

3MC
CONSULTING LLC

501 Walnut Street, Suite 200
Macon, Georgia 31201

RECEIVED
OCT 16 2015
STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

October 15, 2015

Mr. Alva M. Lambert, Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

**Re: C.R. of Shadescrest, LLC d/b/a Shadescrest Health and Rehab
CHOW effective December 1, 2015**

Dear Mr. Lambert:

Please find attached the required SHPDA CHOW application for the above-referenced provider.

If you have any questions or need any additional information, please do not hesitate to contact me at blamberth@mmmcconsultingllc.com or (478) 238-4820.

Sincerely,

Brandie P. Lamberth

Brandie P. Lamberth, CPA

Cc: Mr. Mike Winget, Sr.
C. Ross Management, LLC

CHANGE OF OWNERSHIPRECEIVED
FEB 10 2015STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**Part I: Purchasing Organization Information**

Name of Organization: C.R. of Shadescrest, LLC

Facility Name:
(ADPH Licensure name) Shadescrest Health and Rehab

SHPDA ID Number: 127-N0014

Address (PO Box #): 331 25th Street West

City, State, Zip, County: Jasper, AL, 35501-5828, Walker

Number/Type Licensed Beds: 107 - certified skilled nursing
Eastwood Lands, Inc. (Master Lessor)

Owner(s): Shadescrest Health Care Center, Inc. (Sublessor)

Operator(s): C.R. of Shadescrest, LLC (Sublessee)

Part II: Selling Organization Information

Name of Organization: Shadescrest Health Care Center, Inc.
d/b/a Shadescrest Health Care Center

Address (PO Box #): 331 25th Street West

City, State, Zip, County: Jasper, AL 35501-5828

Number/Type Licensed Beds: 107 - certified skilled nursing

Owner(s): Eastwood Lands, Inc.

Operator(s): Shadescrest Health Care Center, Inc.

Part III: Value of Consideration

Monetary Value of Purchase: \$ N/A No./Type Beds: 107 SNF beds

Terms of Purchase: change of operator with a sublease agreement
(add more pages as necessary to describe the sale)

Part IV: List of Certificate of Need Authority

Number of Beds: 107

Types of Institutional Health Services: Skilled Nursing Services

List Service Area by County for Home Health Agencies: N/A

On an Attached Sheet Please Address the Following:

- *1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
- *2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
- *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): ✓ There will be no change in ownership of the property
Owner(s): A new sublease will be signed.
Operator(s): ✓ Jerry Alford for Shadescrest Health Care Center
Title/Date: President

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,800* made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

☐ YES ☐ NO The above Purchaser and Seller have agreed to those purchase terms.

Purchaser Signature: _____

Title/Date: Manager

* - Please note that the fee for a Notice of Change of Ownership includes a temporary surcharge of \$300.

On an Attached Sheet Please Address the Following:

- *1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
- *2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
- *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):

Owner(s): _____

Operator(s): _____

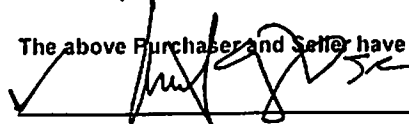
Title/Date: Manager _____

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

☒ YES ☐ NO

The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature:

 _____

Title/Date:

Manager _____

Alabama State Health Planning & Development Agency

CHANGE OF OPERATOR

Part IV: List of Certificate of Need Authority

1. N/A
2. The services provided will be skilled nursing care as offered by the previous operator.
3. There will be no new beds added.
4. There will be no conversion of beds.
5. This transaction is a change in operator only. The new operator will enter into a sublease agreement with the current operator.