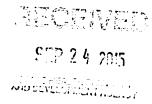


CRANE D. KIPP JACKSON MISSISSIPPI CDD@WISECARTER.COM DIRECT LINE: (601)968-5508 FACSIMILE: (601)968-5519

September 22, 2015



#### Via Hand Delivery

Alva M. Lambert
Executive Director
State Health Planning and Development Agency
100 North Union Street
Suite 870
Montgomery, AL 36130

Re: Change of Ownership Determination Request

Dear Mr. Lambert:

Pursuant to Section 410-1-7-.04 of the Rules and Regulations of the State Health Planning and Development Agency (the "SHPDA Rules"), I enclose for your consideration a change of ownership determination request pursuant to which one hundred nineteen (119) skilled nursing facility beds would be transferred from Allen Memorial Home ("Allen"), 735 S. Washington Ave., Mobile, to Allen Health & Rehabilitation, LLC ("AHR"). I also enclose a check in the amount of \$2,500 for the filing fee required under the SHPDA Rules. The contemplated transaction will be made in compliance with all applicable requirements.

As specifically required by Section 410-1-7-.04(3), you are hereby notified of the following:

- (1) The Financial Scope of the Project. The transaction will encompass a fair market value exchange of consideration between Allen and AHR;
- (2) <u>Services to be Offered</u>. It is contemplated that no new health services will be offered as a result of the transaction;
- (3) <u>No Addition of New Beds</u>. The contemplated transaction does not include the addition of any new beds;
- (4) No Conversion of Beds. The contemplated transaction does not involve the conversion of any beds; and
- (5) <u>Acquisition of Assets</u>. The contemplated transaction will involve the acquisition by AHR of 119 beds.

Alva M. Lambert September 22, 2015 Page 2

Should there be any other information necessary to insure a full understanding by your Agency, we would be happy to provide it.

I look forward to hearing from you.

Sincerely,

WISE CARTER CHILD & CARAWAY, P.A.

By:

Crane D. Kipp

CDK:ao Enclosure

Cc: Will Schmitt, Esq.

John Lanier, Esq.

Bryan A. Thames, Esq.

Peck Fox, Esq.

# CHANGE OF OWNERSHIP RECEI

# Part I: Purchasing Organization Information

SEP 2 4 2015

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

Name of Organization:

Allen Health & Rehabilitation, LLC

Facility Name:

(ADPH Licensure name)

Allen Memorial Home

SHPDA ID Number:

#097-N0002

Address (PO Box #):

735 S. Washington Ave.

City, State, Zip, County:

Mobile, Al 36603 (Mobile County)

Number/Type Licensed Beds:

119 licensed skilled nursing beds

Owner(s):

Allen Property, LLC

Operator(s):

Allen Health & Rehabilitation, LLC

## Part II: Selling Organization Information

Name of Organization:

Allen Memorial Home

Address (PO Box #):

735 S. Washington Ave.

City, State, Zip, County:

Mobile, Alabama 36602 (Mobile County)

Number/Type Licensed Beds:

119 licensed skilled nursing beds

Owner(s):

**Allen Memorial Home** 

Operator(s): Allen Memorial Home

#### Part III: Value of Consideration

Monetary Value of Purchase: Available upon request. No./Type Beds: 119 skilled nursing beds

Terms of Purchase: Confidential. See attached cover letter. (add more pages as necessary to describe the sale)

### Part IV: List of Certificate of Need Authority

Number of Beds: 119

Types of Institutional Health Services: skilled nursing services

On an Attached Sheo	t Please Address	the Following:		
*1.) The financial scope equipment, construction	of the project to in and yearly opera	clude the prelimi iting costs.	nary estimate of costs broken	down by
*2.) The services to be offered the service and whether the service is a	whether the service	osal (the applica e is an extension	nt will state whether he has pr of a presently offered service	eviously , or
*3.) Whether the propos	al will include the	addition of any ne	ew beds.	
4.) Whether the propos	al will involve the	conversion of bed	is.	
•5.) Whether the assets	and stock (if any)	will be acquired.		
peds, etc.) so the new onecessary for the entire	wner can have the fiscal year. The po	necessary Information in the control of the control		
Seller(s) Signature(s): Owner(s):	Thomas	1 Kodi		
Operator(s):			(for Owner and Ope	
Title/Date:	resident	9-18-15	(for Owner and Ope	rator)
or the entire fiscal year,	and agree to thes 'Alabama State I	e terms. I have e	cessary to complete reports re inclosed a check in the amour and Development Agency' to	nt of
	The above Purcha	ser and Seller hav	o agreed to those purchase ter	ms.
X YES NO				
YES NO Purchaser Signature:				

State Health Planning And L	Development Agency	Alabama CON Rules & Regulations			
On an Attached She	et Please Address the Foll	owing:			
*1.) The financial scope equipment, construction	e of the project to include th n, and yearly operating cos	e preliminary estimate of costs broken down by s.			
*2.) The services to be offered the service and whether the service is	whether the service is an e	e applicant will state whether he has previously xtension of a presently offered service, or			
*3.) Whether the proposal will include the addition of any new beds.					
*4.) Whether the proposal will involve the conversion of beds.					
*5.) Whether the assets and stock (if any) will be acquired.					
Part V: Certification of Information					
I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,					
Seller(s) Signature(s):					
Operator(s):					
Title/Date:					
I certify that I will be res for the entire fiscal year	ponsible for retaining record , and agree to these terms. o 'Alabama State Health P	Is as necessary to complete reports required I have enclosed a check in the amount of anning and Development Agency' to cover			
✓ YES NO	The above Purchaser and S	seller have agreed to these purchase terms.			
Purchaser Signature:	Win ha	<u> </u>			
Title/Date:	Phylin	9/18/15			