

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: 121-N0005
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Coosa Valley Nursing Facility
(ADPH Licensure Name)

Physical Address: 315 West Hickory Street
Sylacauga, AL 35150

County of Location: TALLADEGA

Number of Beds/ESRD Stations: 85

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 Sylacauga Health Care Authority

Mailing Address: 315 West Hickory Street
Sylacauga AL 35150-2996

Operator (Entity Name): Coosa Valley Nursing Facility

Part III: Acquiring Entity Information

Name of Entity: Coosa Valley Healthcare Properties, LLC

Mailing Address: 314 West Columbus Street
Dadeville, AL 36853

Operator (Entity Name): Coosa Valley Healthcare Center, LLC

Proposed Date of Transaction is on or after: 08/01/2018

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 3,800,000.00

Type of Beds: Skilled Nursing Facility

Number of Beds/ESRD Stations: 85

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: \$ 5,584,500.00

Projected Total Cost: \$ 5,584,500.00

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): Roland R. Thacker ROLAND L. THACKER

Operator(s): Roland R. Thacker ROLAND L. THACKER

Title/Date: CFO 6/21/18 _____

SWORN to and subscribed before me, this 21 day of June 2018

(Seal)

Shelia Neas
Notary Public

My Commission Expires: 3/28/2021

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): Archie J. Chapman Archie J. Chapman

Operator(s): Cosa Valley Healthcare Center, LLC 6/21/2018

Title/Date: Owner

SWORN to and subscribed before me, this 21 day of June 2018.

(Seal)

Donna Border
Notary Public

My Commission Expires: Oct. 14, 2019

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule