

Nursing Home Change of Ownership License Application Addendum: Eligibility and Qualifications

This is an addendum to the Nursing Home Change of Ownership Licensing Application. Use this document if additional eligibility and qualifying questions need to be answered when submitting the Nursing Home Change of Ownership License Application. **Note: complete one form for each owner/controlling person.**

- [Minn. Stat. sect. 144A.03, subd. 1\(b\)\(13\)\(i-v\) \(https://www.revisor.mn.gov/statutes/cite/144A\)](https://www.revisor.mn.gov/statutes/cite/144A)
- [Minn. Stat. sect. 144A.03, subd. 1\(b\)\(14\)\(i-ii\) \(https://www.revisor.mn.gov/statutes/cite/144A\)](https://www.revisor.mn.gov/statutes/cite/144A)
- [Minn. Stat. sect. 144A.03, subd. 1\(b\)\(15\) \(https://www.revisor.mn.gov/statutes/cite/144A\)](https://www.revisor.mn.gov/statutes/cite/144A)
- [Minn. Stat. sect. 144A.03, subd. 1\(b\)\(18\) \(https://www.revisor.mn.gov/statutes/cite/144A\)](https://www.revisor.mn.gov/statutes/cite/144A)

1. Has the license applicant, any of the direct/indirect owners and/or controlling individuals, managerial official, or nursing home administrator been affiliated in the past five years with a long-term care, community-based, or health care facility or agency in Minnesota or in any other state?

- Yes
- No

If **yes**, provide the information below and complete the questions for the rest of the section.

Full legal name (entity name): _____

Title of position at health care facility: _____

Type of health care facility: _____

City and state: _____

Date of affiliation: _____

2. Within the last 10 years, has the license applicant, any of the direct/indirect owners and/or controlling individuals, managerial official, or nursing home administrator been convicted of a crime or found civilly liable for a federal or state felony-related offense that was detrimental to the best interests of the facility and its resident? [Minn. Stat. Sect. 144A.03, subd. 1\(b\)\(13\) \(i\) \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03). This includes but is not limited to:

- Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions.
- Financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions.
- Any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct.
- Any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act.

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Yes

No

If **yes**, provide additional information including all ownership, facility information, and copy of relevant court records.

Full legal name (entity name): _____

Title of position at health care facility: _____

Type of health care facility: _____

Address: _____

City and state: _____

Date of conviction: _____

3. Within the last 10 years, has the license applicant, direct/indirect owner(s), controlling persons, managerial official, or nursing home administrator been convicted of any misdemeanor under federal or state law relating to: [Minn.Stat.sect.144A.03, subd. 1\(b\)\(13\)\(ii-iii\)](https://www.revisor.mn.gov/statutes/cite/144A.03) (<https://www.revisor.mn.gov/statutes/cite/144A.03>)

- The delivery of a service under Medicaid or a state health care program or the base of neglect of a patient with the delivery of a health care item or service.
- Theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

Yes

No

If **yes**, provide the information below. Submit additional information including all ownership, facility information, and copy of relevant court records.

Full legal name (entity name): _____

Title of position at health care facility: _____

Type of health care facility: _____

Address: _____

City and state: _____

Type of conviction: _____

Date of conviction: _____

4. Within the last 10 years, has the license applicant, any direct/indirect owner(s), controlling persons, managerial official, or nursing home administrator been convicted of any felony or misdemeanor under federal or state law relating to: [Minn.Stat.sect.144A.03, subd. 1\(b\)\(13\)\(iv-v\)](https://www.revisor.mn.gov/statutes/cite/144A.03) (<https://www.revisor.mn.gov/statutes/cite/144A.03>)

- Interference with or obstruction or any investigation into any criminal offense described by 42 CFR 1001.101 or 1001.20.

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- Unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Yes

No

If **yes**, provide the information below. Submit additional information including all ownership, facility information, and copy of relevant court records.

Full legal name (entity name): _____

Title: _____

Type of health care facility: _____

Address: _____

City and state: _____

Type of conviction: _____

Effective date of conviction: _____

5. Has the license applicant, any direct/indirect owner(s), controlling persons, managerial official, or nursing home administrator ever had any license to provide health care revoked or suspended by any state license authority? This includes: [Minn.Stat.sect.144A.03, subd. 1\(b\)\(14\)\(i-iii\)](https://www.revisor.mn.gov/statutes/cite/144A.03) (<https://www.revisor.mn.gov/statutes/cite/144A.03>)

- Surrendering a license while a formal disciplinary proceeding was pending before a state licensing authority.
- Any revocation or suspension of accreditation.
- Any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health-care program.
- Any debarment from participation in any federal executive branch procurement or non-procurement program.

Yes

No

If **yes**, provide the information. Submit additional information including all ownership, facility information, and copy of the federal/state disposition of the action.

Full legal name (entity name): _____

Title: _____

Type of health care facility: _____

Address: _____

City and state: _____

Type of conviction: _____

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6. Has the license applicant or an individual with at least 5% ownership currently or in the past of a licensed owner/operator of a long-term care, community-based, or health-care facility or agency ever had their license or federal certification: [Minn.Stat.sect.144A.03, subd. 1\(b\)\(17\)](https://www.revisor.mn.gov/statutes/cite/144A.03) (<https://www.revisor.mn.gov/statutes/cite/144A.03>)

- Denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership?

- Are these same actions list above pending under the laws of any state or federal authority?

Yes

No

If **yes**, provide the information below. Submit additional information including all ownership, facility information, and copy of the federal/state disposition of the action.

Full legal name (entity name): _____

Title: _____

Type of health care facility: _____

Address: _____

City and state: _____

Type of conviction: _____

Effective date of adverse action: _____

7. In the preceding three years, has the license applicant, direct/indirect owners, controlling persons, nursing home administrator, manager, or managerial official discharged debt through bankruptcy proceedings? [Minn.Stat.144A.03, sub. 1\(b\)\(15\)](https://www.revisor.mn.gov/statutes/cite/144A.03) (<https://www.revisor.mn.gov/statutes/cite/144A.03>)

Yes

No

If **yes**, explain below, including names of all parties, dates, and addresses of creditors, amounts, and the reasons for non-payment:

8. In the preceding three years has there been any unsatisfied judgments against the license applicant, direct/indirect owners, controlling persons, nursing home administrator, manager, or managerial official?

Yes

No

If **yes**, explain below, including names of all parties, dates, and addresses of creditors, amounts, and the reasons for non-payment:

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9. In the preceding three years, has the license applicant, direct/indirect owners, controlling persons, nursing home administrator, manager, or managerial official owe any debts that are 90 days past due?

Yes

No

If **yes**, explain below, including names of all parties, dates, and addresses of creditors, amounts, and the reasons for non-payment:

10. In the preceding three years, are there any liens against the license applicant, direct/indirect owners, controlling persons, nursing home administrator, manager, or managerial official or their property?

Yes

No

If **yes**, explain below, including names of all parties, dates, and addresses of creditors, amounts, and the reasons for non-payment:

Submitting attachments

Applicants must attach this document with their application.

Keep a copy of application and attachment materials.

For more information contact:

Minnesota Department of Health

Health Regulation Division

PO Box 64900

St. Paul, MN 55164-0900

651-201-4200

Email: Health.hrd-fedlcr@state.mn.us

Website: www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4200.