

RECEIVED

CO 2017-037

AUG 11 2017

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

**NOTICE OF CHANGE OF OWNERSHIP/CONTROL**

The following notification of intent is provided pursuant to all applicable provisions of ALA. CODE § 22-21-270 (1975 as amended) and ALA. ADMIN. CODE r. 410-1-7-.04. This notice must be filed at least twenty (20) days prior to the transaction.

- Change in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))
- Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))
- Change in Facility Management (Facility Operator)

Any transaction other than those above-described requires an application for a Certificate of Need.

**Part I: Facility Information**

SHPDA ID Number: 89-S4509  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: The Haven for Greater Living, Inc.  
(ADPH Licensure Name)

Physical Address: 3621 Winchester Road  
New Market, Alabama 35761

County of Location: MADISON

Number of Beds/ESRD Stations: 16

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. \_\_\_\_\_

**Part II: Current Authority** (Note: If this transaction will result in a change in direct ownership or control, as defined under ALA. CODE § 22-20-271(e), please attach organizational charts outlining current and proposed structures.)

Owner (Entity Name) of Facility named in Part I: The Haven for Greater Living, Inc.

Mailing Address: 3621 Winchester Road  
New Market, Alabama 35761

Operator (Entity Name): The Haven for Greater Living, Inc.

**Part III: Acquiring Entity Information**

Name of Entity: IGH Health Services, LLC

Mailing Address: 4101-C Wall Street  
Montgomery, Alabama 36106

Operator (Entity Name): IGH Health Services, Inc.

Proposed Date of Transaction Is on or after: 09/01/2017

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 0.00

Type of Beds: Specialty Care Assisted Living Facility (SCALF)

Number of Beds/ESRD Stations: 16

**Financial Scope:** to include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ \_\_\_\_\_

Projected Construction Cost: \$ \_\_\_\_\_

Projected Yearly Operating Cost: \$ \_\_\_\_\_

Projected Total Cost: \$ 0.00

**On an Attached Sheet Please Address the Following:**

- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 3.) Whether the proposal will involve the conversion of beds.
- 4.) Whether the assets and stock (if any) will be acquired.

**Part V: Certification of Information**

Current Authority Signature(s):

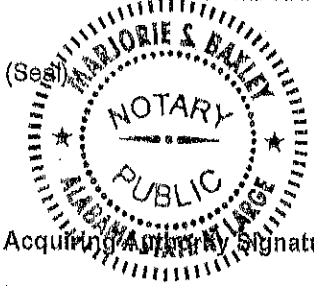
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): Carline McReynolds Carline McReynolds

Operator(s): Carline McReynolds Carline McReynolds

Title/Date: Administrator August 10, 2017

SWORN to and subscribed before me, this 10 day of August, 2017.



Maureen S. Bailey  
Notary Public

My Commission Expires 11/04/2020  
My Commission Expires: \_\_\_\_\_

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): Dee Marshall Gage

Operator(s): \_\_\_\_\_

Title/Date: \_\_\_\_\_

SWORN to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Author: Alva M. Lambert  
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975  
History: New Rule

SWORN to and subscribed before me, this 10<sup>th</sup> day of \_\_\_\_\_

(Seal)

Alyson Oliver  
Notary Public

My Commission Expires: 1/7/2020

**Acquiring Authority Signature(s):**

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): \_\_\_\_\_

Operator(s): John White \_\_\_\_\_

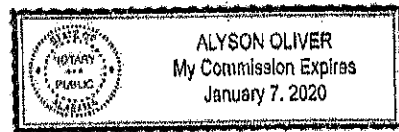
Title/Date: Managing member 8/10/17

SWORN to and subscribed before me, this 10 day of August, 2017.

(Seal)

Alyson Oliver  
Notary Public

My Commission Expires: 1/7/2020



Author: Alva M. Lambert  
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975  
History: New Rule

RECEIVED

AUG 11 2017

ALABAMA STATE HEALTH PLANNING  
& DEVELOPMENT AGENCY

**HKH**

HARBUCK KEITH & HOLMES  
LLC

David M. Hunt  
Direct Dial: (205) 547-5552  
E-Mail: [dhunt@hkh.law](mailto:dhunt@hkh.law)

August 11, 2017

*Via Electronic Mail – [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov)*

Alva M. Lambert, Esq.  
Executive Director  
Alabama State Health Planning &  
Development Agency  
100 North Union Street, Suite 870  
Montgomery, Alabama 35104

**Re: Notice of Change of Ownership  
The Haven for Greater Living, Inc.**

Dear Mr. Lambert:

We respectfully submit this letter to the Alabama State Health Planning and Development Agency (“SHPDA”) as an attachment to the Notice of Change of Ownership form that we are filing pursuant to the Alabama Certificate of Need Program Rules and Regulations (the “CON Rules”) Chapter 410-1-7-.04. The proposed change of ownership involves a change of the licensed operator of a 16-bed Specialty Care Assisted Living Facility (“SCALF”) known as The Haven for Greater Living, Inc (the “Facility”) in New Market, Alabama. The following summarizes the transaction proposed to take place on or about September 1, 2017, and addresses SHPDA requirements under the CON Rules for change of ownership.

**1. Facts**

The Facility is a 16-bed SCALF in New Market, Alabama. The current licensed operator of the Facility is the also the owner of the Facility – The Haven for Greater Living, Inc. (“Haven”). Haven has recently entered into a Consent Agreement with the Alabama Department of Public Health (“ADPH”) that requires Haven to relinquish operation of the Facility to a new licensed operator approved by ADPH no later than September 1, 2017. Pursuant to this Consent Agreement, Haven proposes to enter into a Management Agreement with IGH Health Services, LLC (“IGH”) to take over day-to-day management of the Facility and become the Facility’s licensed operator. Upon obtaining the necessary regulatory approval from SHPDA and ADPH, Haven will enter into a Management Agreement with IGH pursuant to which IGH will become the new licensed operator of the Facility.

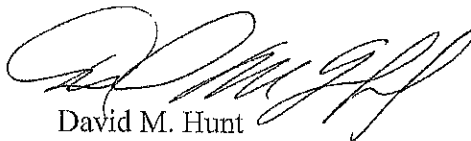
**2. SHPDA Requirements For Change of Ownership**

- a) Financial scope of the project. There will be no capital expenditures in conjunction with the proposed transaction, nor is it anticipated that there will be any new annual operating costs associated with the proposed transaction.
- b) No new services. The proposed transaction will not result in any new or additional services beyond those already provided at the Facility.
- c) No new beds. The proposed transaction will not result in the creation of new beds.
- d) No conversion of beds. The proposed transaction will not involve the conversion of beds.
- e) Acquisition of Assets/Stock. The proposed transaction does not involve the sale of stock or transfer of assets.

Based on the above showing that there will be no change in health service, no conversion of beds or increase in bed capacity, or any capital expenditure in excess of the applicable spending thresholds set forth in *Alabama Code* § 22-21-263(a)(2), we respectfully request that you exercise your authority under Chapter 410-1-7-.04(2) of the CON Rules and determine that a new Certificate of Need is not required for the consummation of the above-described transaction. In accordance with the CON Rules, I have filed the executed change of ownership form via SHPDA's online system with a check in the amount of \$2,500 to follow via overnight carrier for Monday delivery.

If you have any questions or need any additional information, please let me know.

Sincerely,



David M. Hunt  
Attorney for The Haven for Greater Living,  
Inc.