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JUN 02 2016

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

May 27, 2016

To Whom It May Concern:

Affinity Living Group, LLC is applying with ADPH to become the licensee on two SCALFs in Alabama: Oxton Court of Opelika and Oxton Court at Waterford Place.

On Wednesday, May 25th, representatives of our company met with members of the ADPH Division of Healthcare Facilities, including Dennis Blair, Dr. Walter T. Geary, Kelley Mitchell, and Sancha Howard to discuss our desire to become the licensee for these two facilities, plus an ALF in Montgomery that is currently closed. They indicated a willingness to work with us and encouraged us to submit CHOW applications for each of these facilities.

Our intentions are to become the licensed operators for each of these facilities, to become the governing authority that hires or fires the administrator, determines patient care issues, makes payment for facility obligations, etc. To that end, we have entered into sub-management contracts with the owner of these properties. We have attached those contracts to this application.

Attached you will find our two completed SHPDA Change of Ownership applications. (We understand that a SHPDA Change of Ownership application is not required for the ALF.) As required, we will overnight you a \$2,500 check per facility upon submission of each application so that you will have within the required one business day.

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

Sincerely,

James Walters
Regional Director of Operations
Meridian Senior Living

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CHANGE OF OWNERSHIP

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Part I: Purchasing Organization Information

Name of Organization: Affinity Living Group, LLC
Facility Name:
(ADPH Licensure name) Oxton Court of Opelika
SHPDA ID Number: P4103
Address (PO Box #): 1001 Fox Run Pkwy.
City, State, Zip, County: Opelika, AL 36801 Lee
Number/Type Licensed Beds: 36
Owner(s): Charles G. Trefzger, Jr.
Operator(s): Andrew Carle, James Walters

Part II: Selling Organization Information

Name of Organization: Manor House of Opelika, LLC
Address (PO Box #): P.O. Box 1436
City, State, Zip, County: Social Circle, GA 30025
Number/Type Licensed Beds: 36
Owner(s): Dwayne Edwards
Operator(s): Dwayne Edwards

Part III: Value of Consideration Not a purchase. See attached cover letter.

Monetary Value of Purchase: \$ _____ No./Type Beds: _____

Terms of Purchase: Not a purchase. Management contract attached.
(add more pages as necessary to describe the sale)

Part IV: List of Certificate of Need Authority

Number of Beds: 36
Types of Institutional Health Services: SCALF
List Service Area by County for Home Health Agencies: Lee

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: _____

Owner - 5/31/16
operator

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

May 31, 2016

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STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

SUB-MANAGEMENT AGREEMENT

FOR

MANOR HOUSE OF OPELIKA

1001 FOX RUN PARKWAY

OPELIKA, ALABAMA 36801

MAY 1, 2016

Owner: Opelika ALF, LLC

**License
Holder: Manor House of Opelika, LLC**

Manager: Affinity Living Group, LLC