

**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:

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

009-55001

Name of Facility/Provider:  
(ADPH Licensure Name)

Legacy Woods LLC

Physical Address:

101 Jacobs Lane

Hayden, AL 35079

County of Location:

BLOUNT

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:

Legacy Woods LLC

Mailing Address:

101 Jacobs Lane

Hayden, AL 35079

Operator (Entity Name):

Legacy Woods LLC

**Part III: Acquiring Entity Information**

Name of Entity:

Legacy Woods Community LLC

Mailing Address:

43502 State Hwy 75

Altoona, AL 35952

Operator (Entity Name): Legacy Woods Community LLC

Proposed Date of Transaction is on or after: 12/01/2019

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 350,000.00

Type of Beds: 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: \$ 0

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ 375,000.00

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): [Signature] Longwallace

Operator(s): [Signature] Longwallace

Title/Date: Member/mgr 10/28/19

SWORN to and subscribed before me, this 28<sup>th</sup> day of Oct, 2019.

(Seal)

[Signature]  
Notary Public

My Commission Expires: 6/12/2022

**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): [Signature] \_\_\_\_\_

Operator(s): [Signature] \_\_\_\_\_

Title/Date: Owner 10/25/19 \_\_\_\_\_

SWORN to and subscribed before me, this 29<sup>th</sup> day of 04, 2019.

(Seal)

[Signature]  
Notary Public

My Commission Expires: March 2021

Author: Alva M. Lambert

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

History: New Rule

### **Change of Ownership/Control**

- 1) The services to be offered by the proposal are an extension of presently offered services.
- 2) The proposal will not include any new beds.
- 3) The proposal will not involve the conversion of beds.
- 4) The assets will be acquired by the proposal.