

MAR 08 2017

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

State Health Planning and Development Agency

Alabama CON Rules & Regulations

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

The following notification of intent is provided pursuant to all applicable provisions of ALA. CODE § 22-21-270 (1975 as amended) and ALA. ADMIN. CODE r. 410-1-7-.04. This notice must be filed at least twenty (20) days prior to the transaction.

☒ Change in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))

☐ Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))

☐ Change in Facility Management (Facility Operator)

Any transaction other than those above-described requires an application for a Certificate of Need.

Part I: Facility Information

SHPDA ID Number: 081-H7147
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Southern Home Health Services
(ADPH Licensure Name)

Physical Address: 30 Samford Avenue, Unit 36D
Opelika, Alabama 36801-3146

County of Location: LEE

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Lee, Russell, Macon, Tallapoosa, and Chambers Counties

Part II: Current Authority (Note: If this transaction will result in a change in direct ownership or control, as defined under ALA. CODE § 22-20-271(e), please attach organizational charts outlining current and proposed structures.)

Owner (Entity Name) of Facility named in Part I: Lee County Home Health, LLC

Mailing Address: 30 Samford Avenue, Unit 36D
Opelika, Alabama 36801-3146

Operator (Entity Name): Lee County Home Health, LLC

Part III: Acquiring Entity Information

Name of Entity: Prime Home Health of Lee County, LLC

Mailing Address: 30 Samford Avenue, Unit 36D
Opelika, Alabama 36801-3146

Operator (Entity Name): Prime Home Health of Lee County, LLC

Proposed Date of Transaction is on or after: 03/31/2016

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 375,000.00

Type of Beds: NA

Number of Beds/ESRD Stations: 0

Financial Scope: to include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 1,021,000.00

Projected Total Cost: \$ 1,021,000.00

On an Attached Sheet Please Address the Following:

- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 3.) Whether the proposal will involve the conversion of beds.
- 4.) Whether the assets and stock (if any) will be acquired.

Part V: Certification of Information**Current Authority Signature(s):**

The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): Archie J. Chapman

Operator(s): Archie J. Chapman

Title/Date: Owner

Archie J. Chapman
Archie J. Chapman
March 7, 2017

SWORN to and subscribed before me, this 7th day of March, 2017.

(Seal)

Donna Border

Notary Public

My Commission Expires: 10-14-19

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s) Archie J. ChapmanOperator(s) Archie J. ChapmanTitle/Date: OwnerMarch 7, 2017SWORN to and subscribed before me, this 7th day of March, 2017.

(Seal)

Donna Border

Notary Public

My Commission Expires: 10-14-19

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule

Operator (Entity Name): Prime Home Health of Lee County, LLC

Proposed Date of Transaction Is on or after: 03/31/2016

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 375,000.00

Type of Beds: NA

Number of Beds/ESRD Stations: 0

Financial Scope: to include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ 0.00

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- 4.) Whether the assets and stock (if any) will be acquired.

Part V: Certification of Information**Current Authority Signature(s):**

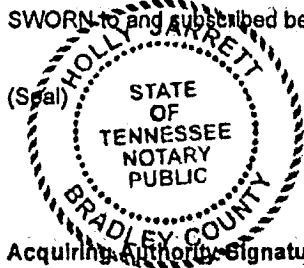
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): Lee County Home Health LLC

Operator(s): Theresa

Title/Date: 3/1/17 Chief Manager

SWORN to and subscribed before me, this 1st day of March, 2017.



Holly Jarrett
Notary Public

My Commission Expires: 11-23-20

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): _____

Operator(s): _____

Title/Date: _____

SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal)

Notary Public

My Commission Expires: _____

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule