

CHANGE OF OWNERSHIP

AUG 22 2016

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**Part I: Purchasing Organization Information**

Name of Organization: Annette Dixon

Facility Name:
(ADPH Licensure name) Sonrise Specialty Care Assisted Living

SHPDA ID Number: 091-S4601

Address (PO Box #): 1607 Hwy 43 S

City, State, Zip, County: Demopolis AL 36732 Marengo

Number/Type Licensed Beds: 16 SCALF BEDS

Owner(s): Annette Dixon

Operator(s): Annette Dixon

Part II: Selling Organization Information

Name of Organization: Cagle Senior Services

Address (PO Box #): P.O. Box 852133

City, State, Zip, County: Mobile, AL

Number/Type Licensed Beds: 16 SCALF BEDS

Owner(s): Van Cagle

Operator(s): Van Cagle

Part III: Value of Consideration

Monetary Value of Purchase: \$ _____ No./Type Beds: 16 SCALF

Terms of Purchase: See management agreement
(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: Specialty Care Assisted Living Facility

List Service Area by County for Home Health Agencies: Marengo

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):

Van Cagle 8/19/16

Operator(s):

Van Cagle 8/19/16

Title/Date:

Owner/Operator 8/19/16

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:

Annette Dixon

Title/Date:

Owner/Administrator 8/19/16

This is an agreement made between Van Cagle of Southern Oaks Assisted Living & Specialty Care which has its Physical address at 1607 Highway 43 South, Demopolis Alabama 36732 and Annette Dixon as the management company.

Terms and Conditions:

Payment

- The duration of the contract shall be 12 months long beginning August 30 2016.
- The amount payable by Van Cagle to Annette Dixon shall in the amount of \$2900 per month minimum.
- With a current Occupancy Rate of 22 residents (Includes residents from ALF and SCALF). Every Resident added in addition to the 22 to residents will result in a \$250 increase a month. Maximum payment being \$5400 at 32 resident occupancy, an additional \$3000 bonus will be paid for achieving full occupancy.

Termination

- Termination will result if Annette Dixon Fails to perform duties specified in this agreement.
- Contract may be terminated by either party with 30 day written notification.
- The Assisted Living facilities at 1607 Hwy 43 South, Demopolis Al are currently listed for sale, if a buyer should arise and wish to purchase the facility this agreement will be terminated with 30 day written notice.
- Should Van Cagle terminate contract for any reason other than stated in this contract; Annette Dixon shall have remaining balance of contract paid at that time.

Responsibilities

- Annette Dixon will be required to provide a Licensed and Qualified Administrator to operate Van Cagle for the duration of this agreement.
- It shall be the sole responsibility of Annette to Ensure and Maintain Proper ADPH Regulations concerning Assisted Living Facilities. An Acceptable ADPH Survey will be the measure of said duties.
- Annette Dixon will have complete governing authority concerning all day to day operations, and any matter which ADPH regulations are specified.
- Annette Dixon will have full authority of Employee schedule and all hiring and firing processes.
- Annette Dixon will not be held liable for any financial liabilities of the facility during the term of this agreement.
- Annette Dixon will be responsible for the day to day maintenance of the facility. Any purchases made or payment for professional services rendered shall be the responsibility of Van Cagle.

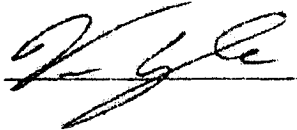
- Annette Dixon will be responsible for the purchase and planning of all food/menus and day to day operating supplies. Annette will be responsible to ensure the goods are at the facility and Menus are being followed. Annette will purchase food and supplies adhering to a food and supply budget.
- Food, Supplies, and repairs shall be maintained and performed within a \$5000.00 monthly budget for the current census of 22 residents. This amount would increase as the census increases. Over and above Capital Expenses such as HVAC etc. shall be an additional expense with Van Cagle held responsible.
- Van Cagle agrees to provide Professional and General Liability Insurance.
- Van Cagle agrees to provide outside consultants up to \$2500.00 per year.

Hence, both the parties concerned are in approval of this contract.

Van Cagle

Owner

Southern Oaks Assisted Living



Annette Dixon



Signature of Witness

