



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**

--	--	--	--	--	--	--	--

b. Non-licensed assisted living units

--	--	--	--	--	--	--	--

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

3. Licensed Nursing Beds:

a. Open beds

--	--	--	--	--	--	--	--

b. Closed beds**

--	--	--	--	--	--	--	--

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 _____