STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

State Health Planning and Development Agency

Alabama CON Rules & Regulations

### 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.

O Change in Certificate of Need Hold O Change in Facility Management (F	
Part I: Facility Information	
SHPDA ID Number: (This can be found at www.shpda.alabama.gov,	055-52802  Health Care Data, ID Codes)  CRM Meadowood, LLC
Name of Facility/Provider: (ADPH Licensure Name)	
Physical Address:	509 Pineview Ave
	Glenco, AL 35905
County of Location:	ETOWAH
Number of Beds/ESRD Stations:	51
Part II: Current Authority (No	te: If this transaction will result in a change in direct r ALA. CODE § 22-20-271(e), please attach organizational tructures.)
Owner (Entity Name) of Facility named in Part I:	Meadowood Retirement Village
Mailing Address:	509 Pineview Ave
·	Glenco, AL 35905
Operator (Entity Name):	CRM of Meadowood, LLC
Part III: Acquiring Entity Inform	nation  Meadowood Operations, LLC
Name of Entity:	
	454 Satellite Blvd, Suite 100

PLEASE SIGN AND DATE

PLEASE SIGN AND DATE

Operator (Entity Name):	Meadowood Operations, LLC
Proposed Date of Transaction is on or after:	03/31/2022
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$_100.00
Type of Beds:	SCALF
Number of Beds/ESRD Stations:	51
Financial Scope: to Include Prelimin Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment, st:
Projected Equipment Cost:	\$
Projected Construction Cost:	\$
Projected Yearly Operating Cost:	\$1,700,000.00
Projected Total Cost:	\$ <u></u>
On an Attached Sheet Please	
<ol> <li>The services to be offered by the proferred the service, whether the service the service is a new service).</li> </ol>	roposal (the applicant will state whether he has previously e is an extension of a presently offered service, or whether
2.) Whether the proposal will include the	e addition of any new beds.
3.) Whether the proposal will involve the	e conversion of beds.
4.) Whether the assets and stock (if any	γ) will be acquired.
Part V: Certification of Informa	tion
Current Authority Signature(s):	
The information contained in this notific belief.	ation is true and correct to the best of my knowledge and
Owner(s):	
Operator(s):	
Title/Date: 1/15/1000	

	State Health Planning and Development Agency	Alabama CON Rules & Regulations
ı	SWORN to and subscribed parore me, this 25 day of	February 2022.
	(Seal)	Notary Public  My Commission Expires: August 32024
	Acquiring Authority Signature (s)  I agree to be responsible for reporting of all services pr	ovided during the current annual reporting
PLI	period, as specified in ALA. ADMIN. CODE r. 410-1-3 notification is true and correct to the best of my knowled ease sign and part purchaser(s):	i12. The information contained in this dge and belief.
LE	ASE SIGN AND DATE perator(s):	
Ì	Title/Date: 150 1/15/2022	
l	SWORN to and subscribed before me, this <u>25</u> day o	of February, 2022.
	(Seal)	Notary Public
	OTARL SE	My Commission Expires: August 3, 2024
	COUNTY COUNTY INTERNAL COUNTY	

Statutory Authority: § 22-21-271(c), <u>Code of Alabama</u>, 1975 History: New Rule

### **CON Questions**

- 1. Will services offered by the proposal (the applicant will state whether he has previously offered the services, whether the service is an extension of a presently offered services, or whether the service is a new service).
  - No. There will not be any changes to the services currently offered at the facility.
- 2. Whether the proposal will include the addition of any new beds: No. The proposal will not include an addition to any new beds.
- 3. Whether the proposal will involve the conversion of beds: No. The proposal will not involve the conversation of beds.
- 4. Whether the assets and stock (if any) will be acquired: No. There are no assets and stock to be acquired with the transaction.

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

## 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-

•	least twenty (20) days prior to the transaction.
<ul><li>Change in Certificate of Need Hole</li><li>Change in Facility Management (F</li></ul>	
Part I: Facility Information	
SHPDA ID Number:	055-S2802
(This can be found at <a href="https://www.shpda.alabama.gov">www.shpda.alabama.gov</a> ,	Health Care Data, ID Codes)  Meadowood Retirement Village SCALF
Name of Facility/Provider: (ADPH Licensure Name)	
Physical Address:	509 Pineview Ave
	Glenco, AL 35905
County of Location:	ETOWAH
Number of Beds/ESRD Stations:	51
CON Authorized Service Area (Home pages if necessary. N/A	Health and Hospice Providers Only). Attach additional
	ote: If this transaction will result in a change in direct er ALA. CODE § 22-20-271(e), please attach organizational structures.)
Owner (Entity Name) of Facility named in Part I:	Meadowood Retirement Village
Mailing Address:	509 Pineview Ave
Walling Address.	Glenco, AL 35905
Operator (Entity Name):	CRM of Meadowood, LLC
Operator (Entity Name).	
Part III: Acquiring Entity Infor	mation
Name of Entity:	Meadowood Operations, LLC
Mailing Address:	454 Satellite Blvd, Suite 100
<u> </u>	Suwanee, GA 30024

Operator (Entity Name):	Meadowood Operations, LLC
Proposed Date of Transaction is on or after:	03/31/2022
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ 100.00 <sup>*</sup>
Type of Beds:	SCALF
Number of Beds/ESRD Stations:	51
Financial Scope: to Include Prelimin Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment
Projected Equipment Cost:	\$
Projected Construction Cost:	\$
Projected Yearly Operating Cost:	\$_1,700,000.00
Projected Total Cost:	\$ 1,700,000.00
On an Attached Sheet Please	Address the Following: Please see attached.
	roposal (the applicant will state whether he has previously is an extension of a presently offered service, or whether
2.) Whether the proposal will include the	e addition of any new beds.
3.) Whether the proposal will involve the	e conversion of beds.
4.) Whether the assets and stock (if any	y) will be acquired.
Part V: Certification of Informa	tion
Current Authority Signature(s):	
The information contained in this notificatelief.	ation is true and correct to the best of my knowledge and
Owner(s):	<del></del>
Operator(s):	
Title/Date:	

<sup>\*</sup> The nominal consideration is \$100 obligation associated with operating the SCALF. We believe this fee is a fair consideration for the transaction and the transfer of operations to the new operator.

	State Health Planning and Development Agency	Alabama CON Rules & Regulations
	SWORN to and subscribed before me, this 25 day	of February 2022.
	(Seal)	Notary Public
	AUBLIC SHEET	My Commission Expires: August 3202
	Acquiring Authority Signature(s)	
	I agree to be responsible for reporting of all services period, as specified in ALA. ADMIN. CODE r. 410-1-notification is true and correct to the best of my knowle	312. The information contained in this
LEASE SIGN AND DATE	Purchaser(s):	
EASE SIGN AND DATE	perator(s):	2
	Title/Date: (50 1/5/2022)	2
	SWORN to and subscribed before me, this 25 day	of February, 2022.
4.	SWORN to and subscribed before me, this <u>25</u> day  (Seal)	
	O SHOTAAL RESIDENCE	My Commission Expires: Augus + 3,2024
	AUBLIC & BE	

Statutory Authority: § 22-21-271(c), <u>Code of Alabama</u>, 1975 History: New Rule

SHPDA ID Number: 055- S2802

### **CON Questions**

1. Will services offered by the proposal (the applicant will state whether he has previously offered the services, whether the service is an extension of a presently offered services, or whether the service is a new service).

No. There will not be any changes to the services currently offered at the facility.

- 2. Whether the proposal will include the addition of any new beds: No. The proposal will not include an addition to any new beds.
- 3. Whether the proposal will involve the conversion of beds: No. The proposal will not involve the conversation of beds.
- 4. Whether the assets and stock (if any) will be acquired: No. There are no assets and stock to be acquired with the transaction.

# STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

## NOTICE OF CHANGE OF OWNERSHIP/CONTROL

The following notification of intent is provided pursuant to all applicable provisions of ALA, CODE 8, 22-21-270 (1975 as amended) and ALA, ADMIN, CODE 7, 410-1-7-

	least twenty (20) days prior to the transaction.
Change in Certificate of Need Ho Change in Facility Management (	
Part I: Facility Information	
SHPDA ID Number:	055-52802
(This can be found at www.shpda.alabama.gov	, Health Care Data, ID Codes)  CRM Meadowood, LLC
Name of Facility/Provider: (ADPH Licensure Name)	——————————————————————————————————————
Physical Address:	509 Pineview Ave
	Glenco, AL 35905
County of Location:	ETOWAH
Number of Beds/ESRD Stations:	51
CON Authorized Service Area (Home pages if necessary. N/A	Health and Hospice Providers Only). Attach additional
	ote: If this transaction will result in a change in direct er ALA. CODE § 22-20-271(e), please attach organizational structures.)
Owner (Entity Name) of Facility named in Part I:	Meadowood Retirement Village
Mailing Address:	509 Pineview Ave
<b>3</b>	Glenco, AL 35905
Operator (Entity Name):	CRM of Meadowood, LLC
, ,	
Part III: Acquiring Entity Infor	mation
Name of Entity:	Meadowood Operations, LLC
Mailing Address:	454 Satellite Blvd, Suite 100
	Suwanee, GA 30024

State Health Planning and Development Agency	Alabama CON Rules & Regulations
Operator (Entity Name):	Meadowood Operations, LLC
Proposed Date of Transaction is on or after:	03/31/2022
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$_100.00* (See comment below)
Type of Beds:	SCALF
Number of Beds/ESRD Stations:	51
Financial Scope: to Include Prelimina Construction, and Yearly Operating Cost	rry Estimate of the Cost Broken Down by Equipment,
Projected Equipment Cost:	\$
Projected Construction Cost:	\$
Projected Yearly Operating Cost:	\$
Projected Total Cost:	\$ 1,700,000.00
On an Attached Sheet Please A	
<ol> <li>The services to be offered by the prooffered the service, whether the service the service is a new service).</li> </ol>	posal (the applicant will state whether he has previously s an extension of a presently offered service, or whether
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 Informati	on
Current Authority Signature(s):	
The information contained in this notificat belief.	ion is true and correct to the best of my knowledge and
Owner(s):	
Operator(s):	
Title/Date: President and CEO / 3.24.	22

<sup>\*</sup> The nominal consideration is \$100 obligation associated with operating the SCALF. We believe this fee is a fair consideration for the transaction and the transfer of operations to the new operator.

	State Health Planning and Development Agency	Alabama CON Rules & Regulations
	SWORN to and subscribed buttone, this 24 day of	Calturain W. Hollis
·	SWORN to and subscribed by the me, this 241 day of (Seal)	Notary Public  My Commission Expires: August 3, 2024
	Acquiring Authority Signature Silvinia	
	l agree to be responsible for reporting of all services properiod, as specified in ALV. ADMIN. CODE r. 410-1-3-notification is true and correct to the best of my knowled	.12. The information contained in this ge and belief.
ND DATE	Purchaser(s):	3/22/2022
AND DÁTE	Operator(s):	3/22/2022
	Title/Date:	
	SWORN to and subscribed before me, this day of	: 
,	والمناوي	and the second s
	(Seal)	Notary Public
	·	My Commission Expires:

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

	State Health Planning and Development Agency	Alabama CON Rules & Regulations
	SWORN to and subscribed before me, this day o	of
	(Seal)	Notary Public
		My Commission Expires:
	Acquiring Authority Signature(s):	
	I agree to be responsible for reporting of all services properiod, as specified in ALA. ADMIN. CODE r. 410-1-3-notification is true and correct to the best of my knowled	12. The information contained in this
N KNO BATE	Purchaser(s):	·
161.60(0).05(5).	Operator(s):	
	Title/Date:	
	SWORN to and subscribed before me, this 24 day o	0 0
	(Seal)	Catheri W. Holli Notary Public My Commission Expires: August 3, 2024
	WANTER WA	My Commission Expires: Hugust J, Wart

Statutory Authority: § 22-21-271(c), <u>Code of Alabama</u>, 1975 History: New Rule

### **CON Questions**

- 1. Will services offered by the proposal (the applicant will state whether he has previously offered the services, whether the service is an extension of a presently offered services, or whether the service is a new service).
  - No. There will not be any changes to the services currently offered at the facility.
- 2. Whether the proposal will include the addition of any new beds: No. The proposal will not include an addition to any new beds.
- 3. Whether the proposal will involve the conversion of beds: No. The proposal will not involve the conversation of beds.
- 4. Whether the assets and stock (if any) will be acquired: No. There are no assets and stock to be acquired with the transaction.



**RECEIVED** 

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

## 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-

• • • • • • • • • • • • • • • • • • • •	east twenty (20) days prior to the transaction.
<ul><li>Change in Certificate of Need Hold</li><li>Change in Facility Management (F</li></ul>	
Part I: Facility Information	
SHPDA ID Number:	055-S2802
(This can be found at <a href="https://www.shpda.alabama.gov">www.shpda.alabama.gov</a> ,	Health Care Data, ID Codes)  Meadowood Retirement Village SCALF
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Physical Address:	509 Pineview Ave
	Glenco, AL 35905
County of Location:	ETOWAH
Number of Beds/ESRD Stations:	51
CON Authorized Service Area (Home I pages if necessary. N/A	Health and Hospice Providers Only). Attach additional
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Mailing Address:	509 Pineview Ave
S	Glenco, AL 35905
Operator (Entity Name):	CRM of Meadowood, LLC
Part III: Acquiring Entity Inform	nation
Part III: Acquiring Entity Information  Name of Entity:	mation  Meadowood Operations, LLC

Suwanee, GA 30024

Managed Make of Tours and to	
Proposed Date of Transaction is on or after:	03/31/2022
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ 100.00 * (See comment below)
Type of Beds:	SCALF
Number of Beds/ESRD Stations:	51
Financial Scope: to Include Prelimi Construction, and Yearly Operating Co	
Projected Equipment Cost:	\$
Projected Construction Cost:	\$
Projected Yearly Operating Cost	
Projected Total Cost:	\$_1,700,000.00
4 ) The condess to be effected by the c	
	ce is an extension of a presently offered service, or whether he addition of any new beds.
offered the service, whether the service the service is a new service).  2.) Whether the proposal will include the	the is an extension of a presently offered service, or whether the addition of any new beds.  The conversion of beds.
offered the service, whether the service the service is a new service).  2.) Whether the proposal will include the service is a new service).  3.) Whether the proposal will involve the service is a new service.  4.) Whether the proposal will involve the service is a new service.  4.) Whether the assets and stock (if an example of the service).	the is an extension of a presently offered service, or whether the addition of any new beds.  The conversion of beds.  The conversion of beds.  The acquired.
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offered the service, whether the service the service is a new service).  2.) Whether the proposal will include the service is a new service).  3.) Whether the proposal will involve the service is a new service.  4.) Whether the proposal will involve the service is an accordance to the service is a new service.  4.) Whether the assets and stock (if an accordance is service) in the service is a new service).	the addition of any new beds.  The conversion of beds.  The acquired.  The acquired.  The acquired acquired action
offered the service, whether the service the service is a new service).  2.) Whether the proposal will include the service is a new service).  3.) Whether the proposal will involve the service is a new service).  4.) Whether the proposal will involve the service in the service is a new service).  Part V: Certification of Information Current Authority Signature(s):  The information contained in this notification of the service is a new service).	the addition of any new beds.  The conversion of beds.  The acquired.  The acquired.  The acquired acquired action
offered the service, whether the service the service is a new service).  2.) Whether the proposal will include the service is a new service).  3.) Whether the proposal will involve the service in the service is a new service).  Part V: Certification of information contained in this notification in the service is a new service).	the addition of any new beds.  The conversion of beds.  The addition of any new beds.  The conversion of beds.  The acquired.  The acquired of

<sup>\*</sup>The nominal consideration is a \$100 obligation associated with operating the SCALF. We believe this fee is a fair consideration for the transaction and the transfer of operations to a new operator.

	State Health Planning and Development Agency	Alabama CON Rules & Regulations
	SWORN to and subscribed before toe, this 29 day of	Catheri W. Holli
<u>1</u> :	(Seal)	Notary Public
	OUBLIC B	Notary Public  My Commission Expires: August 3, 20
	Acquiring Authority Signature(5)!	
	I agree to be responsible for reporting of all services properiod, as specified in ALA. ADMIN. CODE r. 410-1-3 notification is true and correct to the best of my knowled	- 12 The information contained in this
IGN AND DATE	Purchaser(s):	3/19/1022
SIGN AND DATE	Operator(s):	3/29/202
	Title/Date:	3/19/2012
	SWORN to and subscribed before me, this day of	1
	(Seal)	Notary Public
		My Commission Expires:

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

### **CON Questions**

- 1. Will services offered by the proposal (the applicant will state whether he has previously offered the services, whether the service is an extension of a presently offered services, or whether the service is a new service).
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