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RECEIVED
OCT 19 2015
STATE DEPARTMENT OF
HEALTH

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October 19, 2015

VIA OVERNIGHT DELIVERY

Alva Lambert, Esq.
Executive Director
State Health Planning and Development
Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Notice of Change of Ownership

Dear Mr. Lambert:

We respectfully submit the attached Notice of Change of Ownership pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the "Rules"). The Change of Ownership involves a lease transaction of Athens Rehabilitation Center and Senior Care, a 149-bed nursing facility located in Athens, Limestone County, Alabama (the "Facility"). The following is a summary of the proposed transaction:

I. Facts.

The Facility is owned by Athens Nursing Home, Inc. (the "Landlord") and is currently leased to Best Health, LLC (the "Existing Operator") under an operating lease. Pursuant to an operating lease by and between, the Landlord and Athens Health and Rehabilitation, L.L.C. (the "New Operator"), it is contemplated that New Operator will become the licensee and operator of the Facility. Under a separate agreement, the Current Operator will terminate its lease of the Facility contemporaneous with the Alabama Department of Public Health's ("ADPH") issuance of a license to the New Operator.

II. Financial Scope of Project.

For fair market rental, New Operator will lease the Facility from the Landlord under an operating lease. Other than entering into the Lease and the licensing of the Facility, this transaction does not involve any activities described in Alabama Code § § 22-21-263(a) (1), (2), (3), or (4) as requiring a certificate of need.

III. Services to be Offered.

1. No New Services: The transaction does not involve the offering of any new services at the Facility not approved in the CON.

IV. Beds.

1. New Beds: The proposed transaction does not involve any addition or reduction of beds not approved in the CON.
2. Conversion of Beds: The proposed transaction does not involve the conversion of beds.

V. Stock and Assets.

The transaction consists of the lease of the assets of the Facility from the Landlord under an operating lease, and the purchase by New Operator from the Current Operator of certain operating assets of the Facility. Other than the foregoing, the transaction will not involve the acquisition of stock or assets.

Based on the above showing that there has been no (i) change in health service, (ii) conversion of beds or (iii) increase in authorized bed capacity we respectfully ask that you exercise your authority under Chapter 410-1-7-.04 (2) of the Rules and determine that a certificate of need is not required for the consummation of the above-described proposed transaction. In accordance with the Rules, I am enclosing a check in the amount of \$2,500.00, and the executed change of ownership forms.

I would appreciate your stamping as received and returning the enclosed copy of this filing in the enclosed stamped addressed envelope. Should you have any questions or need further information, please contact me at (205) 458-5175.

Sincerely,



Richard J. Brockman

RJB/jlr

Enclosures

cc: Mr. Claude Lee - via E-mail
Loretta Skelton, Esq. - via E-mail

CHANGE OF OWNERSHIP**Part I: Purchasing/Lessee Organization Information**

OCT 19 2015

ALABAMA HEALTH AGENCY

Name of Organization: Athens Health and Rehabilitation, L.L.C.Facility Name:
(ADPH Licensure name) Athens Health and Rehabilitation, L.L.C.SHPDA ID Number: []Address (PO Box #): 611 West Market StreetCity, State, Zip, County: Athens, AL 35611, Limestone CountyNumber/Type Licensed Beds: License for 149 nursing facility beds

Owner(s): _____

Operator(s): Athens Health and Rehabilitation, L.L.C.**Part II: Selling/Leasing Organization Information**Name of Organization: Best Health, LLC d/b/a Athens Rehabilitation Center & Senior CareAddress (PO Box #): 112 North Lindsay LaneCity, State, Zip, County: Athens, Alabama, 35613 Limestone CountyNumber/Type Licensed Beds: License for 149 nursing facility bedsOwner(s): Athens Nursing Home, Inc.Operator(s): Best Health, LLC**Part III: Value of Consideration**Monetary Value of Purchase/Lease: \$ See Letter No./Type Beds: 149 nursing facility bedsTerms of Purchase/Lease: Please see attached letter
(add more pages as necessary to describe the sale)**Part IV: List of Certificate of Need Authority**Number of Beds: 149-nursing facility beds

Types of Institutional Health Services: Nursing facility beds

List Service Area by County for Home Health Agencies: _____

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,

Lessor(s) Signature(s):Owner(s): **Athens Nursing Home, Inc.**

By: _____

Title/Date: _____

Operator(s): **Best Health, LLC**

BY: _____

Title/Date: _____

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.

☒ **x** YES ☐ **NO** The above Lessee and Lessor have agreed to these lease terms.

Lessee Signature: **Athens Health and Rehabilitation, L.L.C.**By: Claude E LeeTitle/Date: VICE PRESIDENT 10-8-2015

CHANGE OF OWNERSHIP

Part I: Purchasing/Lessee Organization Information

Name of Organization: Athens Health and Rehabilitation,
L.L.C.

Facility Name:
(ADPH Licensure name) Athens Health and
Rehabilitation, L.L.C.

SHPDA ID Number:

Address (PO Box #): 611 West Market Street

City, State, Zip, County: Athens, AL 35611, Limestone
County

Number/Type Licensed Beds: License for 149 nursing facility
beds

Owner(s):

Operator(s): Athens Health and Rehabilitation,
L.L.C.

Part II: Selling/Leasing Organization Information

Name of Organization: Best Health, LLC d/b/a
Athens Rehabilitation Center & Senior Care

Address (PO Box #): 112 North Lindsay
Lane

Operator(s): **Best Health, LLC**

BY: Molly Blumh

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.

☒ **x** **YES** ☐ **NO** The above Lessee and Lessor have agreed to these lease terms.

Lessee Signature: Athens Health and Rehabilitation, L.L.C.

By:

Title/Date: _____

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,

Lessor(s) Signature(s):

Owner(s): **Athens Nursing Home, Inc.**

By: 

Title/Date: President