

**CHANGE OF OWNERSHIP**

JUL 16 2016

**Part I: Purchasing Organization Information**

Name of Organization: Premier Healthcare, Incorporated

Facility Name:  
(ADPH Licensure name) Premier Assisted Living

SHPDA ID Number: 1815 - SCALF

Address (PO Box #): 155 Egg and Butter Road

City, State, Zip, County: Columbiana, AL 35051

Number/Type Licensed Beds: 16 Speciality Care Assisted Living

Owner(s): Shawn Callahan, Charles J. Shirley

Operator(s): David Shane Armstrong

**Part II: Selling Organization Information**

Name of Organization: Shangri - La Assisted Living

Address (PO Box #): 155 Egg and Butter Road

City, State, Zip, County: Columbiana, AL 35051

Number/Type Licensed Beds: 16 Speciality Care Assisted Living

Owner(s): Rizalina Nichols

Operator(s): Rizalina Nichols

**Part III: Value of Consideration**

Monetary Value of Purchase: \$300,000 No./Type Beds: 16 - SCALF

Terms of Purchase: \$225,000 down + \$75,000 within one year  
(add more pages as necessary to describe the sale)

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

Number of Beds: 16

Types of Institutional Health Services: Speciality Care Assisted Living

List Service Area by County for Home Health Agencies: \_\_\_\_\_

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**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):

Rosaline D. Nichols

Operator(s):

Title/Date:

Administrator / owner 6-24-16

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:

Charles G. Shirley

Title/Date:

Executive Vice President



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

February 28, 2001

Rizalina Nichols  
155 Egg & Butter Road  
Columbiana, AL 35051

RE: AL2001-179  
Shangri-La Assisted Living LLC

Dear Mrs. Nichols:

Reference is made to your application for review under Title 22, Chapter 21, Article 9, Code of Alabama, 1975 and the *Alabama Certificate of Need Program Rules and Regulations*.

Enclosed is the final order of the Certificate of Need Review Board for the above referenced project. This ruling was adopted for action taken at the meeting held on February 21, 2001. Upon receipt of your fee in the amount of \$25, the Certificate of Need will be issued.

Sincerely,

Alva M. Lambert  
Executive Director

AML: rbf

Enclosure: As stated

**Ruling of the Certificate of Need Review Board**  
**AL2001-179**  
**Shangri-La Assisted Living LLC**  
**Columbiana, Alabama**

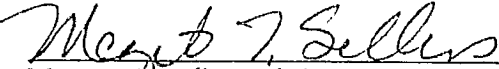
**FACTS:**

1. This is a Certificate of Need application to recognize the conversion of 16 assisted living beds to specialty care assisted living beds. Pursuant to Ala. Admin. Code § 410-1-5B-.01 ER, the application was submitted to non-substantive review because the applicant satisfied the criteria as an existing provider as defined therein.
2. The total costs associated with this project are approximately \$4,000.00, which represents renovations to the existing facility to meet new Specialty Care license requirements by the Department of Public Health.
3. This project will be funded with new earning and revenues of \$4,000.
4. The primary service area for this project is Shelby County, Alabama.
5. Pursuant to Ala. Admin. Code § 410-2-4-.04, because the applicant was an "existing provider" as of November 6, 2000 (as defined in to Ala. Admin. Code § 410-1-5B-.01 ER) and the application was filed on or before December 31, 2000, there is a presumption that a community need exists for this project.

Based on the previously stated facts and representations, and all other information of record, and upon provisions of §22-21-266 of the Code of Alabama, 1975, the Certificate of Need Review Board finds the following:

- (1) that the application is consistent with the current State Health Plan;
- (2) that there are no less costly, more efficient, or more appropriate alternatives to such inpatient services available and that the development of such alternatives have been studied and found not practicable;
- (3) that similar services to those proposed are being used in an appropriate and efficient manner;
- (4) in the case of new construction, alternatives have been considered and implemented to the extent possible; and,
- (5) patients will experience serious problems in obtaining patient care of the type proposed in the absence of the proposed new service.

Based on the previous findings, by vote of the Certificate of Need Review Board on February 21, 2001, Project Number AL2001-179 is hereby **APPROVED**. Pursuant to the Attorney General's Opinion issued January 16, 2001 and the terms of permanent Rule 410-1-5B-.01 adopted by the Certificate of Need Review Board on January 17, 2001, the issuance of the Certificate of Need is contingent upon payment of the \$25.00 fee.

  
Margaret W. Sellers, Chair  
Certificate of Need Review Board

2 - 21 - 2001  
Date

FACID: P5901

# Alabama State Board of Health

*This is to Certify* that a license is hereby granted by the STATE BOARD OF HEALTH to  
 SHANGRI-LA SPECIALTY CARE ASSISTED LIVING FACILITY

To conduct and maintain a 16 BED GROUP SPECIALTY CARE ASSISTED LIVING FACILITY

In the premises located at 155 EGG & BUTTER ROAD COLUMBIANA  
(Street) (City)

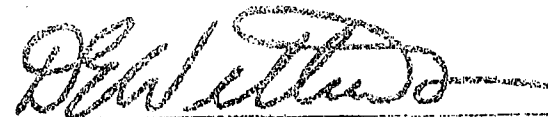
County of SHELBY, Alabama.

*This License* shall expire December 31, 20<sup>06</sup>, and is subject to the provisions of Section 22-21-20 et seq Code of Alabama, 1975. This license shall not be assignable or transferable and shall be subject to revocation at any time by the STATE BOARD OF HEALTH for failure to comply with the laws of the State of Alabama or the Rules and Regulations of the STATE BOARD OF HEALTH issued thereunder.

*In Witness Whereof*, I have hereunto set my hand this 1ST day of JANUARY, 20<sup>06</sup>.

License Certificate 12792

Type REGULAR



State Health Officer

Fee Paid \$ 440.00

ALABAMA  
STATE HEALTH PLANNING & DEVELOPMENT AGENCY  
CERTIFICATE OF NEED  
FOR HEALTH CARE SERVICES

I. IDENTIFICATION		
1. Certificate of Need 1815-SCALF	2. Date Issued: February 28, 2001	3. Termination Date: February 27, 2002
4. Project Number: AL2001-179	5. Name of Facility: Shangri-La Assisted Living LLC	
6. Service Area: Shelby	7. Location of Facility: Columbiana, Alabama	
8. Type of Facility: SCALF	9. Number of Beds: 16	10. Estimated Cost: \$4,000.00

11. Services to be provided: Convert 16-assisted living beds to 16-specialty care assisted living beds.

II. CERTIFICATE OF NEED


Pursuant to Ala. Admin. Code §410-1-5B.01ER, the application was submitted to non-substantive review because the applicant satisfied the criteria as an existing provider as defined therein. The Certificate of Need Review Board finds as follows: There is a need for the project.

1. There is a need for the project.
2. There are in force in the State of Alabama reasonable minimum standards of licensure and methods of operation for hospitals and health facilities.
3. The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant, hospital or other health facility.

III. ISSUANCE OF CERTIFICATE OF NEED

This Certificate of Need is issued to **Shangri-La Assisted Living LLC** only, for a period not to exceed 12 months from the date of issuance. This Certificate of Need is not transferable and any action on the part of the Applicant to transfer this Certificate of Need will render the Certificate of Need null and void.

ORIGINAL

  
Alva M. Lambert  
Executive Director