CO2022-035

State Health Planning and Development Agency

Alabama CON Rules & Regulations

Nov 03 2021 STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

RECEIVED

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))

O 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-N0003
(This can be found at <u>www.shpda.alabama.gov</u> ,	Health Care Data, ID Codes)
Name of Facility/Provider:	Diversicare of Boaz, LLC
(ADPH Licensure Name)	d/b/a Diversicare of Boaz
Physical Address;	600 Corley Avenue
	Boaz, AL 35957
County of Location:	Marshall
Number of Beds/ESRD Stations:	100

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 Boaz, LLC	
Mailing Address:	600 Corley Avenue	
3	Boaz, AL 35957	
Operator (Entity Name):	Diversicare of Boaz, LLC	

Part III: Acquiring Entity Information

Name of Entity:	Diversicare of Boaz, LLC	
Mailing Address:	600 Corley Avenue	
maning ridaroos,	Boaz, AL 35957	

Alabama CON Rules & Regulations State Health Planning and Development Agency Diversicare of Boaz, LLC Operator (Entity Name): Proposed Date of Transaction is November 18, 2021 on or after: Part IV: Terms of Purchase \$ 50,000.00 Monetary Value of Purchase: Skilled Nursing Type of Beds: 100 Number of Beds/ESRD Stations: Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost:	\$_ <u>0</u>	
Projected Construction Cost:	\$_ <u>0</u>	-
Projected Yearly Operating Cost:	\$ _5,883,592	-
Projected Total Cost:	\$ 5,883,592	

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):

Owner(s):

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

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10/28/2021	V

Operator(s): Matthew J. Weishaar

Title/Date: Senior Vice President/Secretary

Matthew J. Weishaar

A-84

State Health Planning and Development Agency Alabama CON Rules & Regulations and the second October Notary Public My Commission Expires: 09/02/2024 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. Matthew J. Weishaar Purchaser(s): Matthew J. Weishaar Operator(s): 10/28/2021 Title/Date: Senior Vice President/Secretary SWORN WARD'S STATE Seal) OF (Seal) O subscribed before me, this <u>28th</u> day of ____ October 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.



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

RECEIVED

Nov 03 2021

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

October 29, 2021

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

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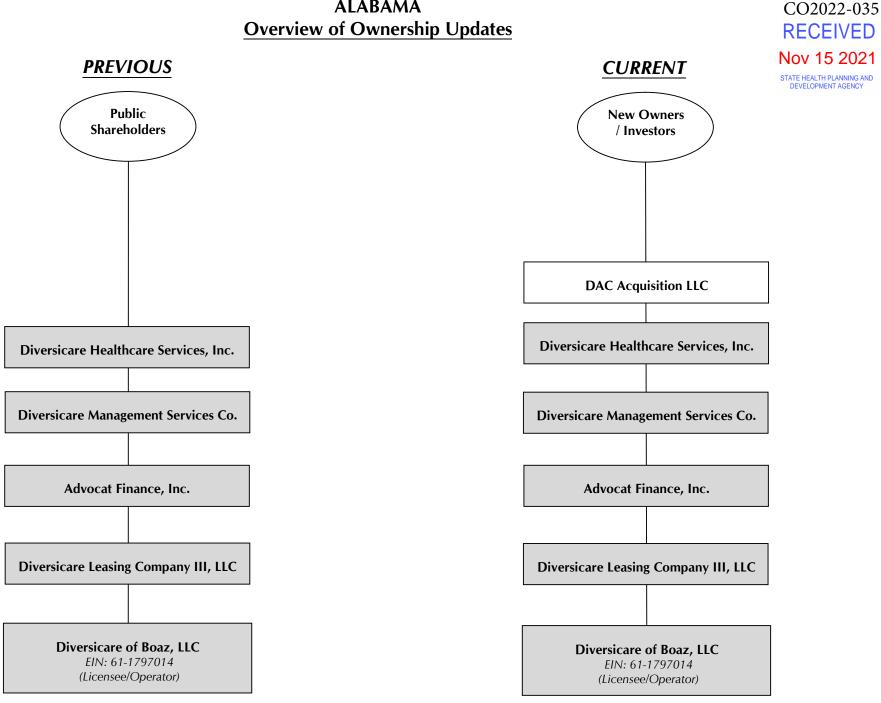


<u>ATTACHMENT A</u> <u>Alabama Nursing Home Facilities</u>

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 Montgomery, AL 36106	101-N0018
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 Boaz ALABAMA



*Shaded boxes reflect entities that did not change.