Nov 03 2021

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: (This can be found at www.shpda.alabama.gov, H	089-N0001 ealth Care Data, ID Codes)
Name of Facility/Provider:	Diversicare of Big Springs, LLC
(ADPH Licensure Name)	d/b/a Diversicare of Big Springs
Physical Address:	500 St. Clair Ave. Sw
	Huntsville, AL 35801
County of Location:	Madison
Number of Beds/ESRD Stations:	135
CON Authorized Service Area (Home He pages if necessary. N/A	ealth and Hospice Providers Only). Attach additional
Part II: Current Authority (Note ownership or control, as defined under charts outlining current and proposed str	e: If this transaction will result in a change in direct ALA. CODE § 22-20-271(e), please attach organizational ructures.)
Owner (Entity Name) of	Diversicare of Big Springs, LLC
Facility named in Part I:	Diversicale of big opinigs, LEG
Mailing Address:	500 St. Clair Ave. SW
	Huntsville, AL 35801
Operator (Entity Name):	Diversicare of Big Springs, LLC
Part III: Acquiring Entity Inform	ation
Name of Entity:	Diversicare of Big Springs, LLC
Name of Entity: Mailing Address:	Diversicare of Big Springs, LLC 500 St. Clair Ave. SW

Diversicare of Big Springs, LLC Operator (Entity Name): Proposed Date of Transaction is November 18, 2021 on or after: Part IV: Terms of Purchase \$ 67,500.00 Monetary Value of Purchase: Skilled Nursing Type of Beds: 135 Number of Beds/ESRD Stations: Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost: \$ 0 Projected Equipment Cost: \$ 0 Projected Construction Cost: Projected Yearly Operating Cost: \$ 8,214,971 Projected Total Cost: \$8,214,971

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): Matthew J. Weishaar

Operator(s): Matthew J. Weishaar

Title/Date: Senior Vice President/Secretary

My Commission Expires: 09/02/2024

SWORN to and subscribed before m

STATE

OF

(Seal) OF

TENNESSEE

NOTARY
PUBLIC

ON COUNTAIN

Acquiring Authority Signature(s): No and subscribed before me, this 28th day of ___ My Commission Expires: 09/02 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): Matthew J. Weishaar Matthew J. Weishaar Operator(s): 10/28/2021 Senior Vice President/Secretary Title/Date: SWORL

STA
OF
OF
(Seal)NNES
NOTAR
PUBLIC subscribed before me, this 28th day of

Author: Alva M. Lambert

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

History: New Rule

Responses to Application Questions 1 through 4

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).

The Applicant has previously offered the services and the services offered will not change.

2) Whether the proposal will include the addition of any new beds.

The proposal will not include the addition of any new beds.

3) Whether the proposal will involve the conversion of beds.

The proposal will not involve the conversion of beds.

4) Whether the assets and stock (if any) will be acquired.

The transaction involves a change of indirect owners as a result of a stock transfer.



Atlanta Office 171 17th Street NW, Suite 2100 Atlanta, GA 30363-1031 Direct phone: 404.873.8598 Direct fax: 404.873.8599 E-mail: alex.foster@agg.com

October 29, 2021

RECEIVED

Nov 03 2021

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

VIA USPS EXPRESS & EMAIL [SHPDA.ONLINE@SHPDA.ALABAMA.GOV]

State Health Planning & Development Agency CON Review Board P.O. Box 303025 Montgomery, AL 36130-3025

Re: Alabama Certificate of Need / Nursing Home Facilities

Dear Sir or Madam:

This letter is to notify you of an upper tier ownership change of the nursing homes listed on <u>Attachment A</u> (the "Facilities"). Please note that the changes are occurring several levels above the licensed provider in the structure. The changes of indirect ownership are anticipated to occur on or about **November 18, 2021**. Please find enclosed the applications and fees for the Facilities.

Thank you for your attention to this matter. Should you have any questions or need additional assistance, please do not hesitate to contact our office.

Sincerely,

ARNALL GOLDEN GREGORY LLP

Alexander B. Foster

Enclosure

cc: Hedy Rubinger, Esq.

Elliot Lee, Esq.

Ms. Brenda Wimsatt

ATTACHMENT A Alabama Nursing Home Facilities

Facility Name and Address	SHPDA ID Number
Brookshire Healthcare Center	089-N0009
4320 Judith Lane	
Huntsville, AL 35805	
Canterbury Healthcare Facility	113-N0005
1720 Knowles Road	
Phenix City, AL 36869	
Diversicare of Big Springs	089-N0001
500 St. Clair Ave, SW	
Huntsville, AL 35801	
Hartford Healthcare	061-N0002
217 Toro Road	
Hartford, AL 36344	
Lynwood Nursing Home	097-N0010
4164 Halls Mills Road	
Mobile, AL 36696	
Northside Healthcare	055-N0011
700 Hutchins Ave.	
Gadsden, AL 35901	
Windsor House	089-N0011
4411 McAllister Drive	
Huntsville, AL 35805	
Diversicare of Arab	095-N0001
235 Third Street SE	
Arab, AL 35016	
Diversicare of Bessemer	073-N7001
820 Golf Course Road	
Bessemer, AL 35022	
Diversicare of Boaz	095-N0003
600 Corley Avenue	
Boaz, AL 35957	
Diversicare of Foley	003-N0002
1701 North Alston Street	
Foley, AL 36535	
Baron House of Hueytown	073-N0016
190 Brooklane Drive	
Hueytown, AL 35023	
Diversicare of Lanett	017-N0005
702 South 13 th Street	
Lanett, AL 36863	

Diversicare of Montgomery 2020 North Country Club Drive	101-N0018
Montgomery, AL 36106	
Diversicare of Oneonta	009-N0002
215 Valley Road	
Oneonta, AL 35121	
Diversicare of Oxford	015-N0005
1130 South Hale Street	
Oxford, AL 36203	
Diversicare of Pell City	115-N0003
510 Wolf Creek Road, North	
Pell City, AL 35125	
Diversicare of Riverchase	073-N0061
2500 River Haven Drive	
Birmingham, AL 35244	
Diversicare of Winfield	093-N0003
144 County Highway 14	
Winfield, AL 35594	
Park Place	047-N0003
100 Park Place	
Selma, AL 36701	

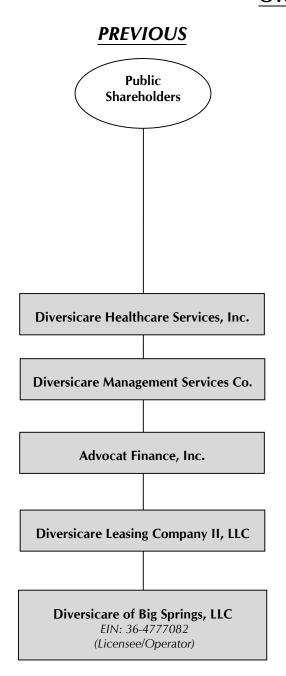
Diversicare of Big Springs ALABAMA Overview of Ownership Updates

CO2022-028

RECEIVED

Nov 15 2021

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY





CURRENT