

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: 117-S5925
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Premier Assisted Living
(ADPH Licensure Name)

Physical Address: 155 Egg and Butter Road

County of Location: SHELBY 

Number of Beds/ESRD Stations: 16

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

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: Shawn and Susan Callahan

Mailing Address: 2360 Timber Lane
Alabaster, AL 35007
Premier Healthcare

Operator (Entity Name): _____

Part III: Acquiring Entity Information

Name of Entity: Premier Assisted Living, LLC

Mailing Address: 7922 Wynwood Lane
Helena AL 35080

Operator (Entity Name): Premier Assisted Living LLC

Proposed Date of Transaction is on or after: 12/02/2021

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 1,350,000.00

Type of Beds: SCALF

Number of Beds/ESRD Stations: 16

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

Projected Equipment Cost: \$

Projected Construction Cost: \$

Projected Yearly Operating Cost: \$

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):

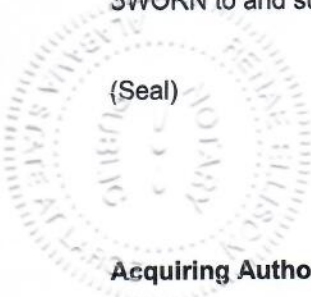
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): [Signature] Susan Callahan

Operator(s):

Title/Date: Owner 1-28-22

SWORN to and subscribed before me, this 28 day of January, 2022.



(Seal)

Elaine Ellison
Notary Public

My Commission Expires: _____

My Commission Expires September 1, 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): Christina Tatum Christina Tatum

Operator(s): Christina Tatum Christina Tatum

Title/Date: Owner 1-28-22 _____

SWORN to and subscribed before me, this 28 day of January, 2022.



(Seal)

Elaine Ellison
Notary Public

My Commission Expires: _____

My Commission Expires September 1, 2024

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

Services offered:

- 1) No services are changing in either building.
- 2) No addition of new beds to either building
- 3) No beds are being converted
- 4) No assets or stock are being acquired.

We are making no changes to the operations
of the SCALE facility.

Feb 16 2022

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: 117-85913
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider:
 (ADPH Licensure Name) Premier Assisted Living & Autumn Place

Physical Address: 155 Eggs and Butter Rd | 5930 Main St
Columbiana, AL 35051 | Millbrook, AL 36054

County of Location: CHOOSE ONE Shelby | Elmore

Number of Beds/ESRD Stations: 16 | 16

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

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: Shawn and Susan Callahan

Mailing Address: 2360 Timber Lane
Atlaston, AL 35007

Operator (Entity Name): Premier Healthcare LLC

Part III: Acquiring Entity Information

Name of Entity: Christina Tatum c/o Premier Assisted Living LLC

Mailing Address: 7922 Wynwood Lane
Helena AL 35080

Operator (Entity Name): Premier Assisted Living LLC
 Proposed Date of Transaction is on or after: 12/2/21

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 2,500,000.00 for both
 Type of Beds: ALF & SCALF
 Number of Beds/ESRD Stations: 32

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

Projected Equipment Cost: \$ No construction
 Projected Construction Cost: \$ _____
 Projected Yearly Operating Cost: \$ _____
 Projected Total Cost: \$ 0.00

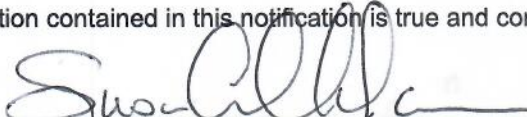
On an Attached Sheet Please Address the Following:

- 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.

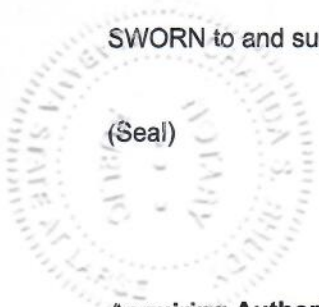
Part V: Certification of Information

Current Authority Signature(s):

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

Owner(s): 
 Operator(s): _____
 Title/Date: 2-15-22

SWORN to and subscribed before me, this 15th day of Feb, 2022.



(Seal)

[Signature]
Notary Public

My Commission Expires: _____

My Commission Expires January 17, 2023

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): Christina L. Hum _____

Operator(s): _____

Title/Date: 2-15-22 _____

SWORN to and subscribed before me, this 15th day of Feb, 2022.



(Seal)

[Signature]
Notary Public

My Commission Expires: _____

My Commission Expires January 17, 2023

Author: Alva M. Lambert

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

History: New Rule

Feb 14 2022

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Christina Tatum

Premier Assisted Living, LLC

7922 Wynwood Lane

Helena, AI 35080

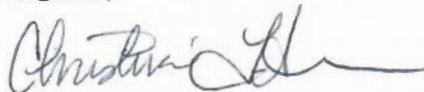
2/14/2022

To whom it may concern,

Premier Assisted Living and Autumn Place Assisted Living were purchased Dec 2, 2021. I, Christina Tatum, am the new owner. I was under the impression that the previous owners were going to help in the paperwork process of changing owners. I was under the impression that the only thing to do was to email state about the change, in which occurred. I have never purchased an assisted living prior to this.

I then began my own research and learned that there were papers to fill out with ADPH. Those papers were filled out, and money was sent. The check was cashed and then was told I needed the CON from SHPDA. I did not know what that entailed as I had already sent the papers I assumed were needed. I then had to get the employee from ADPH to give me the information I needed to reach SHPDA. She stated she did not have any contact information. I googled and found what I needed, and spoke with a receptionist. I then filled out two sets of paperwork, one for each building to be on the safe side and learned of the intensely high fee for filing. I remembered the receptionist stating that the buildings could be put on one paper. I resent in the papers with both building names on there, along with the \$2500. That money has also been paid with nothing approved yet. I have been going back and forth with the Health Dept and SHPDA since learning the process to get all of the papers aligned. I am now having to reach back out to the previous owners to meet again and get another set of paperwork notarized.

Regards,



Christina Tatum

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: 117-85925
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Premier Assisted Living
(ADPH Licensure Name)

Physical Address: 155 Egg and Butter Rd
Columbiana AL 35051

County of Location: CHOOSE ONE Shelby

Number of Beds/ESRD Stations: 16

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

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: Shawn or Susan Callahan

Mailing Address: 2360 Timber Lane
Alabama AL 35007

Operator (Entity Name): Premier Healthcare

Part III: Acquiring Entity Information

Name of Entity: Christina Tatum

Mailing Address: 7922 Wynwood Lane
Helena AL 35080

Operator (Entity Name): Premier Assisted Living, LLC
 Proposed Date of Transaction is on or after: 12/2/2021

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 1,350,000.00
 Type of Beds: SCALF
 Number of Beds/ESRD Stations: 16

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

Projected Equipment Cost: \$ No changes
 Projected Construction Cost: \$ _____
 Projected Yearly Operating Cost: \$ _____
 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.

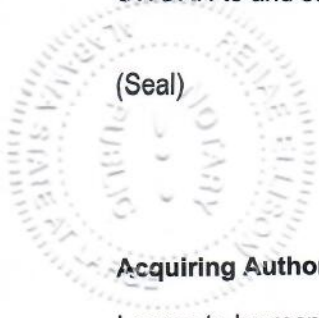
Part V: Certification of Information

Current Authority Signature(s):

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

Owner(s): Suzanne Caldwell _____
 Operator(s): _____
 Title/Date: Owner 2-23-22 _____

SWORN to and subscribed before me, this 23 day of February, 2022.



(Seal)

Alva Ellison
Notary Public

My Commission Expires: _____

My Commission Expires September 1, 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): Christina Johnson _____

Operator(s): _____

Title/Date: purchaser 2-23-22 _____

SWORN to and subscribed before me, this 23 day of February, 2022.



(Seal)

Alva Ellison
Notary Public

My Commission Expires: _____

My Commission Expires September 1, 2024

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