

**RECEIVED****CHANGE OF OWNERSHIP**

SEP 01 2016

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

Name of Organization: Diversicare of Arab, LLC

Facility Name:  
(ADPH Licensure name) Diversicare of Arab

SHPDA ID Number: 095-N0001

Address (PO Box #): 235 3rd Street Southeast

City, State, Zip, County: Arab, AL 35016-1477, Marshall

Number/Type Licensed Beds: 87/Nursing Home

Owner(s): Diversicare of Arab, LLC

Operator(s): Diversicare of Arab, LLC

**Part II: Selling Organization Information**

Name of Organization: GGNSC Arab LLC

Address (PO Box #): 235 3rd Street Southeast

City, State, Zip, County: Arab, AL 35016-1477, Marshall

Number/Type Licensed Beds: 87/Nursing Home

Owner(s): GPH Arab LLC

Operator(s): GGNSC Arab LLC

**Part III: Value of Consideration**

Monetary Value of Purchase: \$ 0.00 No./Type Beds: 87/Nursing Home

Terms of Purchase: New operator entering into lease with landlord.  
*(add more pages as necessary to describe the sale)*

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

Number of Beds: 87

Types of Institutional Health Services: Skilled nursing

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

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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):

Operator(s):

Title/Date:

HOLLY RASMUSSEN-JONES

SECRETARY

8-31-2016

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.  
Diversicare Leasing Company III, LLC, the Sole Member of Diversicare of Arab, LLC

Purchaser Signature:

By:

Matthew J. Weishaar, Senior Vice  
President and Assistant Secretary

Title/Date:

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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): \_\_\_\_\_ By: \_\_\_\_\_

Operator(s): \_\_\_\_\_ 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.

☒ YES ☐ NO

Purchaser Signature: \_\_\_\_\_

Title/Date: \_\_\_\_\_

The above Purchaser and Seller have agreed to these purchase terms.  
Diversicare Leasing Company III, LLC, the Sole Member of Diversicare of Arab, LLC  
By: Matthew J. Weishaar  
Matthew J. Weishaar, Senior Vice  
President and Assistant Secretary

08/31/2016

Attachment to Change of Ownership  
Alabama State Health Planning and Development Agency

- The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
  - The real property of the facility will not be transferring ownership, but rather Diversicare of Arab, LLC will be entering into a new lease with the property owner. Therefore, the financial scope pertaining to equipment and construction costs will not apply. We project annual operating expenses of approximately \$5,255,865 to run the facility.
- 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).
  - The Purchasing Organization will offer skilled nursing services to the residents which will be a continuation of the services presently offered at the facility. The Purchasing Organization has not previously offered the service. The Purchasing Organization is entering into a lease of the existing facility.
- Whether the proposal will include the addition of any new beds.
  - The proposal will not include the additional of any new beds.
- Whether the proposal will involve the conversion of beds.
  - The proposal will not involve the conversion of beds.
- Whether the assets and stock (if any) will be acquired.
  - Assets and stock will not be acquired.