



Government of the District of Columbia
 Department of Insurance, Securities and Banking
 Financial Examination Branch - Special Entities
 CCRC Occupancy Report

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. <u>Independent Living Units:</u>								
<i>Total Independent Living Units</i>								
2. <u>Assisted Living Units / Beds:</u>								
a. Licensed Adult Care Home Beds:								
i. Open beds								
ii. Closed beds**								
b. Non-licensed assisted living units								
<i>Total Assisted Living Units / Beds</i>								
3. <u>Licensed Nursing Beds:</u>								
a. Open beds								
b. Closed beds**								
<i>Total Licensed Nursing Beds</i>								

* 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 affirm 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 _____