not the owner of the proposed site, a statement identifying
47 the current owner and any plans the applicant has for acquiring the proposed
48 site, including details of any purchase option and requirements for a purchase
49 option deposit. If a purchase option requires a purchase option deposit, the
50 purchase option deposit shall be placed in escrow or secured in a manner
51 acceptable to the Commissioner.

- 1 (6) A list of all continuing care retirement communities currently or previously
2 owned, operated, managed, or developed by the applicant, or any affiliate of
3 the applicant, including any person controlling or controlled by the applicant.
4 The list shall do all of the following:
5 a. Furnish the name, address, city, and state of each continuing care
6 retirement community listed, and explain the existing or past
7 relationship to the applicant.
8 b. Specify the current status of each continuing care retirement
9 community listed and include any administrative actions or financial
10 problems that currently exist, or have existed, within three years after
11 any relationship was terminated.
12 (7) A disclosure statement that meets the requirements of G.S. 58-64A-160.
13 (8) A copy of a binding reservation agreement.
14 (9) A market study prepared by a person experienced in the preparation of
15 continuing care retirement community market studies and acceptable to the
16 Commissioner.
17 (10) Any other data, financial statements, and pertinent information as the
18 Commissioner may reasonably require with respect to the applicant or the
19 proposed continuing care retirement community to assist in determining the
20 market and financial viability of the proposed continuing care retirement
21 community and the management capabilities of its managers and owners.
22 (b) The Commissioner shall comply with the following deadlines in response to an
23 application for a start-up certificate:
24 (1) Within five business days after receipt of an application or of materials
25 intended to supplement an incomplete application, the Commissioner shall
26 acknowledge receipt in writing.
27 (2) Within 30 days after receipt of an application or of materials intended to
28 supplement an incomplete application, the Commissioner shall determine if
29 the application is complete and inform the applicant in writing of the
30 determination. If the Commissioner determines that the application is
31 incomplete, the notice to the applicant shall specifically set forth and request
32 any additional information the Commissioner determines is necessary to
33 complete the application.
34 (3) Within 30 days after an application is deemed complete, the Commissioner
35 shall approve or deny the application.
36 (c) The Commissioner shall approve an application for a start-up certificate unless the
37 Commissioner determines that any of the following requirements are not met:
38 (1) The application meets all requirements of this section.
39 (2) None of the grounds for denial listed in G.S. 58-64A-285 apply to the
40 applicant.
41 (3) The disclosure statement meets the requirements of G.S. 58-64A-160.
42 (4) A market for the proposed continuing care retirement community appears to
43 exist and the continuing care retirement community appears to be financially
44 viable.
45 (5) The competence, experience, and integrity of the applicant, its governing
46 body, officers, management, and owners are sufficient.
47 (d) After issuing a start-up certificate, the Commissioner shall do all of the following:
48 (1) Require the provider to submit periodic sales, development, and financial
49 reports in a form prescribed by the Commissioner.
50 (2) Post the disclosure statement of the continuing care retirement community on
51 the Department's website.

1 (e) After receiving a start-up certificate from the Commissioner, the applicant may do all
2 of the following:

3 (1) Enter into binding reservation agreements and continuing care contracts.

4 (2) Accept entrance fees and deposits greater than five thousand dollars (\$5,000).

5 All or any part of an entrance fee or deposit collected shall be placed in escrow
6 and shall only be released in accordance with Part 4 of this Article.

7 (3) Begin site preparation work.

8 (4) Construct model independent living units for marketing.

9 **"§ 58-64A-60. Preliminary certificate.**

10 (a) A person may apply for a preliminary certificate by submitting all of the following to
11 the Commissioner for review:

12 (1) A statement signed by the applicant that meets the requirements of
13 G.S. 58-64A-55(a)(1).

14 (2) A feasibility study, prepared by an independent person experienced in
15 preparing feasibility studies for continuing care retirement communities and
16 acceptable to the Commissioner, with appropriate financial, marketing, and
17 actuarial assumptions that reasonably projects the market and financial
18 viability of the proposed continuing care retirement community. The study
19 shall include all of the following items:

20 a. A description of the proposed continuing care retirement community,
21 its service package, the number and type of living units, fee structure,
22 and anticipated opening date, including a detailed schedule of
23 projected periodic fees and a description of how the projected periodic
24 fees were computed.

25 b. A description of any proposed construction plans, construction
26 financing, and permanent financing for the proposed continuing care
27 retirement community, including a description of the anticipated
28 source, cost, terms, and uses of all funds to be used in the real property
29 acquisition, construction, marketing, and operation of the proposed
30 continuing care retirement community, including all of the following:

31 1. A description of all debt to be incurred by the applicant,
32 including the source, anticipated terms, and costs of financing.

33 2. A description of the source and amount of equity to be
34 contributed by the applicant.

35 3. A description of the source and amount of all other funds,
36 including entrance fees, that will be necessary to complete and
37 operate the proposed continuing care retirement community.

38 4. A statement itemizing all estimated project costs, including the
39 real property costs, the cost of acquiring or designing and
40 constructing the proposed continuing care retirement
41 community, and all similar costs that the applicant expects to
42 incur prior to the commencement of operation. This
43 itemization shall identify all costs related to the proposed
44 continuing care retirement community, including financing
45 expenses, resident acquisition costs, marketing costs, and
46 furniture and equipment.

47 5. An estimate of any reserves required by financing and the
48 operating reserve required pursuant to Part 9 of this Article.

49 6. An estimate of the amount of funds, if any, that will be
50 necessary to fund start-up losses and to otherwise provide
51 additional financial resources in an amount sufficient to ensure

- 1 full performance by the applicant of its continuing care
2 contract obligations.
- 3 c. An analysis of the potential market for the applicant's proposed
4 continuing care retirement community, addressing all of the following:
- 5 1. The population, household growth, age distribution, household
6 income, household tenure, and resale housing values within the
7 primary market area.
- 8 2. A demand analysis of the range of likely target consumers
9 within the primary market area as well as estimated penetration
10 rates.
- 11 3. An economic analysis of current market conditions and trends
12 that can impact the feasibility of the proposed continuing care
13 retirement community, positively or negatively, including real
14 estate, income, employment, and the general economic outlook
15 for the primary market area and surrounding areas.
- 16 4. An analysis of the project location and immediate area in
17 relationship to key variables, including, but not limited to,
18 accessibility, employment, and proximity to health care, retail,
19 and other services.
- 20 5. The types of services and amenities desired and the forms of
21 ownership or interest in real property preferred.
- 22 6. Existing and planned competition in the primary market area.
- 23 d. A description of the sales and marketing plan, including all of the
24 following:
- 25 1. Marketing projections, anticipated sales, and cancellation
26 rates.
- 27 2. Month-by-month projections of independent living unit sales
28 through stabilized occupancy.
- 29 3. A description of the marketing methods, staffing, and
30 advertising media to be used by the applicant.
- 31 4. An estimate of the total entrance fees to be received prior to
32 opening the proposed continuing care retirement community.
- 33 e. Projected move-in rates and resident profiles, including couple mix by
34 living unit type, age distribution, adult care home bed and nursing bed
35 utilization, and living unit turnover or resale rates.
- 36 f. A description or analysis of costs and revenues throughout the
37 development and resident fill-up period of the proposed continuing
38 care retirement community.
- 39 g. Prospective financial statements for the period commencing on the
40 first day of the applicant's current fiscal year through at least the fifth
41 year of operation which shall be prepared in accordance with standards
42 adopted by the American Institute of Certified Public Accountants.
- 43 h. Any other factors that, in the opinion of the preparer, will affect the
44 feasibility of the proposed continuing care retirement community.
- 45 i. The name of the person who prepared the feasibility study and the
46 experience of the person in preparing similar studies or otherwise
47 consulting in the field of continuing care.
- 48 j. An evaluation and opinion by the person who prepared the feasibility
49 study of the underlying assumptions used as a basis for the study,
50 including a statement on whether the assumptions are reasonable and
51 proper.

- 1 (3) An actuarial study prepared in accordance with accepted actuarial standards
2 of practice which estimates the earliest year that the proposed continuing care
3 retirement community is projected to be in satisfactory actuarial balance.
4 Applicants who do not or will not collect entrance fees or some other
5 prepayment of costs are exempt from this requirement and shall only be
6 required to submit an actuarial projection of future population flows and adult
7 care home bed and nursing bed needs. An actuarial projection of future
8 population flows and adult home care bed and nursing bed needs shall use (i)
9 appropriate mortality, morbidity, withdrawal, occupancy, and other
10 demographic assumptions and (ii) a projection period that extends to a point
11 at which, in the actuary's professional judgment, the use of a longer period
12 would not materially affect the results and conclusions.
- 13 (4) An updated disclosure statement that meets the requirements of
14 G.S. 58-64A-160.
- 15 (5) One of the following:
- 16 a. Confirmation of signed binding reservation agreements or continuing
17 care contracts for at least fifty percent (50%) of the new independent
18 living units, reserved by a deposit equal to at least ten percent (10%)
19 of the entrance fee.
- 20 b. Confirmation of signed binding reservation agreements or continuing
21 care contracts for at least fifty percent (50%) of the new independent
22 living units, reserved by a nonrefundable deposit equal to the periodic
23 fee for at least two months for proposed continuing care retirement
24 communities that have no entrance fee.
- 25 c. Confirmation of one hundred thousand dollars (\$100,000) placed on
26 deposit with the Commissioner, if the applicant (i) does not collect
27 presale entrance fees or deposits in an amount equal to at least ten
28 percent (10%) of the entrance fee, or (ii) does not collect presale
29 entrance fees or deposits and does not collect nonrefundable deposits
30 equal to the periodic fee of at least two months. This deposit is subject
31 to the following requirements:
- 32 1. The deposit shall only be returned to the applicant upon the
33 issuance of a permanent license.
- 34 2. The deposit shall be made in accordance with G.S. 58-5-20.
- 35 3. The deposit shall automatically be forfeited if the applicant
36 does not obtain a permanent license within five years after the
37 issuance of a preliminary certificate. Forfeited deposits shall
38 be remitted to the Civil Penalty and Forfeiture Fund in
39 accordance with G.S. 115C-457.2.
- 40 (6) If applicable, confirmation that commitments have been secured for
41 construction financing and long-term financing or that a documented plan
42 acceptable to the Commissioner has been adopted by the applicant for
43 long-term financing.
- 44 (b) The Commissioner shall comply with the following deadlines in response to an
45 application for a preliminary certificate:
- 46 (1) Within five business days after receipt of an application or of materials
47 intended to supplement an incomplete application, the Commissioner shall
48 acknowledge receipt in writing.
- 49 (2) Within 30 days after receipt of an application or of materials intended to
50 supplement an incomplete application, the Commissioner shall determine if
51 the application is complete and inform the applicant in writing of the

- 1 determination. If the Commissioner determines that the application is
2 incomplete, the notice to the applicant shall specifically set forth and request
3 any additional information the Commissioner determines is necessary to
4 complete the application.
- 5 (3) Within 45 days after an application is deemed complete, the Commissioner
6 shall approve or deny the application.
- 7 (c) The Commissioner shall approve an application for a preliminary certificate unless
8 the Commissioner determines that any of the following requirements are not met:
- 9 (1) The application meets all requirements of this section.
- 10 (2) None of the grounds for denial listed in G.S. 58-64A-285 apply to the
11 applicant.
- 12 (3) The feasibility study meets all of the following requirements:
- 13 a. Includes in the prospective financial statements all obligations and
14 liabilities to be undertaken by the applicant pursuant to the terms of
15 the proposed continuing care contracts.
- 16 b. Demonstrates that the anticipated sources of funds to finance and
17 operate the proposed continuing care retirement community are equal
18 to or greater than the anticipated uses of funds to (i) construct or
19 acquire the proposed continuing care retirement community and (ii)
20 fund start-up losses and provide sufficient resources to ensure full
21 performance of the applicant's continuing care contract obligations.
- 22 c. Demonstrates that the continuing care retirement community is
23 financially feasible.
- 24 (4) A market for the continuing care retirement community appears to exist, based
25 on data that meets all of the following requirements:
- 26 a. Is specific to the proposed continuing care retirement community.
- 27 b. Considers existing and proposed competition in the primary market
28 area.
- 29 c. Demonstrates the existence of a market for the age, marital status,
30 number, population trends, net worth, home values, and income of the
31 potential residents.
- 32 d. Demonstrates that the rate of penetration in the proposed market area
33 is within acceptable industry ranges.
- 34 (5) The actuarial study, if applicable, projects that the proposed continuing care
35 retirement community will be in satisfactory actuarial balance within a
36 reasonable period of time after achieving stabilized occupancy, or if no
37 actuarial study is required, the actuarial projection of future population flows
38 demonstrates a sufficient number of adult care home beds and nursing beds to
39 meet the future needs of residents and the future contractual obligations of the
40 applicant.
- 41 (6) The applicant has met one of the requirements in subdivision (5) of subsection
42 (a) of this section.
- 43 (7) If applicable, the applicant has secured commitments for construction
44 financing and long-term financing or that a documented plan acceptable to the
45 Commissioner has been adopted by the applicant for long-term financing.
- 46 (8) The applicant demonstrates an ability to comply with this Article and to
47 provide continuing care as proposed and meet all financial obligations related
48 to its operations.
- 49 (d) After issuing a preliminary certificate, the Commissioner shall do both of the
50 following:

- 1 (1) Require the provider to submit periodic sales, development, and financial
2 reports in a form prescribed by the Commissioner.
3 (2) Post the disclosure statement of the continuing care retirement community on
4 the Department's website.
5 (e) After receiving a preliminary certificate from the Commissioner, the applicant may
6 do both of the following:
7 (1) Construct a continuing care retirement community.
8 (2) Convert an existing structure or structures into a continuing care retirement
9 community.

10 **"§ 58-64A-65. Permanent license.**

- 11 (a) A person may apply for a permanent license by submitting all of the following to the
12 Commissioner for review:
13 (1) A statement signed by the applicant that meets the requirements of
14 G.S. 58-64A-55(a)(1).
15 (2) An updated disclosure statement that meets the requirements of
16 G.S. 58-64A-160.
17 (3) Confirmation that the applicant has established a plan to have health care
18 available to residents promised in continuing care contracts upon opening,
19 either by the applicant directly, or through contractual agreements.
20 (4) Confirmation that the applicant has signed binding reservation agreements or
21 continuing care contracts of at least seventy percent (70%) of the new
22 independent living units, reserved by a deposit equal to at least ten percent
23 (10%) of the entrance fee or by a nonrefundable deposit equal to the periodic
24 fee of at least two months for proposed continuing care retirement
25 communities that have no entrance fee, unless a lesser amount is permitted by
26 the Commissioner.
27 (5) Confirmation that the applicant has long-term financing in place, and if the
28 applicant is leasing the land or other real property of the continuing care
29 retirement community, confirmation that the lease is in place and, if
30 applicable, that the lease has been approved by the Commissioner pursuant to
31 G.S. 58-64A-25.
32 (6) Confirmation that the applicant is in compliance with all other state, federal,
33 municipal, and county laws and regulations. If the applicant is not in
34 compliance, the applicant shall include a statement that describes the nature
35 of the deficiency.
36 (7) A statement concerning any litigation, orders, judgments, or decrees which
37 might affect the applicant or proposed continuing care retirement community.
38 (8) Evidence that the applicant has in place the operating reserve required by Part
39 9 of this Article.
40 (b) The Commissioner shall comply with the following deadlines in response to an
41 application for a permanent license:
42 (1) Within five business days after receipt of an application or of materials
43 intended to supplement an incomplete application, the Commissioner shall
44 acknowledge receipt in writing.
45 (2) Within 10 days after receipt of an application or of materials intended to
46 supplement an incomplete application, the Commissioner shall determine if
47 the application is complete and inform the applicant in writing of the
48 determination. If the Commissioner determines that the application is
49 incomplete, the notice to the applicant shall specifically set forth and request
50 any additional information the Commissioner determines is necessary to
51 complete the application.

- 1 (3) Within 30 days after an application is deemed complete, the Commissioner
2 shall approve or deny the application.
- 3 (c) The Commissioner shall approve an application for a permanent license if the
4 Commissioner determines that all of the following requirements are met:
- 5 (1) The application meets all requirements of this section.
6 (2) None of the grounds for denial listed in G.S. 58-64A-285 apply to the
7 applicant.
- 8 (d) If the Commissioner determines that the requirements of subsection (c) of this section
9 are not met, the Commissioner may do either of the following:
- 10 (1) Deny the application.
11 (2) Issue a restricted permanent license. The issuance of a restricted permanent
12 license shall be accompanied by an explanation of (i) the restrictions
13 established by the Commissioner under subsection (g) of this section and (ii)
14 the conditions the provider must satisfy to qualify for a permanent license.
- 15 (e) After issuing a permanent license or restricted permanent license, the Commissioner
16 shall do both of the following:
- 17 (1) Require the provider to submit periodic occupancy and financial statements
18 in a form prescribed by the Commissioner.
19 (2) Post the disclosure statement of the continuing care retirement community on
20 the Department's website.
- 21 (f) After receiving a permanent license from the Commissioner, the applicant may do
22 both of the following:
- 23 (1) Open the continuing care retirement community.
24 (2) Provide continuing care.
- 25 (g) After receiving a restricted permanent license from the Commissioner, the applicant
26 may operate a continuing care retirement community under restrictions established by the
27 Commissioner until the Commissioner issues a permanent license. When the Commissioner
28 issues a restricted permanent license, the provider shall inform all depositors and residents within
29 10 business days of (i) all restrictions imposed by the restricted permanent license and (ii) all
30 conditions that the provider must satisfy to qualify for a permanent license.
- 31 (h) A permanent license or restricted permanent license shall be valid for as long as the
32 Commissioner determines that the provider continues to meet the requirements of this Article.
- 33 **"§ 58-64A-70. Expiration of a permit to accept deposits and start-up certificate.**
- 34 (a) A permit to accept deposits and a start-up certificate issued pursuant to this Article
35 expires 36 months after issuance.
- 36 (b) A person issued a permit to accept deposits or a start-up certificate may request an
37 extension of the permit or certificate. The request for extension shall be made in writing and
38 include both of the following:
- 39 (1) The reasons why the person has not applied for a start-up certificate or
40 preliminary certificate, as applicable.
41 (2) The estimated date the person expects to file the start-up certificate application
42 or the preliminary certificate application, as applicable.
- 43 (c) In response to a request for an extension, the Commissioner may do one of the
44 following:
- 45 (1) If the Commissioner determines there is satisfactory cause for the delay, the
46 Commissioner may extend the permit to accept deposits or a start-up
47 certificate for up to one year and may, in the Commissioner's discretion,
48 require the provider to update information previously filed pursuant to
49 G.S. 58-64A-50 or G.S. 58-64A-55 before approving any extension. There is
50 no limit to the number of extensions that may be granted by the
51 Commissioner.

1 (2) If the Commissioner determines that there is no satisfactory cause for the
2 delay, the Commissioner shall instruct the escrow agent to refund to
3 depositors all deposits held in escrow, plus any interest that may be due under
4 the terms of the non-binding reservation agreement, binding reservation
5 agreement, or continuing care contract paid by the depositors.

6 (d) Within 10 business days of the Commissioner's denial of an extension, the provider
7 shall notify each depositor of the Commissioner's denial of the extension, of the expiration of the
8 permit to accept deposits or a start-up certificate, and of any right to a refund of their deposits.

9 **"§ 58-64A-72. Material changes or deviations in information.**

10 (a) An applicant or provider shall notify the Commissioner of material changes or
11 deviations in any information submitted to the Commissioner pursuant to this Article within 10
12 business days after the applicant or provider becomes aware of the change or deviation.

13 (b) Within 30 days after receiving notice of a material change or deviation, the
14 Commissioner shall advise the applicant or provider in writing whether any additional action
15 needs to be taken as a result of the material change or deviation.

16 (c) The Commissioner may suspend any approval, certification, license, or permit issued
17 pursuant to this Article if the applicant or provider fails to give the written notice of material
18 changes or deviations required by this section. The suspension shall remain in effect until the
19 Commissioner has both assessed the potential impact of the material changes or deviations on
20 the interests of residents and depositors and taken any action necessary under this Article to
21 protect the interests of residents and depositors.

22 **"§ 58-64A-74. Denial of an application, notification, or other request for approval.**

23 (a) If the Commissioner denies an application, notification, or any other request for
24 approval pursuant to this Article, the Commissioner shall notify the applicant in writing of the
25 denial. The notification shall state the grounds for the denial. To obtain a review to determine the
26 reasonableness of the Commissioner's denial, the applicant shall make written demand upon the
27 Commissioner within 30 days after service of notification upon the applicant. The review shall
28 be completed without undue delay, and the applicant shall be notified promptly in writing as to
29 the outcome of the review. If the applicant disagrees with the outcome of the review and seeks a
30 hearing under Article 3A of Chapter 150B of the General Statutes, the applicant shall make a
31 written demand upon the Commissioner for the hearing within 30 days after service upon the
32 applicant of the notification of the outcome.

33 (b) If the Commissioner denies an application, notification, or other request for approval
34 pursuant to this Article, no portion of the fee associated with the application, notification, or
35 request for approval shall be refunded.

36 "Part 3. Expansion.

37 **"§ 58-64A-75. Expansion notification.**

38 (a) Prior to marketing and collecting deposits for a proposed expansion of a continuing
39 care retirement community that is twenty percent (20%) or more of existing independent living
40 units, a provider shall do both of the following:

41 (1) Notify and obtain written approval from the Commissioner.

42 (2) Notify all residents in writing of the provider's intent to expand the number of
43 independent living units at the continuing care retirement community. This
44 notification shall include the description required by subdivision (1) of
45 subsection (b) of this section.

46 (b) The expansion notification to the Commissioner required by this section shall include
47 all of the following:

48 (1) A description of the proposed expansion project, including the number of
49 independent living units to be added.

50 (2) A proposed non-binding reservation agreement.

51 (3) A proposed binding reservation agreement.

- 1 (4) A proposed escrow agreement that meets the requirements of
2 G.S. 58-64A-120.
- 3 (5) An updated disclosure statement that meets the requirements of
4 G.S. 58-64A-160.
- 5 (c) The Commissioner shall comply with the following deadlines in response to an
6 expansion notification:
- 7 (1) Within five business days after receipt of an expansion notification or of
8 materials intended to supplement an incomplete expansion notification, the
9 Commissioner shall acknowledge receipt in writing.
- 10 (2) Within 10 days after receipt of an expansion notification or of materials
11 intended to supplement an incomplete expansion notification, the
12 Commissioner shall determine if the expansion notification is complete and
13 inform the provider in writing of the determination. If the Commissioner
14 determines that the expansion notification is incomplete, the notice to the
15 provider shall specifically set forth and request any additional information the
16 Commissioner determines is necessary to complete the expansion notification.
- 17 (3) Within five days after an expansion notification is deemed complete, the
18 Commissioner shall approve or deny the application.
- 19 (d) The Commissioner shall approve the expansion notification unless the Commissioner
20 determines that any of the following requirements are not met:
- 21 (1) The expansion notification meets all requirements of this section.
- 22 (2) None of the grounds for denial listed in G.S. 58-64A-285 apply to the
23 provider.
- 24 (3) The proposed escrow agreement meets the requirements of G.S. 58-64A-120.
- 25 (4) The proposed escrow agent and depository are acceptable in accordance with
26 G.S. 58-64A-115.
- 27 (e) After the Commissioner approves the expansion notification, the Commissioner shall
28 require the provider to submit periodic sales and development reports in a form prescribed by the
29 Commissioner.
- 30 (f) After the Commissioner approves the expansion notification, the provider may do all
31 of the following:
- 32 (1) Disseminate materials, including advertisements, describing the intent to
33 expand the number of independent living units at the continuing care
34 retirement community.
- 35 (2) Enter into non-binding reservation agreements, binding reservation
36 agreements, and continuing care contracts for the proposed independent living
37 units.
- 38 (3) Collect entrance fees and deposits for the proposed independent living units.
39 All deposits collected shall be placed in escrow and shall only be released in
40 accordance with Part 4 of this Article, unless otherwise exempted by the
41 Commissioner.
- 42 **"§ 58-64A-80. Expansion application.**
- 43 (a) Prior to commencing construction of an expansion of a continuing care retirement
44 community that is twenty percent (20%) or more of existing independent living units, a provider
45 shall do both of the following:
- 46 (1) Receive Commissioner approval of an expansion notification pursuant to
47 G.S. 58-64A-75.
- 48 (2) Apply to the Commissioner for approval to commence construction.
- 49 (b) The application required by this section shall include all of the following:
- 50 (1) An application fee of one thousand dollars (\$1,000).

- 1 (2) A feasibility study, prepared by an independent person experienced in
2 preparing feasibility studies for continuing care retirement communities and
3 acceptable to the Commissioner, with appropriate financial, marketing, and
4 actuarial assumptions that reasonably projects the market and financial
5 viability of the proposed expansion. The study shall include all of the
6 following items:
- 7 a. A description of the provider's proposed expansion project, including
8 the number of independent living units being added, fee structure, a
9 description of how the projected fees were computed, and the
10 anticipated project time line.
- 11 b. A description of the construction plans, construction financing, and
12 permanent financing for the proposed expansion project, including all
13 of the following:
- 14 1. A description of all debt to be incurred by the provider,
15 including the source, anticipated terms, and costs of financing.
16 2. A description of the source and amount of any equity to be
17 contributed by the provider.
18 3. A description of the source and amount of all other funds,
19 including entrance fees, that will be necessary to complete and
20 operate the proposed expansion.
21 4. A statement itemizing all estimated project costs, including the
22 real property costs, the cost of designing and constructing the
23 proposed expansion, and all similar costs that the provider
24 expects to incur prior to the opening of the expansion. This
25 itemization shall identify all costs related to the proposed
26 expansion, including financing expenses, resident acquisition
27 costs, marketing costs, and furniture, fixtures, and equipment.
28 5. An estimate of any reserves required by financing and the
29 operating reserve required pursuant to Part 9 of this Article.
- 30 c. An analysis of the potential market for the proposed expansion,
31 addressing all of the following:
- 32 1. The population, household growth, age distribution, household
33 income, household tenure, and resale housing values within the
34 primary market area.
35 2. A demand analysis of the range of likely target consumers
36 within the primary market area as well as estimated penetration
37 rates.
38 3. An economic analysis of current market conditions and trends
39 that can impact the feasibility of the proposed expansion,
40 positively or negatively, including real estate, income,
41 employment, and the general economic outlook for the primary
42 market area and surrounding areas.
43 4. Existing and planned competition in the primary market area.
- 44 d. A description of the sales and marketing plan, including all of the
45 following:
- 46 1. Marketing projections, anticipated sales, and cancellation
47 rates.
48 2. Month-by-month projections of independent living unit sales
49 through stabilized occupancy.
50 3. A description of the marketing methods, staffing, and
51 advertising media to be used by the provider.

- 1 4. An estimate of the total entrance fees to be received.
2 e. Projected move-in rates and resident profiles, adult care home bed and
3 nursing bed utilization, and living unit turnover or resale rates.
4 f. A description or analysis of costs and revenues throughout the
5 development and resident fill-up period of the proposed expansion.
6 g. Five-year prospective financial statements of the provider which shall
7 be prepared in accordance with standards adopted by the American
8 Institute of Certified Public Accountants.
9 h. Any other factors that, in the opinion of the preparer, will affect the
10 feasibility of the expansion.
11 i. The name of the person who prepared the feasibility study and their
12 experience in preparing similar studies or otherwise consulting in the
13 field of continuing care.
14 j. An evaluation and opinion by the person who prepared the feasibility
15 study of the underlying assumptions used as a basis for the study,
16 including a statement on whether the assumptions are reasonable and
17 proper.
18 (3) An actuarial study prepared in accordance with accepted actuarial standards
19 of practice which estimates when the continuing care retirement community
20 is projected to be in satisfactory actuarial balance once stabilized occupancy
21 of the expansion is achieved. Providers who do not collect entrance fees or
22 some other prepayment of costs are exempt from this requirement and shall
23 only be required to submit an actuarial projection of future population flows
24 and adult care home bed and nursing bed needs. An actuarial projection of
25 future population flows and adult home care bed and nursing bed needs shall
26 use (i) appropriate mortality, morbidity, withdrawal, occupancy, and other
27 demographic assumptions and (ii) a projection period that extends to a point
28 at which, in the actuary's professional judgment, the use of a longer period
29 would not materially affect the results and conclusions.
30 (4) An updated disclosure statement that meets the requirements of
31 G.S. 58-64A-160.
32 (5) If applicable, confirmation that the provider has secured commitments for
33 construction financing and long-term financing or that a documented plan
34 acceptable to the Commissioner has been adopted by the provider for
35 long-term financing.
36 (6) If the expansion includes any land or other real property that is to be leased,
37 confirmation, if applicable, that the lease has been approved by the
38 Commissioner pursuant to G.S. 58-64A-25.
39 (7) Any other data and pertinent information as the Commissioner may
40 reasonably require with respect to the provider or the continuing care
41 retirement community to determine the feasibility of the expansion.
42 (c) The Commissioner shall comply with the following deadlines in response to an
43 expansion application:
44 (1) Within five business days after receipt of an expansion application or of
45 materials intended to supplement an incomplete expansion application, the
46 Commissioner shall acknowledge receipt in writing.
47 (2) Within 30 days after receipt of an expansion application or of materials
48 intended to supplement an incomplete expansion application, the
49 Commissioner shall determine if the expansion application is complete and
50 inform the applicant in writing of the determination. If the Commissioner
51 determines that the expansion application is incomplete, the notice to the

- 1 provider shall specifically set forth and request any additional information the
2 Commissioner determines is necessary to complete the expansion application.
3 (3) Within 30 days after an application is deemed complete, the Commissioner
4 shall approve or deny the application.
5 (d) The Commissioner shall approve the expansion application unless the Commissioner
6 determines that any of the following requirements are not met:
7 (1) The expansion application meets all requirements of this section.
8 (2) None of the grounds for denial listed in G.S. 58-64A-285 apply to the
9 applicant.
10 (3) The feasibility study meets all of the following requirements:
11 a. Includes in the prospective financial statements all current obligations
12 and liabilities of the provider as well as those to be undertaken by the
13 provider.
14 b. Demonstrates that the expansion is financially viable and will not have
15 an unreasonably adverse effect on the financial ability of the provider
16 to furnish continuing care.
17 c. Demonstrates the existence of a market for the proposed expansion
18 based on reliable data, which meets all of the following requirements:
19 1. Is specific to the continuing care retirement community.
20 2. Considers existing and proposed competition in the primary
21 market area.
22 3. Demonstrates that the rate of penetration in the proposed
23 market area is within acceptable industry ranges.
24 (4) The provider demonstrates the ability to provide continuing care and meet all
25 financial and contractual obligations related to its operations, including the
26 financial requirements of this Article.
27 (5) The provider, if applicable, has secured commitments for construction
28 financing and long-term financing or that a documented plan acceptable to the
29 Commissioner has been adopted by the applicant for long-term financing.
30 (6) The actuarial study, if applicable, projects that the continuing care retirement
31 community will be in satisfactory actuarial balance within a reasonable period
32 of time once stabilized occupancy of the expansion is achieved, or if no
33 actuarial study is required, the actuarial projection of future population flows
34 demonstrates a sufficient number of adult care home beds and nursing beds to
35 meet the needs of residents and the contractual obligations of the provider.
36 (e) After the Commissioner approves the expansion application, the Commissioner shall
37 require the provider to submit periodic sales and development reports in a form prescribed by the
38 Commissioner to monitor the expansion project.
39 (f) After the Commissioner approves the expansion application, the provider may
40 commence construction of the new independent living units at the continuing care retirement
41 community as proposed and, upon completion of construction and the satisfaction of all other
42 legal requirements, open the expansion and provide continuing care to the residents of the new
43 independent living units.

44 **"§ 58-64A-85. Expansion entrance fees and deposits.**

45 All entrance fees and deposits collected for independent living units in an expansion requiring
46 Commissioner approval under this Part shall be placed in an escrow account in accordance with
47 Part 4 of this Article unless otherwise exempted by the Commissioner.

48 "Part 4. Escrow Account.

49 **"§ 58-64A-115. Escrow account required.**

50 All entrance fees and deposits, when required by this Article, shall be deposited by the
51 provider in an escrow account and shall be maintained in a segregated account without any

1 commingling with other funds, including any funds or accounts owned by the provider. The
2 escrow agent and all terms governing an escrow account shall be approved in advance by the
3 Commissioner.

4 **"§ 58-64A-120. Escrow agreement requirements.**

5 The escrow agreement between the provider and the escrow agent shall be in writing and
6 include, in addition to any other provisions required by law, all of the following:

- 7 (1) A provision requiring that all funds received shall be placed into the escrow
8 account in accordance with G.S. 58-64A-130.
- 9 (2) A provision for investment of escrow account funds in a manner consistent
10 with G.S. 58-64A-135.
- 11 (3) A provision regarding the payment of interest earned on the funds held in the
12 escrow account in the manner specified in G.S. 58-64A-140.
- 13 (4) A provision for refunds to depositors in the manner specified by
14 G.S. 58-64A-150.
- 15 (5) A provision that any refund or release of escrow account funds be performed
16 in the manner specified in G.S. 58-64A-150 and G.S. 58-64A-155, including
17 a statement as to whom payment of interest earned on the funds will be made.
- 18 (6) A statement that the purpose of the escrow agreement is to protect residents
19 and prospective residents.
- 20 (7) The amount of the escrow agent fee.
- 21 (8) A provision that funds deposited may not be subject to any liens or charges by
22 the escrow agent.
- 23 (9) A provision requiring the escrow agent to furnish the provider with a monthly
24 statement indicating the amount of any disbursements from or deposits to the
25 escrow account and the condition of the account during the monthly period
26 covered by the statement.
- 27 (10) A provision requiring the escrow agent to furnish to the Commissioner, upon
28 the request of the Commissioner, periodic reports, including the monthly
29 statement required pursuant to subdivision (9) of this section, certifying the
30 amount of funds held on deposit.
- 31 (11) A provision requiring the escrow agent to furnish to a depositor, upon the
32 request of a depositor, a statement indicating the depositor's portion of the
33 escrow account.
- 34 (12) Representations by the escrow agent that it is not and shall not be during the
35 term of the escrow agreement an affiliate or other related party of the provider,
36 a lender to the provider, or a fiduciary for any lender or bondholder for the
37 provider, unless approved by the Commissioner.

38 **"§ 58-64A-125. Change to escrow agreement.**

39 All changes to an escrow agreement shall be submitted to, and approved by, the
40 Commissioner before use by the provider.

41 **"§ 58-64A-130. Entrance fee and deposit delivery to the escrow agent.**

42 (a) The provider shall deliver to the escrow agent any entrance fees or deposits required
43 to be maintained in an escrow account pursuant to this Article within 10 business days after
44 receipt by the provider.

45 (b) Any deposit delivery to an escrow agent pursuant to this Article shall be accompanied
46 with a copy of the executed non-binding reservation agreement, binding reservation agreement,
47 or continuing care contract, a copy of the receipt given to the depositor, a summary of all deposits
48 made on that date, and any other materials required by the escrow agent.

49 **"§ 58-64A-135. Investment of funds in escrow.**

50 (a) All entrance fees and deposits subject to an escrow agreement under this Article shall
51 be maintained by the escrow agent in one of the following manners:

1 (1) Investment in an interest-bearing account.

2 (2) Investment in instruments guaranteed by the federal government or an agency
3 of the federal government.

4 (3) Investment in investment funds secured by federally guaranteed instruments.

5 (b) Any investment may not diminish the funds held in escrow below the amounts
6 required by this Article.

7 **"§ 58-64A-140. Earnings from funds in escrow.**

8 (a) Interest, income, and other gains derived from funds held in an escrow account may
9 not be released or distributed from the escrow account except upon written approval of the
10 Commissioner.

11 (b) Approval by the Commissioner for the release of earnings generated from funds held
12 in escrow shall be based upon an assessment that funds remaining in the escrow account meet
13 the requirements of this Article and, if applicable, will be sufficient to pay refunds and any
14 interest promised to all depositors.

15 (c) When release of earnings is approved by the Commissioner, interest earned by the
16 funds in the escrow account shall be distributed to the provider or depositors in accordance with
17 the terms of the continuing care contract, binding reservation agreement, or non-binding
18 reservation agreement.

19 **"§ 58-64A-145. Escrowed funds not to be used as collateral.**

20 No funds held in an escrow account shall be encumbered or used as collateral for any
21 obligation of the provider, or any other person, unless the provider obtains prior written approval
22 from the Commissioner for the encumbrance or use as collateral. The Commissioner shall not
23 approve any encumbrance or use as collateral under this section unless the encumbrance or use
24 as collateral is expressly subordinated to the rights of depositors under this Article to refunds of
25 their entrance fees or deposits.

26 **"§ 58-64A-150. Refunds of escrowed entrance fees and deposits.**

27 (a) An escrow agent shall refund to a depositor, or their legal representative, all amounts
28 required by the depositor's non-binding reservation agreement, binding reservation agreement,
29 or continuing care contract upon receiving written notice from the provider of the death of a
30 depositor, nonacceptance by the provider, voluntary cancellation, the denial of an application
31 pursuant to this Article, or upon written notice from the Commissioner. Refunds required by this
32 subsection shall be paid within 10 business days after the escrow agent receives the written notice
33 required by this subsection.

34 (b) If voluntary cancellation of a continuing care contract or a binding reservation
35 agreement occurs after construction of the continuing care retirement community or expansion
36 of a continuing care retirement community has begun, but prior to the independent living unit's
37 initial occupancy, the refund may be delayed until another depositor has reserved a similar
38 independent living unit and paid the necessary entrance fee or deposit. This delay shall not exceed
39 one year, unless the time period is extended by the Commissioner upon a showing of good cause
40 by the escrow agent.

41 **"§ 58-64A-155. Release of escrowed entrance fees and deposits.**

42 (a) To request a release of the first twenty-five percent (25%) of each escrowed entrance
43 fee and deposit, a provider shall petition in writing to the Commissioner and certify all of the
44 following:

45 (1) The provider has presold at least fifty percent (50%) of the proposed
46 independent living units, having received a minimum ten percent (10%)
47 deposit of the total of each applicable entrance fee and placed in escrow. Any
48 independent living unit for which a refund is pending may not be counted
49 toward the fifty percent (50%) requirement.

50 (2) The provider has received a commitment for any permanent mortgage loan or
51 other long-term financing of the proposed continuing care retirement

1 community or expansion, and any conditions of the commitment prior to
2 disbursement of funds thereunder have been substantially satisfied.

3 (3) For a proposed continuing care retirement community, the aggregate entrance
4 fees received or receivable by the provider pursuant to binding reservation
5 agreements and continuing care contracts, plus the anticipated proceeds of any
6 first mortgage loan or other long-term financing commitment, plus any equity
7 being contributed by the provider, are equal to not less than ninety percent
8 (90%) of the following amount: (i) the aggregate cost of constructing or
9 purchasing, equipping, and furnishing the proposed continuing care retirement
10 community, plus (ii) not less than ninety percent (90%) of the funds estimated
11 to be necessary to fund start-up losses and to reasonably assure full
12 performance of the provider's future continuing care obligations, as reported
13 in the statement of cash flows required by G.S. 58-64A-160.

14 (b) To request a release of the remaining seventy-five percent (75%) of escrowed
15 entrance fees and deposits, a provider shall petition in writing to the Commissioner and certify
16 all of the following:

17 (1) The provider has presold at least seventy percent (70%) of the proposed
18 independent living units, having received a minimum ten percent (10%)
19 deposit of each applicable entrance fee and maintains at least seventy-five
20 percent (75%) of each entrance fee or deposit received in escrow, or has
21 maintained an independent living unit occupancy minimum of seventy percent
22 (70%) for at least 60 days. Any independent living unit for which a refund is
23 pending may not be counted toward the seventy percent (70%) requirement.

24 (2) Construction or purchase of the independent living units has been completed
25 and an occupancy permit, if applicable, has been issued by the local
26 government having authority to issue those permits.

27 (3) The independent living units are available for occupancy by the new residents.

28 (c) The Commissioner shall instruct the escrow agent in writing to release to the provider
29 entrance fees and deposits in the escrow account only after the Commissioner has confirmed the
30 information provided by the provider pursuant to subsection (a) or subsection (b) of this section.

31 (d) The escrow agent shall release the entrance fees and deposits held in the escrow
32 account to the provider only after the Commissioner has instructed it to do so in writing.

33 (e) When an application describes different phases of construction that will be completed
34 and commence operating at different times, the Commissioner may apply the requirements in
35 subsections (a) and (b) of this section to any one or group of phases requested by the provider,
36 provided the phase or group of phases is shown in the provider's prospective financial statements
37 to be, in the Commissioner's opinion, economically viable.

38 (f) For the purposes of this section a refund is pending if a depositor has canceled a
39 continuing care contract or a binding reservation agreement but has not yet received a refund,
40 either because of timing or because another depositor has not reserved a similar independent
41 living unit and paid the necessary entrance fee or deposit in order to trigger a refund to the
42 cancelling depositor.

43 "Part 5. Disclosure Statement.

44 "§ 58-64A-160. Disclosure statements.

45 (a) A provider shall prepare a disclosure statement for each continuing care retirement
46 community operated or to be operated in this State that includes all of the following information:

47 (1) The name, business address, and telephone number of the provider and a
48 statement of whether the provider is a partnership, corporation, or other type
49 of legal entity.

- 1 (2) A statement disclosing whether the provider is for-profit or nonprofit and, if
2 nonprofit, the provision of the Federal Internal Revenue Code under which
3 the provider is exempt from the payment of income tax.
- 4 (3) A statement disclosing whether the provider is privately owned or publicly
5 owned.
- 6 (4) If the provider is leasing or intends to lease from another person any part of
7 the real property of the continuing care retirement community, a statement
8 disclosing the parties to the lease and the length and amount of time remaining
9 on the lease.
- 10 (5) The names and business addresses of the officers, directors, trustees,
11 managers, managing or general partners, any person having a ten percent
12 (10%) or greater equity or beneficial interest in the provider, and any person
13 who will be managing the continuing care retirement community on a
14 day-to-day basis, and a description of these persons' interests in or occupations
15 with the provider. If any person required to be named pursuant to this
16 subdivision does not have a business address or uses their home address as
17 their business address, the provider shall list the address of the provider as the
18 person's business address. A provider shall not disclose the personal address
19 of any person required to be named pursuant to this subdivision, unless
20 required to do so by another provision of law or a court order.
- 21 (6) The following information on all persons named in response to subdivisions
22 (1) and (5) of this subsection:
- 23 a. A description of the business experience of these persons, if any, in
24 the operation or management of a continuing care retirement
25 community.
- 26 b. The name and address of any professional service firm, association,
27 trust, partnership, or corporation in which this person has, or which
28 has in this person, a ten percent (10%) or greater interest and which it
29 is presently intended shall currently or in the future provide goods,
30 leases, or services to the provider of an aggregate value of five
31 thousand dollars (\$5,000) or more within any fiscal year, including a
32 description of the goods, leases, or services and the actual or probable
33 cost to the provider, or a statement that this cost cannot presently be
34 estimated and the reason why it cannot be presently estimated.
- 35 c. A description of any matter in which the person (i) has been convicted
36 of any felony or pleaded nolo contendere to a felony charge; (ii) has
37 been held liable or enjoined in a civil action by final judgment
38 involving fraud, embezzlement, fraudulent conversion, or
39 misappropriation of property; or (iii) is subject to a currently effective
40 injunctive or restrictive court order, or within the past five years, had
41 any state or federal license or permit suspended or revoked as a result
42 of an action brought by a governmental agency or department.
- 43 d. The extent to which any person will be responsible for the financial
44 and contractual obligations of the provider.
- 45 (7) A statement disclosing whether any affiliate or other related party provides,
46 or will provide in the case of a continuing care retirement community under
47 development, goods, leases, or services to the provider of an aggregate value
48 of five thousand dollars (\$5,000) or more within any fiscal year, not already
49 disclosed pursuant to subdivision (4) or (6) of this subsection, and a
50 description of the goods, leases, or services and the actual or probable cost to

- 1 the provider, or a statement that this cost cannot presently be estimated and
2 the reason why it cannot be presently estimated.
- 3 (8) A statement indicating whether the provider has an affiliation with any
4 religious, charitable, or other person, and the extent and description of the
5 affiliation.
- 6 (9) The name of any other person who will be responsible for the financial and
7 contractual obligations of the provider not already disclosed and the extent of
8 their responsibility.
- 9 (10) A statement as to whether the provider is, or will be, a part of an obligated
10 group and, if so, the names of the other persons in, or to be in, the obligated
11 group.
- 12 (11) A statement as to whether the provider or continuing care retirement
13 community has endowment funds, or has endowment funds available through
14 an affiliate, that are available to provide financial aid to residents, including a
15 description of the funds and any restrictions on their use.
- 16 (12) The name, address, and description of the physical property or properties of
17 the continuing care retirement community, existing or proposed, and to the
18 extent proposed, the estimated completion date or dates, whether construction
19 has begun, and the contingencies subject to which construction may be
20 deferred.
- 21 (13) The number of existing living units, or the number of living units to be
22 constructed, at the continuing care retirement community.
- 23 (14) If the provider is licensed to provide continuing care without lodging, a
24 description of the continuing care without lodging program, including the
25 primary market area served.
- 26 (15) The number or estimated number of residents of the continuing care retirement
27 community to be provided services by the provider pursuant to a continuing
28 care or continuing care without lodging contract.
- 29 (16) The 12-month daily average occupancy rate at the continuing care retirement
30 community, by living unit type, as of the provider's fiscal year-end for the past
31 five years or for each year of the continuing care retirement community's
32 operation if it has been operated for less than five years.
- 33 (17) A description of any property rights of residents in the continuing care
34 retirement community.
- 35 (18) The services provided or proposed to be provided pursuant to continuing care
36 and continuing care without lodging contracts, including the extent to which
37 health care is furnished, and a clear statement of which services are included
38 for specified periodic fees and which services are or will be made available
39 for an extra charge. The description shall include a statement describing what
40 health care services are or will be provided by the provider directly and what
41 health care services are or will be provided through a contract with a third
42 party.
- 43 (19) A description of all nonancillary fees required of residents, including entrance
44 fees, periodic fees, transfer fees, and resale fees, if any. The description shall
45 include all of the following:
- 46 a. A statement of the fees that will be charged if a resident marries or
47 otherwise increases the number of persons residing in the resident's
48 living unit while a resident of the continuing care retirement
49 community and a statement of the terms concerning the entry of a
50 spouse or other person to the continuing care retirement community

- 1 and the consequences if the spouse or other person does not meet the
2 requirements for entry.
- 3 b. The manner by which the provider may adjust periodic fees and the
4 limitations on the adjustments, if any; and, if the continuing care
5 retirement community is already in operation, a table showing the
6 frequency and average percent increase and average dollar amount of
7 each increase in periodic fees for the previous five years, or for each
8 year of the continuing care retirement community's operation if it has
9 been operated for less than five years. If the continuing care retirement
10 community is not yet in operation, the provider shall include a table
11 showing the expected frequency and average percent increase and
12 average dollar amount of each increase in periodic fees utilized in the
13 five-year prospective financial statements required pursuant to
14 subdivision (29) of this subsection.
- 15 (20) The circumstances under which a resident will be permitted to remain a
16 resident at the continuing care retirement community in the event of possible
17 financial difficulties of the resident.
- 18 (21) The terms and conditions under which a continuing care and continuing care
19 without lodging contract may be canceled by the provider, or by the resident,
20 and the conditions, if any, under which all or any portion of the entrance fee
21 or any other fee will be refunded in the event of cancellation of the continuing
22 care or continuing care without lodging contract by the provider, or by the
23 resident, or in the event of the death of the resident, prior to, or following,
24 occupancy of a living unit or the start of services.
- 25 (22) The conditions under which a living unit occupied by a resident may be made
26 available by the provider to a different or new resident other than on the death
27 of the prior resident.
- 28 (23) The conditions or circumstances under which a provider may require a
29 resident to move from their living unit to another living unit for the safety of
30 the resident or for the good of the provider.
- 31 (24) The health and financial condition required for an individual to be accepted as
32 a resident and to continue as a resident once accepted, including the effect of
33 any change in the health or financial condition of a person between the date
34 of entering into a continuing care or continuing care without lodging contract
35 and the date of initial occupancy of a living unit or the start of services.
- 36 (25) Any age and insurance requirements for admission.
- 37 (26) The provisions that have been made or will be made, including, but not limited
38 to, the requirements of G.S. 58-64A-115 and G.S. 58-64A-255, to provide
39 reserve funding or security to enable the provider to perform its obligations
40 under continuing care and continuing care without lodging contracts,
41 including the establishment of escrow accounts, trusts, or reserve funds,
42 together with the manner in which these funds will be invested, and the names
43 and experience of any person or persons who will make the investment
44 decisions. The information provided shall also include a schedule detailing
45 how the operating reserve for the continuing care retirement community has
46 been calculated which shall agree with the amount calculated and reported to
47 the Commissioner pursuant to G.S. 58-64A-260.
- 48 (27) A description of any expansion, renovation, or planned expansion or
49 renovation of the continuing care retirement community.
- 50 (28) Audited financial statements meeting the requirements of
51 G.S. 58-64A-205(a)(1).

- 1 (29) Five-year prospective financial statements meeting the requirements of
2 G.S. 58-64A-205(a)(2). For continuing care retirement communities that are
3 under development, the prospective financial statements required by this
4 subdivision shall include narrative disclosure detailing all significant
5 assumptions used in the preparation of the prospective financial statements,
6 including all of the following:
- 7 a. Details of any long-term financing for the purchase or construction of
8 the continuing care retirement community, including interest rate,
9 repayment terms, loan covenants, and assets pledged.
- 10 b. Details of any leasing agreements where the provider is leasing from
11 another person any part of the real property of the continuing care
12 retirement community, including the length of the lease and the
13 remaining term.
- 14 c. Details of any other funding sources that the provider anticipates using
15 to fund any start-up losses or to provide reserve funds to assure full
16 performance of the obligations of the provider under continuing care
17 contracts.
- 18 d. The total entrance fees to be received from or on behalf of residents at,
19 or prior to, commencement of operations along with anticipated
20 accounting methods used in the recognition of revenues from and
21 expected refunds of entrance fees.
- 22 e. A description of any equity capital to be received by the provider.
- 23 f. The cost of the acquisition of the continuing care retirement
24 community or, if the continuing care retirement community is to be
25 constructed, the estimated construction cost and cost to acquire the
26 land.
- 27 g. Related costs, including financing and development costs, that the
28 provider expects to incur or become obligated for prior to the
29 commencement of operations.
- 30 h. The marketing and resident acquisition costs to be incurred prior to
31 commencement of operations.
- 32 i. A description of the assumptions used for calculating the estimated
33 occupancy rate of the continuing care retirement community and the
34 effect on the income of the provider of government subsidies for health
35 care services.
- 36 (30) A narrative describing the reasons for any material differences between (i) the
37 five-year prospective financial statements included as a part of the disclosure
38 statement recorded most immediately subsequent to the start of the provider's
39 most recently completed fiscal year and (ii) the actual results of operations of
40 the provider's most recently completed fiscal year.
- 41 (31) After the opening of a continuing care retirement community, a table detailing
42 the following key financial metrics for the past three fiscal years, including
43 the most recent fiscal year, or for each year of the continuing care retirement
44 community's operation if it has been operated for less than three years, plus
45 the next three fiscal years, based on the provider's current and prior annual
46 audited financial statements and current five-year prospective financial
47 statements filed with the Commissioner pursuant to G.S. 58-64A-205. If there
48 is a material year over year change in any of the key financial metrics, the
49 provider shall include a narrative describing the reasons for the material
50 change. The table shall include all of the following:
- 51 a. Unrestricted cash and investments.

- 1 b. Average daily cash operating expenses.
2 c. Days cash on hand ratio.
3 d. Total long-term debt.
4 e. Unrestricted cash and investments to long-term debt ratio.
5 f. Annual building and land lease payments.
6 g. Annual debt service, including both principal and interest.
7 h. Debt service coverage ratio.
8 i. Operating ratio.
9 j. Net operating margin ratio.
10 (32) If the provider has had an actuarial study prepared within the prior three years,
11 a statement of actuarial opinion which includes a description of the key
12 assumptions used to prepare the actuarial study and an opinion on satisfactory
13 actuarial balance.
14 (33) A summary of the last examination report issued by the Commissioner, if any,
15 with references to the page numbers of the examination report noting any
16 deficiencies found by the Commissioner, and the actions taken by the provider
17 to rectify those deficiencies, indicating in the summary where the full
18 examination report may be inspected at the continuing care retirement
19 community. The summary required by this subdivision shall not be required
20 if the last examination report is more than three years old.
21 (34) Any other material information concerning the continuing care retirement
22 community or the provider which, if omitted, would lead a reasonable person
23 not to enter a continuing care or continuing care without lodging contract with
24 the provider.
25 (b) A copy of the most common continuing care and continuing care without lodging
26 contract used by the provider shall be attached to each disclosure statement. To the extent
27 multiple continuing care or continuing care without lodging contracts are utilized by the provider
28 for the continuing care retirement community, a narrative shall be included within the disclosure
29 statement listing each contract type offered and the material differences of each.
30 (c) The cover page of the disclosure statement shall state, in a prominent location and in
31 boldface type, all of the following:
32 (1) The date of the disclosure statement.
33 (2) The last date through which the disclosure statement may be delivered.
34 (3) That the delivery of the disclosure statement to a contracting party before the
35 execution of a binding reservation agreement, continuing care contract, or
36 continuing care without lodging contract is required by this Article.
37 (4) That the disclosure statement has not been reviewed or approved by any
38 government agency or representative to ensure accuracy of the information set
39 out.
40 (5) That the disclosure statement has been filed with, and recorded by, the North
41 Carolina Department of Insurance in accordance with this Article.
42 (6) That the disclosure statement contains all of the information required by this
43 Article, that it is correct, in all material respects, and that knowingly delivering
44 a disclosure statement that contains an untrue statement or omits a material
45 fact may subject the provider to penalties as set forth in this Article.
46 (d) The date on the cover page of the disclosure statement shall coincide with the last day
47 of the provider's fiscal year covered by the information contained within the disclosure statement.
48 (e) The disclosure statement shall be in plain English and in language understandable by
49 a layperson and combine conciseness, simplicity, and accuracy to fully advise residents and
50 potential residents of the items required by this section.

1 (f) The Commissioner shall review the disclosure statement for completeness but is not
2 required to review the disclosure statement for accuracy.

3 (g) The Commissioner may require a provider to alter or amend a disclosure statement to
4 provide full and fair disclosure to residents and prospective residents, and the Commissioner may
5 require the revision of a disclosure statement which the Commissioner finds to be incomplete,
6 unnecessarily complex, voluminous, confusing, or illegible.

7 (h) The Commissioner may prescribe a standardized format for the disclosure statement
8 required by this section.

9 (i) The Commissioner shall post the current disclosure statement for each continuing care
10 retirement community on the Department's website in accordance with this Article.

11 **"§ 58-64A-165. Required delivery of disclosure statement.**

12 (a) A provider shall deliver a current disclosure statement meeting the requirements of
13 G.S. 58-64A-160 to the person or the person's legal representative with whom a binding
14 reservation agreement, continuing care contract, or continuing care without lodging contract is
15 to be entered into. The disclosure statement shall be delivered no later than the earliest of the
16 following occurrences: (i) the execution of a binding reservation agreement, continuing care
17 contract, or continuing care without lodging contract, or (ii) the transfer of any money or other
18 consideration, other than a non-binding reservation deposit, to a provider by or on behalf of a
19 prospective resident. For purposes of this subsection, a disclosure statement is current if (i) it is
20 dated within one year plus 160 days prior to the date of delivery and (ii) it is the most recently
21 recorded disclosure statement on file with the Commissioner.

22 (b) The delivery required by this section may be by electronic means if the provider
23 obtains the written consent of the person with whom the binding reservation agreement,
24 continuing care contract, or continuing care without lodging contract is to be entered into. For
25 the purposes of this subsection, delivery by electronic means shall mean delivery by either of the
26 following methods:

27 (1) Delivery to an electronic mail address at which the person has consented to
28 receive the disclosure statement.

29 (2) Both of the following:

30 a. Posting the disclosure statement on an electronic network or site
31 accessible by the internet through use of a mobile application,
32 computer, mobile device, tablet, or any other electronic device.

33 b. Sending separate notice of the posting described in sub-subdivision a.
34 of this subdivision to the electronic mail address at which the person
35 consented to receive notice of the disclosure statement posting.

36 (c) After receiving delivery of a disclosure statement pursuant to this section, a
37 prospective resident shall sign an acknowledgement of receipt. The acknowledgement shall
38 include (i) the date, (ii) the name of the person signing, and (iii) the date of the disclosure
39 statement received, including date revised, if any. The provider shall provide a copy of the
40 acknowledgement of receipt to the person signing and shall maintain the original. The
41 acknowledgement of receipt required by this subsection may be received, given, and maintained
42 in either electronic or paper form.

43 (d) A copy of all disclosure statements, including all amendments, filed with and
44 recorded by the Commissioner shall be maintained by the provider, in either electronic or paper
45 form, for at least five years.

46 **"§ 58-64A-170. Annual revised disclosure statements.**

47 (a) Within 150 days following the end of each fiscal year, a provider shall file with the
48 Commissioner a revised disclosure statement setting forth current information required pursuant
49 to G.S. 58-64A-160. The annual disclosure statement revision shall be accompanied by an annual
50 filing fee of two thousand dollars (\$2,000).

1 (b) Within five business days of receipt of an annual revised disclosure statement and the
2 annual filing fee, the Commissioner shall notify the provider in writing that (i) the revised
3 disclosure statement has been received and recorded, (ii) the provider has met the filing
4 requirements of this section, and (iii) the annual revised disclosure statement is now considered
5 to be the current disclosure statement for purposes of this Article. After sending the notice, the
6 Commissioner shall post the annual revised disclosure statement on the Department's website
7 within five business days. After receiving the Commissioner's notice, the provider shall make the
8 annual revised disclosure statement available to all residents and depositors either in electronic
9 or paper form.

10 (c) The Commissioner may, upon a showing of good cause by the provider, extend the
11 due date of the annual disclosure statement revision for a reasonable period of time not to exceed
12 30 days.

13 (d) If the annual disclosure statement revision is not received by the due date and no
14 extension has been granted, a one thousand dollar (\$1,000) late fee shall accompany submission
15 of the annual disclosure statement revision. If the annual disclosure statement revision is more
16 than 30 days past due, an additional fee of thirty dollars (\$30.00) for each day over the first 30
17 days shall accompany submission of the annual disclosure statement revision. The Commissioner
18 may waive the late fee upon a showing of good cause by the provider.

19 **"§ 58-64A-175. Other revisions to disclosure statement.**

20 (a) A provider may revise its disclosure statement at any time if, in the opinion of the
21 provider, revision is necessary to prevent an otherwise current disclosure statement from
22 containing a material misstatement of fact or omitting a material fact required to be stated therein.
23 A provider that revises its disclosure statement for this purpose shall submit the revised disclosure
24 statement to the Commissioner before delivery of the disclosure statement to any resident or
25 prospective resident.

26 (b) If a disclosure statement is revised in accordance with this section or
27 G.S. 58-64A-160(g), the cover page shall additionally be revised to reflect the revision date.

28 (c) Within five business days of receipt of a revised disclosure statement pursuant to this
29 section, the Commissioner shall notify the provider in writing that the revised disclosure
30 statement has been received and recorded and is considered to be the current disclosure statement
31 for purposes of this Article. After sending this notification, the Commissioner shall post the
32 revised disclosure statement on the Department's website within five business days. After
33 receiving the Commissioner's notification, a provider revising its disclosure statement pursuant
34 to this section shall make the revised disclosure statement available to all residents either in
35 electronic or paper form.

36 "Part 6. Binding Reservation Agreement and Continuing Care Contract.

37 **"§ 58-64A-185. Binding reservation agreement.**

38 A binding reservation agreement shall include all of the following:

39 (1) A provision that the person entering into the agreement may rescind the
40 agreement within 30 days following the later of the following occurrences: (i)
41 the execution of the agreement or (ii) the receipt of a disclosure statement that
42 meets the requirements of G.S. 58-64A-160.

43 (2) A provision that the agreement shall be automatically canceled if either of the
44 following occurs: (i) a depositor dies before signing a continuing care contract
45 or (ii) a depositor would be precluded from signing a continuing care contract
46 and occupying a living unit in the continuing care retirement community under
47 the terms of a continuing care contract due to illness, injury, or incapacity.

48 (3) A provision that, if an agreement is rescinded, automatically canceled, or
49 otherwise canceled by the depositor, the depositor shall receive a refund of all
50 money or other consideration transferred to the provider. All of the following
51 shall be deducted from the depositor's refund:

- 1 a. Nonstandard costs specifically incurred by the provider at the request
2 of the depositor and described in the agreement.
3 b. Any nonrefundable fees specifically set forth in the agreement.
4 c. Any service charge specifically set forth in the agreement that shall
5 not exceed (i) three thousand dollars (\$3,000), (ii) two percent (2%) of
6 the entrance fee, or (iii) the amount of consideration transferred to the
7 provider by the depositor. An agreement shall not include a provision
8 that imposes a service charge based on (i) a cancellation caused by the
9 failure of a provider to meet its obligations under the agreement, or (ii)
10 the failure of the provider to obtain a permanent license in accordance
11 with this Article.

- 12 (4) A provision that any refund due to a depositor for a cancellation or termination
13 for reasons not provided for in this section shall be computed in accordance
14 with the terms of the agreement.

15 **"§ 58-64A-190. Continuing care contract.**

- 16 (a) A continuing care contract shall include all of the following provisions:

- 17 (1) A provision that the person contracting with the provider may rescind the
18 contract within 30 days following the later of the execution of the contract or
19 the receipt of a disclosure statement that meets the requirements of
20 G.S. 58-64A-160, and a resident to whom the contract pertains is not required
21 to move into the continuing care retirement community before the expiration
22 of the 30-day period.

- 23 (2) A provision that, if a resident dies before occupying a living unit in the
24 continuing care retirement community, or if, on account of illness, injury, or
25 incapacity, a resident would be precluded from occupying a living unit in the
26 continuing care retirement community under the terms of the contract, the
27 contract is automatically canceled.

- 28 (3) A provision that, for rescinded or canceled contracts under this subsection and
29 contracts canceled before a living unit is initially available for occupancy by
30 the first resident of a living unit, the resident or the resident's legal
31 representative shall receive a refund of all money or other consideration
32 transferred to the provider, less (i) periodic fees specified in the contract and
33 applicable only to the period a living unit was actually occupied by the
34 resident; (ii) those nonstandard costs specifically incurred by the provider at
35 the request of the resident and described in the contract or any contract
36 amendment signed by the resident; (iii) nonrefundable fees, if set out in the
37 contract; and (iv) a reasonable service charge, if set out in the contract, not to
38 exceed the greater of three thousand dollars (\$3,000) or two percent (2%) of
39 the entrance fee. In no event shall the service charge exceed the amount of
40 consideration transferred to the provider by the resident, or a service charge
41 be assessed due to the termination of the contract because of the failure of the
42 provider to meet its obligations under the contract, or upon the failure of the
43 provider to obtain a permanent license in accordance with this Article.

- 44 (4) A provision that any refund due to a resident for a cancellation or termination
45 for reasons not provided for in this section shall be computed in accordance
46 with the terms of the contract.

- 47 (b) A continuing care contract shall specify all of the following:

- 48 (1) All fees required of residents, including any entrance fee and any ongoing
49 periodic fees.

- 50 (2) The services to be provided.

- 1 (6) Prospective financial statements prepared by a certified public accountant that
2 show the financial impact of providing continuing care without lodging on the
3 provider and the continuing care retirement community. The prospective
4 financial statements shall include a statement of activities reporting the
5 revenue and expense details for providing continuing care without lodging, as
6 well as the impact the program will have on the operations of the provider and
7 the continuing care retirement community, including the operating reserve.
- 8 (7) Evidence of the license required under Part 3 of Article 6 of Chapter 131E of
9 the General Statutes to provide home care services, or a contract with a
10 licensed home care agency for the provision of home care services to be
11 provided to residents under the continuing care without lodging program.
- 12 (b) The Commissioner shall comply with the following deadlines in response to an
13 application for a continuing care without lodging license:
- 14 (1) Within five business days after receipt of an application or of materials
15 intended to supplement an incomplete application, the Commissioner shall
16 acknowledge receipt in writing.
- 17 (2) Within 30 days after receipt of an application or of materials intended to
18 supplement an incomplete application, the Commissioner shall determine if
19 the application is complete and inform the applicant in writing of the
20 determination. If the Commissioner determines that the application is
21 incomplete, the notice to the applicant shall specifically set forth and request
22 any additional information the Commissioner determines is necessary to
23 complete the application.
- 24 (3) Within 30 days after an application is deemed complete, the Commissioner
25 shall approve or deny the application.
- 26 (c) The Commissioner shall approve an application for a continuing care without lodging
27 license unless the Commissioner determines that any of the following requirements are not met:
- 28 (1) The application meets all requirements of this section.
- 29 (2) None of the grounds for denial listed in G.S. 58-64A-285 apply to the
30 applicant.
- 31 (3) The applicant is able to provide continuing care without lodging as proposed.
- 32 (4) There is sufficient consumer interest in the continuing care without lodging
33 program proposed by the applicant.
- 34 (5) The program proposed by the applicant will not have a detrimental impact on
35 the overall operations of the applicant and continuing care retirement
36 community.
- 37 (d) After the issuance of a continuing care without lodging license, the applicant (i) may
38 arrange or provide continuing care without lodging and (ii) shall file an amended disclosure
39 statement with the Commissioner which contains the information regarding continuing care
40 without lodging required by this section and G.S. 58-64A-160.
- 41 (e) After the issuance of a continuing care without lodging license, the Commissioner
42 may require a provider to submit periodic reports in a form prescribed by the Commissioner to
43 monitor the status of the continuing care without lodging program.
- 44 **§ 58-64A-200. Continuing care without lodging contract.**
- 45 (a) A continuing care without lodging contract shall include all of the following
46 provisions:
- 47 (1) A provision that the individual contracting with the provider may rescind the
48 contract within 30 days following the later of the execution of the contract or
49 the receipt of a disclosure statement that meets the requirements of
50 G.S. 58-64A-160.

1 without lodging contract and are strongly encouraged to seek financial and legal advice before
2 doing so."

3 "Part 8. Reporting, Financial, and Operating Requirements.

4 "§ 58-64A-205. Annual report.

5 (a) A provider that has obtained a permanent license or restricted permanent license
6 under this Article shall submit an annual report to the Commissioner. The annual report shall be
7 in a form that the Commissioner prescribes and shall include the following information:

8 (1) Audited financial statements as of the end of the provider's most recent fiscal
9 year that shall be prepared in accordance with one of the following:

10 a. If a provider is required by Generally Accepted Accounting Principles
11 to have their financial statements consolidated with other persons, the
12 consolidated financial statements shall include a consolidating balance
13 sheet, a consolidating statement of operations and changes in net assets
14 or equity, and a consolidating statement of cash flows as supplemental
15 information to the audited consolidated financial statements. This
16 supplemental information shall include a balance sheet, a statement of
17 operations and changes in net assets or equity, and a statement of cash
18 flows for each continuing care retirement community operated under
19 this Article.

20 b. If the provider includes one or more persons acting in concert to offer
21 and provide continuing care, the audited financial statements shall be
22 combined and shall include a combining balance sheet, a combining
23 statement of operations and changes in net assets or equity, and a
24 combining statement of cash flows as supplemental information to the
25 audited combined financial statements. This supplemental information
26 shall include a balance sheet, a statement of operations and changes in
27 net assets or equity, and a statement of cash flows for each continuing
28 care retirement community operated under this Article.

29 c. If a provider is part of an obligated group, the audited financial
30 statements shall be either consolidated or combined with the other
31 members of the obligated group and shall include a combining or
32 consolidating balance sheet, a combining or consolidating statement
33 of operations and changes in net assets or equity, and a combining or
34 consolidating statement of cash flows as supplemental information to
35 the audited combined or consolidated financial statements. This
36 supplemental information shall include a balance sheet, a statement of
37 operations and changes in net assets or equity, and a statement of cash
38 flows for each continuing care retirement community operated under
39 this Article.

40 d. If the provider is not required by Generally Accepted Accounting
41 Principles to have their financial statements consolidated with other
42 persons, does not include one or more persons acting in concert to offer
43 and provide continuing care, and is not part of an obligated group, then
44 the audited financial statements shall be a stand-alone financial audit
45 of the provider. The audited financial statements must include as
46 supplemental information, if the provider operates more than one
47 continuing care retirement community or has operations that are
48 separate and distinct from the operation of a continuing care retirement
49 community or communities under this Article, a balance sheet, a
50 statement of operations and changes in net assets or equity, and a

1 statement of cash flows for each continuing care retirement
2 community operated under this Article.

3 (2) Five-year prospective financial statements of the provider that are either
4 compiled or examined by an independent certified public accountant, that are
5 prepared on a stand-alone basis, or consolidated or combined with the same
6 persons as the audited financial statements required pursuant to subdivision
7 (1) of this subsection, and that meet all of the following requirements:

8 a. Include a summary of significant assumptions and a summary of
9 significant accounting policies.

10 b. Include, if financial projections, an identification of the hypothetical
11 assumptions and a description of the limitations on the usefulness of
12 the presentation.

13 c. Include as supplemental information for each of the five prospective
14 years all of the following:

15 1. A balance sheet.

16 2. A statement of operations and changes in net assets or equity.

17 3. A statement of cash flows for each continuing care retirement
18 community operated under this Article if the five-year
19 prospective financial statements are prepared on a consolidated
20 or combined basis, or if the provider operates more than one
21 continuing care retirement community or has operations that
22 are separate and distinct from the operation of a continuing
23 care retirement community operating under this Article.

24 d. Contain the same line items and categories as the audited financial
25 statements filed pursuant to subdivision (1) of this subsection.

26 (3) The operating reserve certification required pursuant to G.S. 58-64A-225.

27 (4) A statement disclosing all of the following:

28 a. Whether the provider, or any obligated group that the provider is a part
29 of, is not in compliance with any covenant contained in any debt
30 agreement and, if not in compliance, specifying each failure to comply
31 and the steps being taken to cure the noncompliance.

32 b. Whether the provider is aware of any existing circumstances which
33 would hinder or cause the provider, or any member of an obligated
34 group that the provider is a part of, to not be able to perform on any
35 debt agreement.

36 (5) The dates on which the semiannual meetings required pursuant to
37 G.S. 58-64A-360 were held during the provider's last fiscal year.

38 (b) If a provider is also licensed to provide continuing care without lodging, the provider
39 shall account for the related revenue and expenses generated from the continuing care without
40 lodging program separate from the provider's and continuing care retirement community's on-site
41 operations when providing the audited financial statements and five-year prospective financial
42 statements required by this section.

43 (c) A provider shall file the annual report required by this section with the Commissioner
44 within 150 days after the provider's fiscal year-end. The Commissioner may, upon a showing of
45 good cause by the provider, extend the filing date of the annual report for a reasonable period of
46 time not to exceed 30 days. If the complete annual report is not received by the due date, unless
47 granted an extension, a one thousand dollar (\$1,000) late fee shall accompany submission of the
48 annual report. If the annual report is more than 30 days past due, an additional fee of thirty dollars
49 (\$30.00) for each day over the first 30 days shall accompany submission of the annual report.
50 The Commissioner may waive the late fee upon a showing of good cause by the provider.

1 (d) The annual report shall be accompanied by a signed and certified statement by an
2 authorized individual of the provider stating that, to the best of his or her knowledge and belief,
3 the items submitted are correct in all material respects.

4 (e) Inclusion of the audited financial statements and five-year prospective financial
5 statements within the revised disclosure statement filed with the Commissioner pursuant to
6 G.S. 58-64A-175 shall satisfy the requirements of subdivisions (1) and (2) of subsection (a) of
7 this section.

8 **"§ 58-64A-210. Additional reporting.**

9 (a) If the Commissioner determines that additional information is needed to properly
10 monitor the financial condition or operations of a provider or continuing care retirement
11 community or is otherwise needed to protect the public interest, the Commissioner may require
12 a provider licensed under this Article to file any of the following:

13 (1) A monthly or quarterly unaudited financial statement of the provider and
14 continuing care retirement community in a format acceptable to the
15 Commissioner that shall be no later than 45 days after the end of the applicable
16 month or quarter.

17 (2) Any other data, financial statements, and pertinent information as the
18 Commissioner may reasonably require regarding (i) the provider, (ii) the
19 continuing care retirement community, or (iii) any affiliate, if the provider
20 relies on a contractual or financial relationship with the affiliate in order to
21 meet the financial requirements of this Article.

22 (b) A provider shall promptly notify the Commissioner and all residents in writing
23 whenever any of the following apply:

24 (1) The provider fails to maintain the operating reserve required pursuant to Part
25 9 of this Article.

26 (2) The 12-month daily average independent living unit occupancy rate at a
27 continuing care retirement community operated by the provider in this State,
28 as computed in accordance with G.S. 58-64A-260, has fallen below
29 eighty-five percent (85%) and has remained below eighty-five percent (85%)
30 for a period over 90 days, except in the case where the continuing care
31 retirement community is undergoing an expansion in accordance with this
32 Article.

33 (3) The provider, or any obligated group that the provider is a part of, is in
34 violation of any covenant contained in any debt agreement.

35 (4) The provider seeks modification, waiver, or extension of any of the provider's
36 material financial covenants or material payment terms under a mortgage loan,
37 bond indenture, or other long-term financing agreement.

38 **"§ 58-64A-215. Purchase, sale, or transfer of ownership interest of a continuing care**
39 **retirement community.**

40 (a) No permit, certificate, or license issued pursuant to this Article is transferable, and no
41 permit, certificate, or license issued pursuant to this Article has value for sale or exchange as
42 property.

43 (b) A provider or other owning person shall obtain approval from the Commissioner
44 before consummating any sale or transfer of any real property used in the operations of a
45 continuing care retirement community, including a sale-leaseback transaction, or any interest in
46 a continuing care retirement community, other than the sale of an independent living unit to a
47 resident or other transferee.

48 (c) A provider shall obtain approval from the Commissioner before consummating any
49 purchase of real property currently leased and used by the provider in the operations of a
50 continuing care retirement community. Any purchase option to be entered into by the provider

1 that requires a purchase option deposit shall only be entered into if the deposit is placed in an
2 escrow account or secured in another method acceptable to the Commissioner.

3 (d) A provider shall request approval of any transaction listed in subsection (b) or (c) of
4 this section by providing written notice to the Commissioner, made under oath or affirmation, at
5 least 45 days prior to consummating the transaction. The written notice required by this
6 subsection shall include all of the following:

7 (1) The identity and description of the persons involved in the transaction.

8 (2) A description of the transaction and the terms of the transaction.

9 (3) A description of the financial impact on the provider.

10 (4) If applicable, a plan for ensuring performance of existing continuing care and
11 continuing care without lodging contract obligations.

12 (5) Any other information reasonably required by the Commissioner.

13 (e) The Commissioner shall comply with the following deadlines in response to a request
14 for approval pursuant to this section:

15 (1) Within five business days after receipt of a request or of materials intended to
16 supplement an incomplete request, the Commissioner shall acknowledge
17 receipt in writing.

18 (2) Within 30 business days after receipt of a request or of materials intended to
19 supplement an incomplete request, the Commissioner shall determine if the
20 request is complete and inform the applicant in writing of the determination.
21 If the Commissioner determines that the request is incomplete, the notice to
22 the applicant shall specifically set forth and request any additional information
23 the Commissioner determines is necessary to complete the request. For
24 purposes of this subdivision, an incomplete request includes a request that
25 requires the acquiring person to obtain a certificate or license pursuant to this
26 Article.

27 (3) Within 30 business days after a request is deemed complete, the
28 Commissioner shall approve or deny the request for approval.

29 (f) The Commissioner shall approve a request for approval unless the Commissioner
30 determines that any of the following requirements are not met:

31 (1) The request meets all requirements of this section.

32 (2) None of the grounds for denial listed in G.S. 58-64A-285 apply to the
33 applicant.

34 (3) The transaction does not jeopardize the financial stability of the provider or
35 prejudice the interest of residents.

36 (g) A provider shall give written notice to all affected residents and depositors of the
37 proposed transaction within five business days after receiving approval from the Commissioner.

38 (h) The Commissioner may revoke or restrict the certificate or license of a provider or
39 take other administrative action pursuant to Part 10 of this Article if a provider violates the
40 provisions of this section.

41 **"§ 58-64A-220. Change of control of a provider.**

42 (a) No person shall enter into an agreement to merge with, or to otherwise acquire control
43 of, a provider holding a certificate or license under this Article unless the transaction is approved
44 by the Commissioner. To obtain the Commissioner's approval, the acquiring person shall file a
45 request for approval with the Commissioner.

46 (b) The request for approval required by this section shall be furnished in a form as
47 prescribed by the Commissioner, made under oath or affirmation, and shall contain the following
48 information:

49 (1) The name and address of each person by whom or on whose behalf the merger
50 or other acquisition of control is to be effected and the following additional
51 information regarding those persons:

- 1 a. If the person is not an individual, a report of the nature of its business
2 operations during the past five years or for a lesser period as the person
3 and any predecessors have been in existence.
- 4 b. A description of the business intended to be done by the person, the
5 person's affiliates, and other related parties.
- 6 c. A list of all individuals who are or who have been selected to become
7 directors or executive officers of the person, or who perform or will
8 perform functions appropriate to those positions.
- 9 d. For each individual listed pursuant to this subdivision, the person's
10 principal occupation and all offices and positions held during the past
11 five years and any conviction of crimes other than minor traffic
12 violations during the past 10 years.
- 13 (2) The source, nature, and amount of the consideration used or to be used in
14 effecting the merger or other acquisition of control; a description of any
15 transaction wherein funds were or are to be obtained for that purpose,
16 including any pledge of the provider's stock, or the stock of any of its
17 subsidiaries or controlling affiliates; and the identity of persons furnishing the
18 consideration. Notwithstanding this subdivision, when the source of the
19 consideration is a loan made in the lender's ordinary course of business, the
20 identity of the lender shall remain confidential, if the person filing the written
21 notice so requests.
- 22 (3) Fully audited financial information as to the earnings and financial condition
23 of each acquiring person for the preceding five fiscal years, or for a lesser
24 period as the acquiring person and any predecessors have been in existence,
25 and similar unaudited information as of a date not earlier than 90 days prior
26 to the filing of the written notice.
- 27 (4) Any plans or proposals that each acquiring person may have to liquidate the
28 provider, or any continuing care retirement community operated by the
29 provider in this State, to sell its assets or merge or consolidate it with any
30 person, or to make any other material change in its business or corporate
31 structure or management.
- 32 (5) A description of the effect, if any, that the merger or other acquisition of
33 control will have on the financial condition of the provider.
- 34 (6) A description of any change in the persons who currently provide goods and
35 services to the provider and residents, including health care and management.
- 36 (7) A description of any agreements made or to be made with residents which will
37 amend any continuing care or continuing care without lodging contract at the
38 time of the transfer of control.
- 39 (8) A description of any service or contractual obligation with residents which
40 will change as a result of the change in control.
- 41 (9) Any additional information as the Commissioner may prescribe as necessary
42 or appropriate for the protection of residents or in the public interest.
- 43 (c) The Commissioner shall comply with the following deadlines in response to request
44 for approval pursuant to this section:
- 45 (1) Within five business days after receipt of a request or of materials intended to
46 supplement an incomplete request, the Commissioner shall acknowledge
47 receipt in writing.
- 48 (2) Within 30 business days after receipt of a request or of materials intended to
49 supplement an incomplete request, the Commissioner shall determine if the
50 request is complete and inform the applicant in writing of the determination.
51 If the Commissioner determines that the request is incomplete, the notice to

- 1 the applicant shall specifically set forth and request any additional information
2 the Commissioner determines is necessary to complete the request.
- 3 (3) Within 30 business days after a request is deemed complete, the
4 Commissioner shall approve or deny the request for approval.
- 5 (d) The Commissioner shall approve a request for approval pursuant to this section unless
6 the Commissioner determines that any of the following requirements are not met:
- 7 (1) None of the grounds for denial listed in G.S. 58-64A-285 apply to the
8 applicant.
- 9 (2) After the change of control, the provider will be able to satisfy the certification
10 or licensure requirements, as applicable, of this Article.
- 11 (3) The financial condition of any acquiring person will not jeopardize the
12 financial stability of the provider or prejudice the interest of any residents.
- 13 (4) Any plans or proposals that any acquiring person has to liquidate the provider,
14 or any continuing care retirement community operated by the provider in this
15 State, sell its assets, or consolidate or merge it with any person, or to make
16 any other material change in its business or corporate structure or
17 management, are fair and reasonable to residents and in the public interest.
- 18 (5) The competence, experience, and integrity of those persons who would
19 control the operation of the provider are such that the change of control will
20 not harm the interests of residents or of the public.
- 21 (e) A provider shall give written notice to all affected residents and depositors of the
22 proposed merger or other acquisition of control within five business days after the acquiring
23 person has received approval from the Commissioner.
- 24 (f) The Commissioner may revoke or restrict the license or certificate of a provider or
25 take other administrative action pursuant to Part 10 of this Article if a provider violates the
26 provisions of this section.
- 27 **"§ 58-64A-225. Operating reserve certification.**
- 28 (a) A provider shall maintain after the opening of a continuing care retirement
29 community an operating reserve as required by G.S. 58-64A-255.
- 30 (b) At the time a provider files its annual report, a provider shall file a form acceptable to
31 the Commissioner computing, reporting, and certifying all of the following:
- 32 (1) The 12-month daily average independent living unit occupancy rate at the
33 continuing care retirement community, or a shorter period of time that the
34 continuing care retirement community has been in operation, as of the date of
35 certification.
- 36 (2) The amount the provider is required to hold as its operating reserve.
- 37 (3) The qualifying assets, and their respective values, as defined and valued in
38 accordance with G.S. 58-64A-270, that the provider maintains for its
39 operating reserve.
- 40 **"§ 58-64A-230. Actuarial study.**
- 41 (a) A provider shall submit to the Commissioner, at least once every three years, an
42 actuarial study prepared in accordance with accepted actuarial standards of practice of each
43 continuing care retirement community operated by the provider in this State, including an
44 actuarial study of any continuing care without lodging program that the provider is licensed for
45 pursuant to this Article.
- 46 (b) If the actuary is unable to form a needed opinion, or if the opinion is adverse or
47 qualified, the statement of actuarial opinion and the actuarial study shall specifically state the
48 reason.
- 49 (c) The Commissioner may request the information required in this section more
50 frequently to assist in the determination of a possible hazardous condition.

1 (d) A provider required to file an actuarial study under this section that held a license on
2 the effective date of this section shall file an actuarial study with the Commissioner before the
3 expiration of three years following the effective date of this section. Thereafter, each provider
4 shall file its required actuarial study before the expiration of three years following the date it last
5 filed an actuarial study with the Commissioner.

6 (e) A provider required to file an actuarial study under this section that did not hold a
7 license on the effective date of this section shall file its first actuarial study within 45 days
8 following the due date for the provider's annual report for the fiscal year in which the provider
9 obtained its permanent license. Thereafter, the provider shall file its required actuarial study
10 before the expiration of three years following the date it last filed an actuarial study with the
11 Commissioner.

12 (f) A provider that only offers health care on a fee-for-service basis or only provides a
13 limited discount or limited number of free days in a long-term care facility shall be exempt, unless
14 otherwise required by the Commissioner, from the actuarial study requirement in this section.
15 Providers exempt pursuant to this subsection shall submit to the Commissioner, at least once
16 every five years, an actuarial projection of future population flows and adult care home bed and
17 nursing bed needs using appropriate mortality, morbidity, withdrawal, occupancy, and other
18 demographic assumptions and using a projection period that extends to a point at which, in the
19 actuary's professional judgment, the use of a longer period would not materially affect the results
20 and conclusions. The Commissioner may require an actuarial projection of future population
21 flows and adult care home bed and nursing bed needs sooner if there has been an increase or
22 decrease of twenty percent (20%) or more of one or more types of living units at a continuing
23 care retirement community during the provider's most recent fiscal year.

24 **"§ 58-64A-235. Notice of proposed name change.**

25 (a) A provider shall notify the Commissioner before making any change to its name or
26 the name of a continuing care retirement community operated by the provider in this State,
27 including the adoption of an assumed business name.

28 (b) Within 10 business days of submitting notification to the Commissioner of a proposed
29 change under subsection (a) of this section, the provider shall notify all residents and depositors
30 of all affected continuing care retirement communities, as applicable, of the proposed change.

31 **"§ 58-64A-240. Third-party management.**

32 (a) A provider shall notify and receive the approval of the Commissioner before entering
33 into a contract with a third party for the management of a continuing care retirement community.
34 The notification required by this section shall include a copy of the proposed contract, the
35 information required by G.S. 58-64A-160(a)(5) and G.S. 58-64A-160(a)(6) regarding the
36 proposed third-party manager, a description of the third party's experience in managing
37 continuing care retirement communities, the reason for the change in management, and, if
38 applicable, a statement as to whether there were any significant disagreements with the former
39 manager.

40 (b) The provider shall inform all residents in writing of the notice submitted to the
41 Commissioner pursuant to this section within five business days after the notice is submitted to
42 the Commissioner.

43 (c) The Commissioner shall complete the review of the notification required pursuant to
44 this section and issue written notice of approval or disapproval of the proposed third-party
45 manager within 30 days after the filing is deemed complete. A filing is deemed complete upon
46 the Commissioner's receipt of all requested information. If the Commissioner does not issue
47 written notice of disapproval of the third-party manager within 30 days after the filing is deemed
48 complete, the new management shall be deemed approved.

49 (d) The Commissioner may disapprove of the proposed third-party manager if the
50 Commissioner determines either of the following:

(1) The proposed third-party manager is incompetent or untrustworthy or so lacking in managerial experience as to make the operation of the continuing care retirement community potentially hazardous to residents.

(2) The proposed third-party manager is affiliated directly or indirectly through ownership, control, or business relations with any person or persons whose business operations are or have been marked by manipulation of assets or accounts or by bad faith, to the detriment of residents, members, stockholders, investors, creditors, or the public.

(e) The provider shall remove any third-party manager immediately upon discovery of either of the following conditions, if the conditions were not disclosed in the notice to the Commissioner required pursuant to this section or in any disclosure statement filed with the Commissioner:

(1) That a manager has been convicted of any felony or pleaded nolo contendere to a felony charge or has been held liable or enjoined in a civil action by final judgment involving fraud, embezzlement, fraudulent conversion, or misappropriation of property.

(2) That a manager is now, or was in the past, affiliated directly or indirectly through ownership interest of ten percent (10%) or more in, or control of, any business, corporation, or other entity that has been convicted of any felony or pleaded nolo contendere to a felony charge or has been held liable or enjoined in a civil action by final judgment involving fraud, embezzlement, fraudulent conversion, or misappropriation of property.

§ 58-64A-245. Reduction in the number of living units.

(a) A provider shall notify the Commissioner before reducing the number of any type of living unit at a continuing care retirement community by twenty percent (20%) or more. The notification required by this section shall include a statement describing the reasons for the reduction and the effect, if any, on residents and the financial condition of the provider. Within 10 business days of notifying the Commissioner, the provider shall provide the same notice to all residents.

(b) For the purposes of this section, the percentage in subsection (a) of this section shall be based on the type of living unit being reduced.

"Part 9. Operating Reserve.

§ 58-64A-255. Operating reserve requirement.

(a) A provider shall maintain after the opening of a continuing care retirement community an operating reserve equal to fifty percent (50%) of the total operating costs of the continuing care retirement community forecasted or projected for the 12-month period following the period covered by the most recent disclosure statement filed with the Department.

(b) Once a continuing care retirement community achieves a 12-month daily average independent living unit occupancy rate of ninety percent (90%) or higher, a provider shall only be required to maintain an operating reserve in an amount calculated using the table below, unless otherwise instructed by the Commissioner:

<u>12-Month Daily Average Independent Living Unit Occupancy Rate</u>	<u>Operating Reserve Requirement as a Percentage of Total Operating Costs of the Continuing Care Retirement Community</u>
<u>90% or above.....</u>	<u>25.00%</u>
<u>86% to 89.9%</u>	<u>31.25%</u>
<u>83% to 85.9%</u>	<u>37.50%</u>
<u>80% to 82.9%</u>	<u>43.75%</u>
<u>Below 80%</u>	<u>50.00%</u>

(c) A provider who has a 12-month daily average independent living unit occupancy rate equal to or in excess of ninety-three percent (93%) and has no long-term debt or a debt service

1 coverage ratio in excess of 2.00 as of the provider's most recent fiscal year-end shall only be
2 required to maintain an operating reserve equal to twelve and one-half percent (12.5%) of total
3 operating costs of the continuing care retirement community, unless otherwise instructed by the
4 Commissioner.

5 (d) The Commissioner may increase the amount a provider is required to maintain as its
6 operating reserve, not to exceed fifty percent (50%) of total operating costs as calculated in
7 accordance with G.S. 58-64A-260, for a continuing care retirement community operated by the
8 provider or require that a provider immediately place the operating reserve on deposit with the
9 Commissioner if the Commissioner has determined that the provider is in a hazardous condition
10 pursuant to G.S. 58-64A-290.

11 (e) A provider shall notify all residents in writing within five business days if the
12 Commissioner, pursuant to subsection (d) of this section, increases the amount a provider is
13 required to maintain as its operating reserve for a continuing care retirement community operated
14 by the provider or requires the operating reserve to be placed on deposit with the Commissioner.

15 (f) If the Commissioner requires a provider to place an operating reserve on deposit with
16 the Commissioner, the provider shall at the same time deliver to the Commissioner a power of
17 attorney executed by the provider's president and secretary, or other proper person or persons,
18 authorizing the sale or transfer of said qualifying assets, or any part, for the purpose of paying
19 any of the liabilities of the provider related to the continuing care retirement community for
20 which the operating reserve is maintained.

21 **"§ 58-64A-260. Operating reserve calculation.**

22 (a) The five-year prospective financial statements as required by G.S. 58-64A-205(a)(2),
23 together with the 12-month daily average independent living unit occupancy rate of the
24 continuing care retirement community, shall serve as the basis for computing the operating
25 reserve. A provider shall calculate and adjust, if necessary, the required operating reserve on at
26 least a semiannual basis, including the date the operating reserve is certified in accordance with
27 G.S. 58-64A-225.

28 (b) In addition to total operating expenses, total operating costs will include debt service
29 consisting of principal and interest payments, along with taxes and insurance on any mortgage
30 loan or other long-term financing, but will exclude depreciation, amortized expenses, and
31 extraordinary items as approved by the Commissioner. If the debt service portion is accounted
32 for by way of another reserve account, the debt service portion may be excluded upon satisfactory
33 evidence of the existence and purpose of the other reserve account.

34 (c) A provider shall apply in writing for a determination by the Commissioner in order
35 to exclude extraordinary items from total operating costs and shall provide documentation to
36 support the request.

37 (d) For providers that have voluntarily and permanently discontinued entering into
38 continuing care contracts, or who operate a continuing care retirement community where not all
39 occupants are under continuing care contracts, the Commissioner may allow a reduced operating
40 reserve if the Commissioner finds that the reduction is consistent with the financial protections
41 imposed by this Article. In making this determination, the Commissioner may consider factors
42 including the financial condition of the provider, the number of outstanding continuing care
43 contracts, the ratio of persons under continuing care contracts to those persons who do not hold
44 a continuing care contract, and the 12-month daily average independent living unit occupancy
45 rate.

46 (e) A provider who has increased the number of independent living units available at a
47 continuing care retirement community in excess of twenty percent (20%) shall be allowed to
48 exclude the total number of independent living units in the expansion project for a period of 18
49 months after the independent living units become available for occupancy when computing the
50 operating reserve required by this Part.

1 (f) The Commissioner may allow a different calculation for a provider's required
2 operating reserve for a continuing care retirement community operated by the provider if the
3 calculation, in the opinion of the Commissioner, does not diminish the residents' protections
4 provided for by this Part.

5 **"§ 58-64A-270. Qualifying assets.**

6 (a) A provider shall fund its operating reserve with any of the following qualifying assets:

7 (1) Cash.

8 (2) Cash equivalents.

9 (3) Investment grade securities. For the purposes of this subdivision, investment
10 grade securities are any of the following:

11 a. Securities issued or directly and fully guaranteed or insured by the
12 government of the United States of America or any of its agencies or
13 instrumentalities.

14 b. Debt securities or debt instruments with a rating of BBB- or higher by
15 Standard & Poor's or Baa3 or higher by Moody's, or, if no rating of
16 Standard & Poor's or Moody's then exists, the equivalent of that rating
17 by any other nationally recognized statistical rating organization
18 appearing on the list of nationally recognized statistical rating
19 organizations maintained by the National Association of Insurance
20 Commissioners.

21 c. Investments in any fund that invests exclusively in investments of the
22 type described in sub-subdivision a. or b. of this subdivision, which
23 fund may also hold immaterial amounts of cash pending investment or
24 distribution.

25 (4) Corporate stock that is traded on a public securities exchange that can be
26 readily valued and liquidated for cash, including shares in mutual funds and
27 exchange-traded funds that hold portfolios consisting predominantly of these
28 stocks.

29 (5) Other assets considered to be acceptable to the Commissioner on a
30 case-by-case basis.

31 (b) Except as otherwise provided in this subsection, the assets maintained by the provider
32 as an operating reserve for a continuing care retirement community operated by the provider
33 under this Article may not be subject to any liens, charges, judgments, garnishments, or creditors'
34 claims and may not be hypothecated, pledged as collateral, or otherwise encumbered in any
35 manner. A provider may encumber assets held as an operating reserve as part of a security pledge
36 of assets or similar collateralization that is part of the provider's debt financing and is included
37 in the provider's debt indenture security instruments related thereto or other similar instrument.

38 (c) For the purpose of calculating the amount to be maintained by the provider to satisfy
39 its operating reserve requirement, all qualifying assets shall be valued at their current fair market
40 value.

41 **"§ 58-64A-275. Surety bond; letter of credit.**

42 (a) In lieu of funding the operating reserve with qualifying assets as set forth in
43 G.S. 58-64A-270, a provider may fund all or a portion of the operating reserve required by this
44 Part by filing with the Commissioner a surety bond or letter of credit as set forth in this section.

45 (b) Surety Bond. – A surety bond shall be in a form acceptable to the Commissioner and
46 issued by an insurer authorized by the Commissioner to write surety business in this State. All of
47 the following shall apply to surety bonds issued pursuant to this Article:

48 (1) The surety bond may be exchanged or replaced with another surety bond if (i)
49 the surety bond applies to obligations and liabilities that arose during the
50 period of the original surety bond, (ii) the surety bond meets the requirements

1 of this section, and (iii) 90 days' advance written notice is provided to the
2 Commissioner.

3 (2) Notice of cancellation or nonrenewal of the surety bond required by this
4 section shall be provided to the provider and the Commissioner in writing at
5 least 45 days before cancellation or nonrenewal.

6 (3) A surety bond may be canceled by the issuer of the bond with respect to future
7 obligations or liabilities upon proper notice pursuant to this section and
8 without regard to approval or acceptance of the Commissioner.

9 (c) Letter of Credit. – A provider may file a clean, irrevocable, unconditional letter of
10 credit issued or confirmed by a qualified United States financial institution as defined in
11 G.S. 58-7-26(b) naming the Commissioner as beneficiary. The terms of the letter of credit shall
12 be approved by the Commissioner before issuance and before its renewal or modification. The
13 letter of credit shall provide for all of the following:

14 (1) Ninety days' prior written notice to both the provider and the Commissioner
15 of the financial institution's determination not to renew or extend the term of
16 the letter of credit.

17 (2) Unless otherwise arranged by the provider to the satisfaction of the
18 Commissioner, deposit by the financial institution of letter of credit funds in
19 an account designated by the Commissioner no later than 30 days before the
20 expiration of the letter of credit.

21 (3) Deposit by the financial institution of letter of credit funds in an account
22 designated by the Commissioner within five business days following written
23 instructions from the Commissioner that, in the sole judgment of the
24 Commissioner, funding of the operating reserve is required.

25 **§ 58-64A-280. Operating reserve release.**

26 (a) An operating reserve shall only be released, in whole or in part, upon the submittal of
27 a detailed request from the provider and approval of that request by the Commissioner. This
28 request shall be submitted in writing for the Commissioner to review at least 10 business days
29 prior to the proposed date of withdrawal.

30 (b) In order to receive the approval of the Commissioner, a provider shall explain why a
31 release is necessary and, if applicable, submit a repayment schedule to replenish the operating
32 reserve to the amount required by G.S. 58-64A-255. Within five business days after the date a
33 request is deemed complete, the Commissioner shall provide the provider with a written notice
34 of approval or disapproval of the request. The Commissioner may disapprove any request to
35 withdraw the funds if it is determined that the withdrawal is not in the best interest of residents.

36 (c) A provider shall give written notice to residents of any request made pursuant to
37 subsection (a) of this section at the same time the written request is submitted to the
38 Commissioner.

39 "Part 10. Offenses and Penalties.

40 **§ 58-64A-285. Grounds for discretionary refusal, restriction, or revocation of a permit,**
41 **certificate, or license.**

42 (a) The Commissioner may (i) deny an application or any other request for approval or
43 (ii) restrict or revoke any permit, certificate, license, or other authorization issued under this
44 Article if the Commissioner finds that the applicant or provider did any of the following:

45 (1) Willfully violated any provision of this Article or of any rule or order of the
46 Commissioner.

47 (2) Made a material omission, misstatement, or misrepresentation, or committed
48 fraud in obtaining a permit, certificate, license, or other authorization.

49 (3) Engaged in any fraudulent or dishonest practices in the conduct of its business.

50 (4) Misappropriated, converted, or improperly withheld any monies.

- 1 (5) Failed to file an annual disclosure statement, annual report, or any other
2 materials requested by the Commissioner as required by this Article.
- 3 (6) Failed to deliver to prospective residents a disclosure statement as required by
4 this Article.
- 5 (7) Delivered to prospective residents a disclosure statement that makes a material
6 misstatement or omits a material fact and the provider, at the time of the
7 delivery of the disclosure statement, had actual knowledge of the misstatement
8 or omission.
- 9 (8) Failed to make a revised disclosure statement available to residents.
- 10 (9) Made any material misrepresentations to depositors, prospective residents, or
11 residents of a continuing care retirement community operated or to be
12 operated in this State.
- 13 (10) Failed to maintain the escrow account required under this Article, or a portion
14 of an escrow account required to be maintained under this Article has been
15 released in violation of this Article.
- 16 (11) Failed to deposit entrance fees and deposits into an escrow account when
17 required by this Article.
- 18 (12) Failed to maintain the operating reserve required under this Article, or a
19 portion of the operating reserve required to be maintained under this Article
20 has been released in violation of this Article.
- 21 (13) Violated a restriction of its permit, certificate, or license.
- 22 (14) After request by the Commissioner for an investigation or examination,
23 refused access to records or information; refused to be investigated or
24 examined or to produce its accounts, records, and files for an investigation or
25 examination; refused to give information with respect to its affairs; or refused
26 to perform any other legal obligations related to an investigation or
27 examination.
- 28 (15) Failed to fulfill obligations under continuing care and continuing care without
29 lodging contracts.
- 30 (16) Violated the provisions of G.S. 58-64A-215 related to the purchase, sale, or
31 transfer of ownership of any real property used in the operations of a
32 continuing care retirement community operated in this State, including a
33 sale-leaseback transaction, or an interest in a continuing care retirement
34 community other than a sale of a living unit to a resident or other transferee.
- 35 (17) Violated the provisions of G.S. 58-64A-220 related to the change of control
36 of an applicant or provider holding a certificate or license under this Article.
- 37 (18) Violated the provisions of G.S. 58-64A-240 related to third-party
38 management.
- 39 (19) Failed to comply with the terms of a cease-and-desist order.
- 40 (20) Has been determined by the Commissioner to be in a hazardous condition.
- 41 (b) Findings of fact in support of a denial, restriction, or revocation shall be accompanied
42 by an explicit statement of the Commissioner's understanding of the underlying facts supporting
43 the findings.
- 44 (c) If the Commissioner has good cause to believe that a provider has committed a
45 violation for which revocation could be ordered, the Commissioner may first issue a
46 cease-and-desist order. If the cease-and-desist order is not or cannot be effective in remedying
47 the violation, the Commissioner may, after notice and hearing, order that a permit, certificate, or
48 license be revoked. That revocation order may be appealed to the Superior Court of Wake County
49 in the manner provided by G.S. 58-63-35. The provider shall accept no new deposits or entrance
50 fees while the revocation order is under appeal.

1 (d) If the Commissioner issues a cease-and-desist order or restricts or revokes a provider's
2 permit, certificate, or license, the provider shall notify all residents and depositors of the
3 cease-and-desist order, restriction, or revocation within five business days.

4 (e) The Commissioner may, upon finding of changed circumstances, remove a
5 restriction.

6 (f) The revocation by the Commissioner of a certificate or license shall not release the
7 provider from obligations assumed through continuing care and continuing care without lodging
8 contracts.

9 (g) Within 20 business days after receiving a notice of revocation of a license, a provider
10 shall provide to the Commissioner and all residents a written plan detailing specifically how the
11 provider intends to continue to meet its continuing care obligations.

12 (h) A provider who has their permanent license revoked shall continue to file its annual
13 report and annual disclosure statement and pay annual fees to the Commissioner as required
14 under this Article as if the permanent license had continued in full force, but the provider shall
15 not issue any new continuing care or continuing care without lodging contracts.

16 (i) A provider who has a permit, certificate, or license revoked shall provide written
17 notice within five business days to all depositors, shall reimburse all deposits collected, and shall
18 provide documentation to the Commissioner verifying that all deposits have been returned to
19 depositors.

20 **"§ 58-64A-290. Hazardous condition.**

21 The Commissioner may consider any of the following standards to determine whether a
22 provider is in a hazardous condition:

23 (1) Whether the provider is impaired or insolvent.

24 (2) Adverse findings reported in examination reports, audit reports, and actuarial
25 opinions, reports, or summaries.

26 (3) Whether the provider has failed to establish, maintain, or has substantially
27 depleted the operating reserve required by this Article.

28 (4) The age and collectability of receivables.

29 (5) Whether an affiliate is insolvent, bankrupt, or threatened with insolvency or
30 bankruptcy, or delinquent in payment of its monetary or any other obligations
31 and which in the opinion of the Commissioner may affect the solvency of the
32 provider.

33 (6) Whether the provider, or any obligated group that the provider is a part of, is
34 not in compliance with any covenant contained in any debt agreement.

35 (7) Whether the provider is aware of any existing circumstances which would
36 hinder or cause the provider, or any member of an obligated group that the
37 applicant or provider is a part of, to not be able to perform on any debt
38 agreement.

39 (8) Contingent liabilities, pledges, or guaranties that either individually or
40 collectively involve a total amount that in the Commissioner's opinion may
41 affect a provider's solvency.

42 (9) Whether the management of a provider, including officers, directors, or any
43 other person who directly or indirectly controls the operations of an applicant,
44 provider, or continuing care retirement community, fails to possess and
45 demonstrate the competence, fitness, or reputation considered by the
46 Commissioner to be necessary to serve the provider or continuing care
47 retirement community in that position.

48 (10) Whether the management of a provider has failed to respond to the
49 Commissioner's inquiries about the condition of the applicant or provider or
50 has furnished false and misleading information in response to an inquiry by
51 the Commissioner.

1 (11) Whether the applicant or provider has failed to meet financial, disclosure
2 statement, or other filing requirements in the absence of a reason satisfactory
3 to the Commissioner.

4 (12) Whether the management of an applicant or provider has filed any false or
5 misleading financial statement, has released a false or misleading financial
6 statement to a lending institution or to the general public, or has made a false
7 or misleading entry or omitted an entry of material amount in the applicant's
8 or provider's books.

9 (13) Whether the applicant or provider has experienced or will experience in the
10 foreseeable future cash flow or liquidity problems.

11 (14) Any other finding determined by the Commissioner to be hazardous to the
12 applicant's or provider's depositors, residents, creditors, or the general public.

13 **"§ 58-64A-295. Corrective action plan.**

14 (a) If the Commissioner has determined that a provider is in a hazardous condition, the
15 Commissioner may, in lieu of taking action under G.S. 58-64A-285 or G.S. 58-64A-340, and
16 after notice and opportunity for hearing, issue an order requiring a provider to (i) submit a
17 corrective action plan within 45 days and (ii) notify all residents and depositors within five
18 business days of the Commissioner's order. The corrective action plan shall include both of the
19 following:

20 (1) Proposals of corrective actions the provider intends to take which would
21 reasonably be expected to result in the elimination of the hazardous condition.

22 (2) A date when the provider anticipates it will rectify the problems and
23 deficiencies identified by the Commissioner.

24 (b) Within 45 days after the submittal of a corrective action plan, the Commissioner shall
25 notify the provider whether the corrective action plan shall be implemented or is, in the judgment
26 of the Commissioner, unsatisfactory. If the Commissioner determines the corrective action plan
27 is unsatisfactory, the notification to the provider shall set forth the reasons for the determination
28 and may set forth proposed revisions that will render the corrective action plan satisfactory in the
29 judgment of the Commissioner. After receiving notification from the Commissioner, the provider
30 shall prepare a revised corrective action plan which may incorporate by reference any revisions
31 proposed by the Commissioner and shall submit the revised corrective action plan to the
32 Commissioner within 45 days after notification from the Commissioner. If the corrective plan is
33 approved, the provider shall immediately implement the corrective action plan, distribute a copy
34 of the plan to all residents and depositors, and begin reporting to the Commissioner on the
35 implementation and progress of the corrective action plan in accordance with a schedule and in
36 a format established by the Commissioner. Each report shall also be distributed to all residents
37 and depositors at the time the report is submitted to the Commissioner.

38 (c) If the corrective action plan is disapproved, or if a corrective action plan is not
39 submitted, the Commissioner may engage consultants to develop a corrective action plan. After
40 the corrective action plan is developed, the Commissioner shall direct the provider to implement
41 the corrective action plan and to distribute a copy of the corrective action plan to all residents
42 and depositors. Expenses incurred by the Commissioner to engage consultants shall be paid by
43 the provider.

44 (d) This section shall not be construed to delay or prevent the Commissioner from taking
45 any regulatory measures deemed necessary regarding the provider.

46 (e) The provider shall distribute its approved corrective action plan and its most recent
47 report to the Commissioner to a prospective resident at the time the provider distributes its current
48 disclosure statement pursuant to G.S. 58-64A-165. Subsections (b) and (c) of G.S. 58-64A-165
49 shall apply to the corrective action plan and the most recent report to the Commissioner required
50 to be distributed pursuant to this subsection.

51 **"§ 58-64A-300. Investigations and subpoenas.**

1 (a) The Commissioner may make public or private investigations within or outside of this
2 State as necessary to (i) determine whether any person has violated or is about to violate any
3 provision of this Article, (ii) aid in the enforcement of this Article, or (iii) verify statements
4 contained in any disclosure statement or other filing filed or delivered under this Article.

5 (b) For the purpose of any investigation or proceeding under this Article, the
6 Commissioner may require or permit any person to file a statement in writing, under oath or
7 otherwise, as to any of the facts and circumstances concerning the matter to be investigated.

8 (c) For the purpose of any investigation or proceeding under this Article, the
9 Commissioner or the Commissioner's designee has all the powers given to him for insurance
10 companies. He may administer oaths and affirmations, subpoena witnesses, compel their
11 attendance, take evidence, and require the production of any books, papers, correspondence,
12 memoranda, agreements, or other documents or records deemed relevant or material to the
13 inquiry, all of which may be enforced in the Superior Court of Wake County.

14 **"§ 58-64A-305. Civil liability.**

15 (a) A provider who enters into a binding reservation agreement, continuing care contract,
16 or continuing care without lodging contract under this Article without having first delivered a
17 disclosure statement meeting the requirements of Part 5 of this Article to the person with whom
18 the binding reservation agreement, continuing care contract, or continuing care without lodging
19 contract was entered into, or enters into a binding reservation agreement, continuing care
20 contract, or continuing care without lodging contract with a person who has relied on a disclosure
21 statement that materially misrepresents or omits to state a material fact required to be stated
22 therein or necessary in order to make the statements made therein, in light of the circumstances
23 under which they are made, not misleading, shall be liable to that person for actual damages and
24 repayment of all fees paid to the provider violating this Article, less the costs of care, services,
25 and housing provided to the resident by or on whose behalf the binding reservation agreement,
26 continuing care contract, or continuing care without lodging contract was entered into prior to
27 discovery of the violation, misstatement, or omission or the time the violation, misstatement, or
28 omission should reasonably have been discovered, together with interest thereon at the legal rate
29 for judgments, and court costs and reasonable attorney fees.

30 (b) Liability under this section exists regardless of whether the provider had actual
31 knowledge of the misstatement or omission.

32 (c) A person may not file or maintain an action under this section if the person, before
33 filing the action, received a written offer of a refund of all amounts paid to the provider, together
34 with interest at the rate established monthly by the Commissioner of Banks pursuant to
35 G.S. 24-1.1(c), less the cost of care, services, and housing provided prior to receipt of the offer,
36 and if the offer recited the provisions of this section and the recipient of the offer failed to accept
37 it within 30 days of actual receipt.

38 (d) An action may not be maintained to enforce a liability created under this Article unless
39 brought before the expiration of three years after the alleged violation.

40 **"§ 58-64A-310. Criminal penalties.**

41 (a) Any person who willfully and knowingly violates any provision of this Article is
42 guilty of a Class 1 misdemeanor. The Commissioner may refer any available evidence concerning
43 a violation of this Article, or of any rule adopted or order issued pursuant to this Article, to the
44 Attorney General or a district attorney. The Attorney General or a district attorney may institute
45 the appropriate criminal proceedings under this Article, with or without an evidentiary referral
46 from the Commissioner. Nothing in this Article limits the power of the State to punish any person
47 for any conduct that constitutes a crime under any other statute.

48 (b) Any action brought against any person shall not abate by reason of a sale or other
49 transfer of ownership of the continuing care retirement community except with the express
50 written consent of the Commissioner.

51 **"§ 58-64A-315. Forfeiture.**

1 (a) A permit, certificate, license, or other approval issued by the Commissioner pursuant
2 to this Article shall be forfeited, after notice and opportunity for hearing, when any one of the
3 following occurs:

- 4 (1) The provider terminates marketing a proposed continuing care retirement
5 community.
6 (2) The provider surrenders to the Commissioner its permit, certificate, or license.
7 (3) The provider sells or otherwise transfers all or part of a continuing care
8 retirement community without the Commissioner's approval in accordance
9 with G.S. 58-64A-215.
10 (4) A change occurs in the control of the provider without the Commissioner's
11 approval in accordance with G.S. 58-64A-220.
12 (5) The provider merges with another person without the Commissioner's
13 approval in accordance with G.S. 58-64A-220.
14 (6) The provider moves the continuing care retirement community from one
15 location to another without the Commissioner's prior approval.
16 (7) The provider abandons the continuing care retirement community or its
17 obligations under continuing care and continuing care without lodging
18 contracts.
19 (8) The provider is evicted from the structures that make up the continuing care
20 retirement community.
21 (9) The provider closes a continuing care retirement community.

22 (b) The provider shall notify all residents and depositors within five business days after
23 a forfeiture of a permit, certificate, or license.

24 **"§ 58-64A-320. Remedies available in cases of unlawful contracting.**

25 (a) If the Commissioner determines that a provider is or has been violating the provisions
26 of this Article, the Commissioner may, after notice and opportunity for hearing, order the
27 provider to cease entering into binding reservation agreements, continuing care contracts, and
28 continuing care without lodging contracts and make a rescission offer to any resident or depositor
29 who entered into a binding reservation agreement, continuing care contract, or continuing care
30 without lodging contract while the provider was violating the provisions of this Article in
31 accordance with the provisions of this section.

32 (b) After the Commissioner issues an order pursuant to subsection (a) of this section,
33 every binding reservation agreement, continuing care contract, or continuing care without
34 lodging contract entered into in violation of this Article may be rescinded at the election of the
35 resident or depositor without penalty.

36 (c) No resident or depositor shall have the benefit of this section who, within 30 days of
37 receipt, has refused or failed to accept an offer made in writing by the provider to rescind the
38 binding reservation agreement, continuing care contract, or continuing care without lodging
39 contract in question and to refund the full amount paid by the resident or depositor with interest
40 at the rate established monthly by the Commissioner of Banks pursuant to G.S. 24-1.1(c) on the
41 full amount paid for the binding reservation agreement, continuing care contract, or continuing
42 care without lodging contract for the period from the date of payment by the depositor or resident
43 to the date of repayment, less the cost of care, services, and housing provided, if applicable, and
44 the amount of any costs specifically incurred by the provider at the request of the resident or
45 depositor and set forth in writing, signed by both parties to the binding reservation agreement,
46 continuing care contract, or continuing care without lodging contract.

47 **"§ 58-64A-325. Administrative fines.**

48 (a) Whenever the Commissioner has reason to believe that any provider has violated any
49 of the provisions of this Article, and the violation subjects the provider's permit, certificate, or
50 license to revocation, the Commissioner may, after notice and opportunity for hearing, proceed
51 under the appropriate subsections of this section.

1 (b) If, under subsection (a) of this section, the Commissioner finds a violation of this
2 Article, the Commissioner may, in addition to or instead of revoking a permit, certificate, or
3 license, order the payment of a monetary penalty as provided in subsection (c) of this section or
4 petition the Superior Court of Wake County for an order directing payment of restitution as
5 provided in subsection (d) of this section, or both. Each day during which a violation occurs
6 constitutes a separate violation.

7 (c) If the Commissioner orders the payment of a monetary penalty pursuant to subsection
8 (b) of this section, the penalty shall not be less than one hundred dollars (\$100.00) nor more than
9 one thousand dollars (\$1,000) per violation. In determining the amount of the penalty, the
10 Commissioner shall consider the degree and extent of harm caused by the violation, the amount
11 of money that inured to the benefit of the provider as a result of the violation, whether the
12 violation was committed willfully, and the prior record of the provider in complying or failing to
13 comply with laws, rules, or orders applicable to the provider. The clear proceeds of the penalty
14 shall be remitted to the Civil Penalty and Forfeiture Fund in accordance with G.S. 115C-457.2.
15 Payment of the civil penalty under this section shall be in addition to payment of any other
16 penalty for a violation of the criminal laws of this State.

17 (d) Upon petition of the Commissioner, the Court may order the person who committed
18 a violation specified in subsection (a) of this section to make restitution in an amount that would
19 make whole any person harmed by the violation. The petition may be made at any time and also
20 in any appeal of the Commissioner's order.

21 (e) Restitution to any State agency for extraordinary administrative expenses incurred in
22 the investigation and hearing of the violation may also be ordered by the Court in an amount that
23 would reimburse the agency for the expenses.

24 (f) Nothing in this section prevents the Commissioner from negotiating a mutually
25 acceptable agreement with any provider as to the status of the provider's permit, certificate, or
26 license or as to any civil penalty or restitution.

27 (g) Unless otherwise specifically provided for, all administrative proceedings under this
28 Article are governed by Chapter 150B of the General Statutes. Appeals of the Commissioner's
29 orders under this section shall be governed by G.S. 58-2-75.

30 **"§ 58-64A-330. Nonexclusive remedies.**

31 The civil, criminal, and administrative remedies available to the Commissioner pursuant to
32 this Article are not exclusive and may be sought and employed by the Commissioner, in any
33 combination, to enforce this Article.

34 **"§ 58-64A-335. Soliciting or accepting new agreements or contracts by impaired or**
35 **insolvent providers.**

36 Regardless of whether delinquency proceedings as to a provider have been or are to be
37 initiated, a provider may not actively solicit, approve the solicitation of, or enter into new binding
38 reservation agreements, continuing care contracts, or continuing care without lodging contracts
39 in this State after the provider knew, or reasonably should have known, that the provider was
40 impaired or insolvent except with the written permission of the Commissioner. The
41 Commissioner shall approve or disapprove the continued marketing of new binding reservation
42 agreements, continuing care contracts, and continuing care without lodging contracts within 15
43 days after receiving a request from a provider. If the provider has declared bankruptcy, the
44 bankruptcy court or trustee appointed by the court has jurisdiction over those matters.

45 "Part 11. Delinquency Proceedings.

46 **"§ 58-64A-340. Supervision, rehabilitation, and liquidation.**

47 (a) The Commissioner may commence a supervision proceeding pursuant to Article 30
48 of this Chapter or may apply to the Superior Court of Wake County or to the federal bankruptcy
49 court that may have previously taken jurisdiction over the provider or continuing care retirement
50 community for an order directing the Commissioner or authorizing the Commissioner to
51 rehabilitate or to liquidate a provider or continuing care retirement community in accordance

1 with Article 30 of this Chapter, if the Commissioner determines, after notice and an opportunity
2 for hearing, that any of the following apply:

3 (1) A portion of an escrow account or operating reserve required to be maintained
4 under this Article has been or is proposed to be released in violation of this
5 Article.

6 (2) A provider has been or will be unable to fully perform its obligations pursuant
7 to continuing care and continuing care without lodging contracts, or to meet
8 prospective financial data previously filed by the provider.

9 (3) A provider has failed to maintain the escrow account required under this
10 Article.

11 (4) A provider is in a hazardous condition.

12 (5) A provider is bankrupt or insolvent, or in imminent danger of becoming
13 bankrupt or insolvent.

14 (b) If the Commissioner commences a supervision proceeding, the provider shall notify
15 all residents and depositors of the proceeding within five business days.

16 (c) If an order is issued directing or authorizing the Commissioner to rehabilitate or to
17 liquidate a provider or continuing care retirement community, the Commissioner shall notify all
18 affected residents and depositors of the rehabilitation or liquidation order within five business
19 days or as otherwise directed by the Court.

20 (d) If, at any time, the Court finds, upon petition of the Commissioner, a provider, or on
21 its own motion, that the objectives of an order to rehabilitate a provider have been accomplished
22 and that the continuing care retirement community or communities owned by, or operated by,
23 the provider can be returned to the provider's management without further jeopardy to the
24 residents or depositors of the continuing care retirement community or communities, the Court
25 may, upon a full report and accounting of the conduct of the provider's affairs during the
26 rehabilitation and of the provider's current financial condition, terminate the rehabilitation and,
27 by order, return the continuing care retirement community or communities owned by, or operated
28 by, the provider, along with the assets and affairs of the provider, to the provider's management.

29 (e) When applying for an order to rehabilitate or liquidate a provider, the Commissioner
30 shall give due consideration in the application to the manner in which the welfare of persons who
31 have contracted with the provider for continuing care may be best served.

32 (f) An order for rehabilitation shall be refused or vacated if the provider posts a bond, by
33 a recognized surety authorized to do business in this State and executed in favor of the
34 Commissioner on behalf of persons who may be found entitled to a refund of entrance fees and
35 deposits from the provider or other damages in the event the provider is unable to fulfill its
36 contracts to provide continuing care, in an amount determined by the Court to be equal to the
37 reserve funding that would otherwise need to be available to fulfill the provider's obligations.

38 (g) G.S. 58-30-12 shall not apply to providers under this Article.

39 **"§ 58-64A-345. Receiverships; exception for long-term care facility beds.**

40 When the Commissioner has been appointed as a receiver under Article 30 of this Chapter
41 for a provider or a continuing care retirement community subject to this Article, the Department
42 of Health and Human Services may, notwithstanding any other provision of law, accept and
43 approve the addition of adult care home beds or nursing beds for a continuing care retirement
44 community owned by, or operated by, the provider, if it appears to the Court, upon petition of
45 the Commissioner or the provider, or on the Court's own motion, that (i) the best interests of the
46 provider or (ii) the welfare of persons who have previously contracted with the provider or may
47 contract with the provider, may be best served by the addition of adult care home beds or nursing
48 beds.

49 **"§ 58-64A-350. Contracts as preferred claims in liquidation.**

1 (a) In the event of liquidation of a provider, all continuing care and continuing care
2 without lodging contracts executed by the provider shall be deemed preferred claims against all
3 assets owned by the provider.

4 (b) Notwithstanding subsection (a) of this section, the claims of all continuing care and
5 continuing care without lodging contracts shall be subordinate to the liquidator's cost of
6 administration or any secured claim.

7 "Part 12. Residents' Right to Organization and Semiannual Meetings.

8 **"§ 58-64A-355. Right to organization.**

9 A resident living in a continuing care retirement community operated by a provider licensed
10 under this Article has the right of self-organization, the right to be represented by an individual
11 of the resident's own choosing, and the right to engage in concerted activities to keep informed
12 on the operation of the continuing care retirement community in which the resident resides or for
13 other mutual aid or protection. The right to organize includes the right to establish a residents'
14 council.

15 **"§ 58-64A-360. Semiannual meetings.**

16 (a) The board of directors or other governing body of a provider or its designated
17 representative shall hold in-person semiannual meetings with the residents of each continuing
18 care retirement community operated by the provider in this State for free discussions of subjects,
19 including, but not limited to, income, expenditures, and financial matters, trends, and problems
20 as they apply to the continuing care retirement community and discussions of proposed changes
21 in policies, programs, fees, facilities, and services. Nothing in this subsection shall prevent a
22 provider from making a semiannual meeting available via electronic means to residents of the
23 continuing care retirement community who are unable to attend in person.

24 (b) A member of the governing body of the provider, such as a board member, a general
25 partner, or a principal owner, shall attend the semiannual meetings in person. A provider may
26 apply to the Commissioner for a waiver from the requirement of this subsection based on unique
27 circumstances.

28 (c) Residents shall be entitled to at least seven days' advance notice of each meeting under
29 subsection (a) of this section. The agenda and any materials that are distributed at the meetings
30 shall remain available upon request to residents for at least 60 days after each semiannual
31 meeting.

32 (d) Whenever a state of emergency or disaster has been proclaimed in this State or for an
33 area within this State under G.S. 166A-19.20 or G.S. 166A-19.21, or whenever the President of
34 the United States has issued a major disaster declaration for the State or for an area within the
35 State under the Stafford Act, 42 U.S.C. § 5121, et seq., that directly affects the continuing care
36 retirement community, semiannual meetings required under this section may be held by
37 electronic means, including any of the following:

38 (1) Telephone.

39 (2) Video conference.

40 (3) Video broadcast.

41 (e) If a semiannual meeting is held under subsection (d) of this section, notice of the
42 method residents may attend the meeting shall be published with the notice of the meeting. The
43 meeting shall be recorded in the format in which it is conducted, including without limitation:

44 (1) A sound-only recording.

45 (2) A video recording with sound and picture.

46 (3) A digital or analog broadcast capable of being recorded.

47 (f) Recordings made pursuant to subsection (e) of this section shall remain available to
48 residents for at least 60 days after being made available to residents.

49 (g) A provider may petition the Commissioner for a waiver pursuant to G.S. 58-64A-35
50 if, in the opinion of the provider, a semiannual meeting cannot reasonably be held.

1 designee may examine the person that has a contractual or financial relationship with the provider
2 to the extent necessary to ascertain the financial condition of the provider.
3 (d) A provider shall make a copy of the examination report issued by the Commissioner
4 available for inspection by all residents within 10 business days after issuance."

5 **SECTION 3.** This act becomes effective October 1, 2023, and applies to contracts
6 issued, renewed, or amended on or after that date.