

INCLUDING THE EXTENT TO WHICH HEALTH RELATED SERVICES ARE PROVIDED, THAT CLEARLY STATES WHICH SERVICES ARE INDICATED IN THE AGREEMENT AS INCLUDED IN THE BASIC FEE AND WHICH SERVICES ARE OR WILL BE MADE AVAILABLE AT OR BY THE FACILITY AT AN EXTRA CHARGE;

(20) IF APPLICABLE, A STATEMENT THAT IT IS THE PROVIDER'S POLICY TO IMPOSE A SURCHARGE ON SOME, BUT NOT ALL, SUBSCRIBERS BECAUSE OF A CONDITION OR CIRCUMSTANCE THAT APPLIES ONLY TO THOSE SUBSCRIBERS AND THAT THE SURCHARGE IS NOT PART OF THE ENTRANCE FEE REFUND REQUIRED UNDER § 10-448 OF THIS SUBTITLE;

(21) A DESCRIPTION OF THE ROLE OF ANY RESIDENT ASSOCIATION;

(22) A DESCRIPTION OF THE INTERNAL GRIEVANCE PROCEDURE;

(23) A STATEMENT THAT THE PROVIDER WILL AMEND ITS DISCLOSURE STATEMENT WHENEVER THE PROVIDER OR THE DEPARTMENT CONSIDERS AN AMENDMENT NECESSARY TO PREVENT THE DISCLOSURE STATEMENT FROM CONTAINING:

(I) A MATERIAL MISSTATEMENT OF A FACT REQUIRED BY THIS SECTION TO BE STATED IN THE DISCLOSURE STATEMENT; OR

(II) AN OMISSION OF A MATERIAL FACT REQUIRED BY THIS SECTION TO BE STATED IN THE DISCLOSURE STATEMENT; AND

(24) ANY OTHER MATERIAL INFORMATION ABOUT THE FACILITY OR THE PROVIDER THAT THE DEPARTMENT REQUIRES OR THAT THE PROVIDER WISHES TO INCLUDE.

(B) REQUIRED NOTICES.

THE DISCLOSURE STATEMENT SHALL CONTAIN A COVER PAGE THAT STATES, IN A PROMINENT LOCATION AND TYPE FACE:

(1) THE DATE OF THE DISCLOSURE STATEMENT; AND

(2) THAT THE ISSUANCE OF A CERTIFICATE OF REGISTRATION DOES NOT:

(I) CONSTITUTE APPROVAL, RECOMMENDATION, OR ENDORSEMENT OF THE FACILITY BY THE DEPARTMENT; OR

(II) EVIDENCE OR ATTEST TO THE ACCURACY OR COMPLETENESS OF THE INFORMATION IN THE DISCLOSURE STATEMENT.

(C) ADDITIONAL DISCLOSURES REGARDING ASSISTED LIVING PROGRAM.

(1) THIS SUBSECTION APPLIES TO A PROVIDER THAT:

(I) HAS A CONTINUING CARE AGREEMENT THAT INCLUDES A PROVISION TO PROVIDE ASSISTED LIVING PROGRAM SERVICES; AND