

J. Doualas Warren President

PROPERTIES

August 15, 2017

Mr. Alva Lambert Executive Director State Health Planning and Development Agency 100 North Union Street, Suite 870 Montgomery, AL 36106

> RE: Change of Ownership - The Haven Memory Care Facility ("The Haven")

Dear Mr. Lambert:

The purpose of this letter is to inform your office that on, or about October 1, 2017, CHS Properties, Inc. will, subject to the receipt of regulatory approvals, finalize an asset purchase agreement for the acquisition of 43 specialty care assisted living facility ("SCALF") beds known as The Haven. The facility is located at 6848 Gulf Shores Parkway, Gulf Shores, Alabama 36542. The current owner of The Haven is South Alabama Healthcare, LLC. Noland Health Services, Inc. is the sole member and manager.

Enclosed you will find:

- A Change of Ownership Application executed by both parties.
- The required filing fee of \$2,500.

If you need additional information or have any questions, please contact me at (251) 981-0200. Thank you in advance for your assistance.

Sincerely,

Doug Warren

President & CEO

cc: Carol Knight, Noland Health Services, Inc.

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 Facility Manageme	or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e)) Holder (ALA. CODE § 22-20-271(f)) ent (Facility Operator)
Part I: Facility Information	ent (Facility Operator) above-described requires an application for a Certificate of Need.
SHPDA ID Number	003-S0207 _gov, Health Care Data, ID Codes)
Name of Facility/Provider: (ADPH Licensure Name)	_The Haven Memory Care Facility
Physical Address:	_6848 Gulf Shores Parkway
	_Gulf Shores, Alabama 36542
County of Location:	_Baldwin
Number of Beds/ESRD Stations:	_43 SCALF beds
	ne Health and Hospice Providers Only). Attach additional
Part II: Current Authority (ownership or control, as defined ur charts outlining current and propose	(Note: If this transaction will result in a change in direct oder ALA. CODE § 22-20-271(e), please attach organizational d structures.)
Owner (Entity Name) of Facility named in Part I:	_South Alabama Healthcare, LLC
Mailing Address:	_600 Corporate Parkway, Suite 100
	_Birmingham, AL 35242
Operator (Entity Name):	_Same as owner
Part III: Acquiring Entity Info	rmation
Name of Entity:	_CHS Properties, Inc
Mailing Address:	25819 Canal Road
	_Orange Beach, AL 36561

Operator (Entity Name):	Same As Acquiring Entity On or after October 1, 2017	
Proposed Date of Transaction is on or after:		
Part IV: Terms of Purchase		
Monetary Value of Purchase:	\$_6,000,000_	
Type of Beds:	SCALF	
Number of Beds/ESRD Stations:	43	
Financial Scope: to Include Prelimin Construction, and Yearly Operating Cos	pary Estimate of the Cost Broken Down by Equipment	
Projected Equipment Cost:	\$	
Projected Construction Cost:	\$	
Projected Yearly Operating Cost:	\$	
Projected Total Cost:	\$	

On an Attached Sheet Please Address the Following: See Attached

- 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.

DRAFT

CHS Properties, Inc.

Attachment to Change of Ownership Application Facility to be Acquired: The Haven Memory Care Facility – SHPDA ID 003-S0207

Part IV. Financial Scope of the Project.

The total cost of the asset purchase is \$6,000,000. There will be no construction. Existing equipment will be acquired through the asset purchase. The annual operating costs are estimated at \$1,700,000.

Part IV. Additional Questions

1.) 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).

Specialty Care Assisted Living Facility (SCALF) will continue to be offered. CHS Properties, Inc., a current provider of SCALF services.

2.) Whether the proposal will include the addition of any new beds.

No, the acquisition does not include the addition of any new beds.

3.) Whether the proposal will involve the conversion of beds.

No, the acquisition does not involved the conversion of beds.

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

The proposed transaction is an asset purchase. The transaction does not involve any stock.

Part V: Certification of Information

Current Authority Signature(s):

	The information belief.	on contained in this notification is true a	nd correct to the best of my knowledge and
	Owner(s):	Gary Goff	_An/d//
	Operator(s):	Manager of the second s	1//
	Title/Date:	_EVP/CFO	August 10, 2017
	SWORN to an	nd subscribed before me, this 10 day	of August 2017
	(Seal)	·	Notary Public
		thority Signature(s):	My Commission Expires. SUSAN B. FIELDS My Commission Expires August 1, 2018
		esponsible for reporting of all services p ecified in ALA. ADMIN. CODE r. 410-1- rue and correct to the best of my knowle	orovided during the current annual reporting 312. The information contained in this edge and belief.
	Purchaser(s):	CHA Properties, Inc.	Lang Co
	Operator(s):	COMMUNITY KENIOR LIFE, I	
	Title/Date:	PRESIDENT & CEO	AUGUST 14, 2017
	SWORN to and	d subscribed before me, this \(\frac{144}{4} \) day o	of august 2014.
VOV	(Seal)		Notary Bublic Solberg
303 303		:	My Commission Expires:
ぶ る	17.5		JOY M. SOLBERG Notary Public, Alabama State At Large My Commission Expires Oct. 1, 2017
MAG	E THINK		Α

Author: Alva M. Lambert

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

History: New Rule

If this application is for a conversion to a Specialty Care Assisted Living Facility, skip items 21 and 22 and proceed to the Mandatory Acknowledgment Notice on page 8. NOTE: The Mandatory Acknowledgment Notice as required by State Law is NOT for public record.

21.	Are there any outstanding citations of deficiency, eith corrected? YES NO X	ner Federal or State, that have not been		
	If yes, has the plan of correction for these deficiencies Facilities? YES \square NO \square	es been accepted by the Division of Health Care		
	Note: The new operator will be responsible for and may be subject to sanctions imposed for payment of any uncollected civil monetary per	' past or present deficiencies, including		
22.	2. Current Licensee's Signature			
	The current licensee of this facility concurs with this change of ownership and recommends that this change of ownership application be granted. I certify that I am authorized to make this representation on behalf of the current licensee.			
	The Haven Memory Care Facility Name of Current Licensed Entity	Signature Signature		
	August 15, ZU17 Date	R. Gary Goff Printed Name		
		NOTARIZED: Sworn to and subscribed before me this 15th day of August 20 17. Wasan B. Hields (Notary Public)		
		NOTARY My Commission Fyrites		

August 1, 2018





