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Nov 19 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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November 19, 2021

VIA EMAIL

Ms. Emily Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
Suite 870
Montgomery, AL 36104

**Re: Skilled Nursing Facility Change of Ownership – Senior Rehab & Recovery at
Limestone Health Facility**

Dear Ms. Marsal:

Pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the "Rules"), we respectfully submit the attached Notice of Change of Ownership. The Change of Ownership involves the sale of the 170-bed skilled nursing facility located in Athens, Limestone County, Alabama, and licensed as Senior Rehab & Recovery at Limestone Health Facility (the "Facility"). The Facility is currently owned by FG Health Realty, LLC, as the current fee owner of the property ("Current Owner"), who leases the building to Forum Green, Inc., the operator and licensee ("Current Operator"). Following is a summary of the proposed transaction:

I. Facts.

1. Current Owner owns the real property on which the Facility is located, and Current Operator leases from Current Owner and operates the Facility located at 1600 West Hobbs Street, Athens, Alabama.
2. Pursuant to an asset purchase agreement, Current Owner intends to transfer substantially all the assets of the Facility, including the certificate of need, to new owner, Limestone Health Holdings, LLC, a limited liability company ("Purchaser"). The transaction is expected to close on or before December 20, 2021.

3. Purchaser will simultaneously enter into a lease with a new operator, Limestone Nursing and Rehabilitation Center, LLC, who will hold the license to operate the facility, subject to approval by the Alabama Department of Public Health ("ADPH") and the issuance of a license by ADPH to Limestone Nursing and Rehabilitation Center, LLC, to operate the Facility as a 170-bed nursing facility.
4. The resulting "change in control" requires notification to your agency pursuant to ALA. ADMIN. CODE §410-1-7-.04(1).
5. The change in control of the Facility is documented by the enclosed executed change of ownership form.

II. Financial Scope of Project.

New Purchaser has entered into an asset purchase agreement to purchase the Facility for fair market value. This transaction does not involve the purchase of any new equipment or other capital expenditures in excess of the spending thresholds set forth in Section 22-21-263(a)(2) of the Code of Alabama.

III. Services to be Offered.

1. No New Services: The transaction does not involve the offering of any new services by the Facility. The facility will continue to operate as a skilled nursing facility.

IV. Beds.

1. New Beds: The proposed transaction does not involve any addition or reduction of beds.
2. Conversion of Beds: The proposed transaction does not involve the conversion of beds.

V. Stock and Assets.

Other than described above, the transaction does not involve the acquisition of stock or assets relating to the operation of the Facility.

Based on the above showing that there has been no (i) change in health service, (ii) spending in excess of the spending thresholds, (iii) conversion of beds or (iv) increase in bed capacity we

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respectfully ask that you exercise your authority under Chapter 410-1-7-.04(2) of the Rules and determine that a CON or other action by SHPDA is not required for the consummation of the above-described proposed transaction. In accordance with the Rules, a fee in the amount of \$2,500 has been or will be paid within 24 hours of submission of this application.

Should you have any questions or need further information, please contact me at 205-458-5209.

Sincerely,

Angie Smith

Angie C. Smith

ACS/jlr
Enclosures

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: 083-N0002
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Senior Rehab & Recovery at Limestone Health Facility
(ADPH Licensure Name)

Physical Address: 1600 West Hobbs Street
Athens, AL 35611

County of Location: LIMESTONE 

NUMBER OF BEDS/ESKD STATIONS: 170

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

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: FG Health Realty, LLC

Mailing Address: 1100 West Hobbs Street
Athens AL 35611
 Forum Green, Inc.

Operator (Entity Name): _____

Part III: Acquiring Entity Information

Name of Entity: Limestone Health Holdings, LLC

Mailing Address: 230 West Main Street
Centre, AL 35960

Operator (Entity Name): Limestone Nursing & Rehabilitation Center, LLC

Proposed Date of Transaction is on or after: 12/19/2021

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ see attached

Type of Beds: skilled nursing facility

Number of Beds/ESRD Stations: 170

Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ see attached

Projected Construction Cost: \$ see attached

Projected Yearly Operating Cost: \$ see attached

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): FG Realty, LLC (Landlord) *Shirley A. Hunt*

Operator(s): Forum Green, Inc. (tenant/licensee) *Shirley A. Hunt*

Title/Date: *PRESIDENT* *11-10-21*



I, _____, do hereby swear to and subscribed before me, this 11 day of November, 2021.

Leigh Ann Hughes
Notary Public

My Commission Expires: 2.21.2024

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): Limestone Health Holdings, LLC

Operator(s): Limestone Nursing & Rehabilitation Center, LLC

Title/Date: _____

SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal)

Notary Public

My Commission Expires: _____

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule

SWORN to and subscribed before me, this ____ day of _____

(Seal)

Notary Public

My Commission Expires: _____

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): Limestone Health Holdings, LLC

Donna Willey

Operator(s): Limestone Nursing and Rehabilitation Center, LLC

Donna Willey

Title/Date: _____

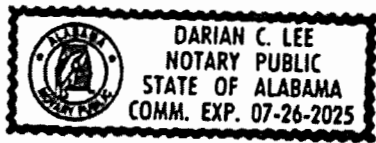
November 18, 2021

SWORN to and subscribed before me, this 18 day of November, 2021.

(Seal)

Darian C. Lee
Notary Public

My Commission Expires: 7/26/25



Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule