

## 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: 095-N0001  
 (This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Diversicare of Arab, LLC  
 (ADPH Licensure Name) d/b/a Diversicare of Arab

Physical Address: 235 Third Street SE  
Arab, AL 35016

County of Location: Marshall

Number of Beds/ESRD Stations: 87

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. N/A

**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: Diversicare of Arab, LLC

Mailing Address: 235 Third Street SE  
Arab, AL 35016

Operator (Entity Name): Diversicare of Arab, LLC

### Part III: Acquiring Entity Information

Name of Entity: Diversicare of Arab, LLC

Mailing Address: 235 Third Street SE  
Arab, AL 35016

Operator (Entity Name): Diversicare of Arab, LLC

Proposed Date of Transaction is on or after: November 18, 2021

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 43,500.00

Type of Beds: Skilled Nursing

Number of Beds/ESRD Stations: 87

**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: \$ 5,002,410

Projected Total Cost: \$ 5,002,410

**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**


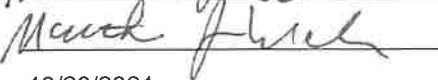
**Current Authority Signature(s):**

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

10/28/2021



SWORN to and subscribed before me, this 28<sup>th</sup> day of October, 2021

Brenda Wimsatt  
Notary Public

My Commission Expires: 09/02/2024

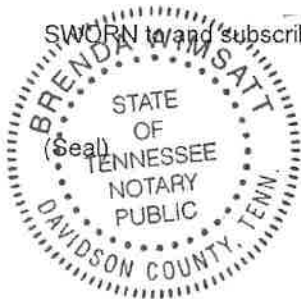
**Acquiring Authority Signature(s):**

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): Matthew J. Weishaar Matthew J Weishaar

Operator(s): Matthew J. Weishaar Matthew J Weishaar

Title/Date: Senior Vice President/Secretary 10/28/2021



SWORN to and subscribed before me, this 28<sup>th</sup> day of October, 2021

Brenda Wimsatt  
Notary Public

My Commission Expires: 09/02/2024

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.

October 29, 2021

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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 Attachment A (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

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Nov 03 2021

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

ATTACHMENT A  
Alabama Nursing Home Facilities

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

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

**Diversicare of Arab  
ALABAMA**  
Overview of Ownership Updates

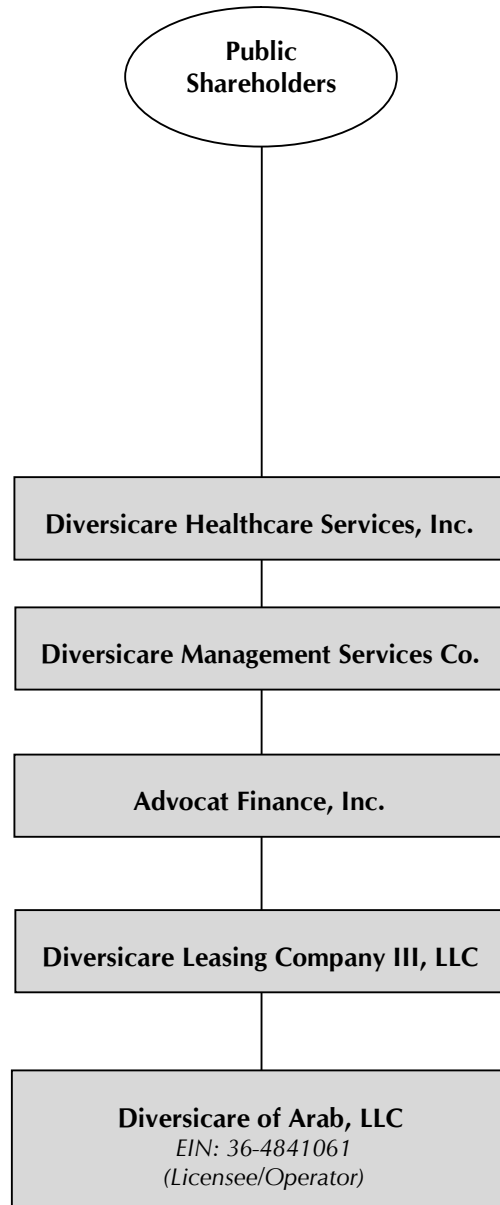
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STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

**PREVIOUS**



**CURRENT**

