



North Carolina Department of Insurance
Financial Analysis & Receivership Division - Special Entities Section
CCRC Occupancy Report
 Submit to: SpecialEntitiesSubmissions@ncdoi.gov

Name of Provider: _____
 Name of Facility: _____
 For the Period Ending: _____

| A | B | C | D | E | F | G | H |
|------------------|-----------------------------------|-------------------------------|---------------------------------|-----------------|------------------|---------------------------------|---------------------|
| | | =A-B | | | =(D+E)/C | =C-D-E | |
| Total Units/Beds | Number Unoccupied and Unavailable | Adjusted Number of Units/Beds | Number Unoccupied but Reserved* | Number Occupied | Percent Occupied | Number Unoccupied and Available | Number of Residents |

1. Independent Living Units:

| | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|
| Total Independent Living Units | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|

2. Assisted Living Units / Beds:

a. Licensed Adult Care Home Beds:

i. Open beds

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

ii. Closed beds**

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|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

b. Non-licensed assisted living units

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|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

| | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|
| Total Assisted Living Units / Beds | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|

3. Licensed Nursing Beds:

a. Open beds

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|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

b. Closed beds**

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| | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|
| Total Licensed Nursing Beds | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|

* Unit must be reserved under a signed contract

** Beds available only to residents of the facility, in accordance with Policy LTC or Policy NH-2, who have entered into a continuing care contract with the provider.

If units/beds are unoccupied and unavailable, explain:

Under the penalties of perjury, I attest that I have reviewed this occupancy report, and to the best of my knowledge and belief it is true, correct and complete.

Signature _____

Title _____

Date _____