CO2022-041

State Health Planning and Development Agency

Alabama CON Rules & Regulations STA

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))

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: | 015-N0005 |
|--|-----------------------------|
| (This can be found at <u>www.shpda.alabama.gov</u> , Health Care Data, ID Codes) | |
| Name of Facility/Provider: | Diversicare of Oxford, LLC |
| (ADPH Licensure Name) | d/b/a Diversicare of Oxford |
| Physical Address: | 1130 South Hale Street |
| | Oxford, AL 36203 |
| County of Location: | Calhoun |
| | |

Number of Beds/ESRD Stations:

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

173

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 Oxford, LLC | |
|---|----------------------------|--|
| Mailing Address: | 1130 South Hale Street | |
| | Oxford, AL 36203 | |
| Operator (Entity Name): | Diversicare of Oxford, LLC | |

Part III: Acquiring Entity Information

| Name of Entity: | Diversicare of Oxford, LLC | |
|------------------|----------------------------|--|
| Mailing Address: | 1130 South Hale Street | |
| 5 | Oxford, AL 36203 | |

State Health Planning and Development Agency

Alabama CON Rules & Regulations

| Operator (Entity Name): | Diversicare of Oxford, LLC |
|---|---|
| - p = 1 = 1 = 1 (,) = 1 = 1 = 1 | |
| Proposed Date of Transaction is on or after: | November 18, 2021 |
| Part IV: Terms of Purchase | |
| Monetary Value of Purchase: | \$ |
| Type of Beds: | Skilled Nursing |
| Number of Beds/ESRD Stations | 173 |
| Financial Scone: to Include Prelimin | any Estimate of the Cost Broken Down by Equipment |

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: | \$ | |
| Projected Yearly Operating Cost: | \$ 7,324,638 | - |
| Projected Total Cost: | \$ 7,324,638 | 300 |

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.

11 ... 0 10/28/2021

Operator(s): Matthew J. Weishaar

Title/Date: Senior Vice President/Secretary

Matthew J. Weishaar

A-84

Alabama CON Rules & Regulations

and a later of the SWORN to and subscribed before me, this 28 th day of _____ STATE (Seal) OF Not TENNESSEE NOTARY MY PUBLIC My Acquiring Authority Signature(s): October Korenda Notary Public My Commission Expires: 09/02/2024

State Health Planning and Development Agency

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 | Marte fluch |
|---------------|---------------------------------|-------------|
| Operator(s): | Matthew J. Weishaar | Marke finel |
| Title/Date: | Senior Vice President/Secretary | 10/28/2021 |

SWORN Wand subscribed before me, this <u>28⁴⁴</u> day of <u>October</u>, <u>2021</u>. STATE OF (Seal) OF (Seal) OF NOTARY PUBLIC NOTARY PUBLIC NOTARY SON COUNTY (Seal) OF NOTARY SON COUNTY SON COUN

Author: Alva M. Lambert Statutory Authority: § 22-21-271(c), <u>Code of Alabama</u>, 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

17298760v1



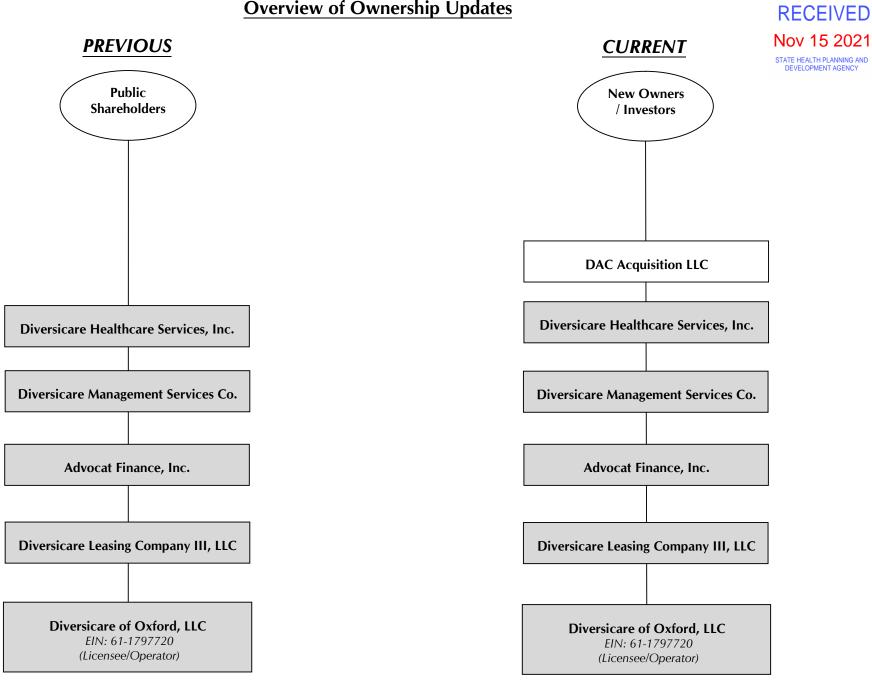
<u>ATTACHMENT A</u> <u>Alabama Nursing Home Facilities</u>

| 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 Oxford ALABAMA Overview of Ownership Updates

CO2022-041



*Shaded boxes reflect entities that did not change.