



Traylor Porter
HEALTHCARE

CO2023-001

219 S 8TH STREET
OPELIKA, ALABAMA 36801

(334) 749-1969

RECEIVED

Oct 06 2022

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Ms. Emily Marsal
Executive Director
RSA Union Building
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104
RE: Oak Park
Change in Direct Ownership of Control 081-N0004

Dear Ms. Marsal:

The purpose of this letter is to provide the Agency with 20 days prospective notice regarding an impending transaction for the proposed purchase (the "purchase") of Oak Park.

The services that are currently provided will not change and will continue to operate as a skilled nursing facility. The proposal does not propose the addition of any new beds. The proposal does not propose the conversion of any beds. There will no stock or assets being acquired.

In accordance with the CON Rules, an electronic remittance in the amount of \$2,500.00 for the Change of Ownership Filing fee is being transmitted contemporaneous with the filing of this letter. Also sent herewith, please find an executed Notice of Change of Ownership form.

Based on the facts above and in the Notice of Change of Ownership form, 410-1-7-.04 of the CON Rules please determine that neither a certificate of need, nor any further certificate of need regulatory review, is required for the consummation of the above-described proposed transaction.

Please contact me should you have any questions or need further information.

Sincerely,

Matthew Lewis

Cell (334) 462-5868

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: 081-N0004
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Oak Park
(ADPH Licensure Name)

Physical Address: 1365 Gatewood Dr
Auburn, AL 36830

County of Location: LEE

Number of Beds/ESRD Stations: 87

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: The East Alabama Health Care Authority

Mailing Address: 2000 Pepperell Pkwy
Opelika, AL 36801

Operator (Entity Name): The East Alabama Health Care Authority

Part III: Acquiring Entity Information

Name of Entity: Arbor Lake Properties, LLC

Mailing Address: 219 S 8th St
Opelika, AL 36801

Operator (Entity Name): Arbor Lake Health & Rehab, LLC

Proposed Date of Transaction is on or after: 10/31/2022

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 6,150,000.00

Type of Beds: SNF

Number of Beds/ESRD Stations: 87

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

Projected Equipment Cost: \$ 435,000.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 9,500,000.00

Projected Total Cost: \$ 9,935,000.00

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: President/CEO 9/28/2022

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

(Seal)



Lori Connor
Notary Public

My Commission Expires: 9/8/2025

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.

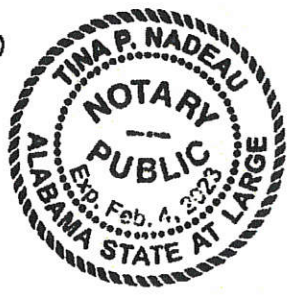
Purchaser(s): [Signature] _____

Operator(s): [Signature] _____

Title/Date: Administrator _____

SWORN to and subscribed before me, this 30 day of September, 2022.

(Seal)



Tina Nadeau
Notary Public

My Commission Expires: 2/4/23

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

**Detailed Statement of the Course of Action
 Being Taken**

PREPARED BY	MJL
REVIEWED BY	
DATE	09/30/22
W/P REFERENCE	

CURRENT PROVIDER (OWNER)		(1)	(2)
	East Alabama Healthcare Authority operates Oak Park Nursing Home	licensed by ADPH	
	Will sell the land, building, and equipment to		
NEW OWNER INFORMATION			
	Arbor Lake Health & Rehab, LLC will sublease the land buiding and equipment from Arbor Lake Properties, LLC	will be licensed by ADPH	