

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: 101-S5129
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Haven Memory Care on Halcyon
(ADPH Licensure Name)

Physical Address: 1775 Halcyon Blvd
Montgomery, AL 36117

County of Location: MONTGOMERY 

Number of Beds/ESRD Stations: 64

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: CHS Properties, Inc.

Mailing Address: 1775 Halcyon Blvd
Montgomery, AL 36117

Operator (Entity Name): Eastchase Senior Living, LLC

Part III: Acquiring Entity Information

Name of Entity: Montgomery Senior Services, LLC

Mailing Address: 2235 Candies Lane NW
Cleveland, TN 37312