Ivy Creek of Tallapoosa, LLC d/b/a Lake Martin Hospital d/b/a Lake Martin Hospice 201 Mariarden Road Dadeville, Al 36853



3/20/2018

Regarding: Change of Ownership of Lake Martin Hospice, NPI 1346305216

To Whom it May Concern:

This letter is written to accompany the forms being submitted for change of ownership of Lake Martin Hospice in an effort to clarify the action being taken.

This is not the normal "change of ownership" but more of a restructuring within the Ivy Creek Organization. Mr. Mike Bruce is 100% owner of the parent company, Ivy Creek Healthcare LLC, as well as all its entities including Ivy Creek of Tallapoosa, LLC d/b/a Lake Martin Hospital dba Lake Martin Hospice. The true "owner" is not changing.

There will be no change in operation of the agency at all. We are merely changing Lake Martin Hospice LLC d/b/a Ivy Creek Hospice from a hospital based to a free-standing hospice within the Ivy Creek Healthcare LLC family of services. There is no change in location, address, leadership, NPI, CCN, Medicaid provider numbers or services provided. The tax ID number will change from Ivy Creek of Tallapoosa, LLC (63-1282722) to Lake Martin Hospice LLC, d/b/a Ivy Creek Hospice 61-1740486.

If there are any questions or any forms that need additional submission, please contact me at 334.514.0682. Thank you so much for helping us move forward with this action.

Sincerely

Linda Segrest RN CHPN

Director, Lake Martin Hospice

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: (This can be found at www.shpda.alabama.gov,	Health Care Data, ID Codes)	
Name of Facility/Provider: (ADPH Licensure Name)	Ivy Creek of Tallapoosa LLC doa Lake martin Hospital doa Lake martin Hospice	
Physical Address:	201 martander Road	
	Dadeville, A1 36853	
County of Location:	Tallapousa	
Number of Beds/ESRD Stations:	<u>na</u>	
CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Talapass, Elmore, wacon, Lee, Crambers, Clay - Coosa		
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:	Try Creek of Tallogoosa LLC aba lakemartin Hospital Jaba Lake Martin Hospice	
Mailing Address:	201 marlarder Road	
	Dodaille, A1 36853	
Operator (Entity Name):	Age 3/29/18 (Parent Company - Fry Creek steatheave, LC	
Part III: Acquiring Entity Information		
Name of Entity:	Larke martin Hospice, LL dba Iry Creek Hospice	
Mailing Address:	201 marlarder Road Daderille AT 36853	

	88 3/29/18
Operator (Entity Name):	Picke Bruce Lake martin Hospire, LC
Proposed Date of Transaction is on or after:	4/1/2018
Part IV: Terms of Purchase	, , , 0
Monetary Value of Purchase:	\$
Type of Beds:	- Na
Number of Beds/ESRD Stations:	na
Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:	
Projected Equipment Cost:	\$_5,000
Projected Construction Cost:	s_ NC
Projected Yearly Operating Cost:	\$ 41,500,000
Projected Total Cost:	\$ 1,505,000
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): Mike Paruce	1/1/00 3/28/28
Operator(s): Linda Segrest Regional Brech	ENCHED SON 3/16/18 SA 3/08/18
Title/Date:	3 28 18

Author: Alva M. Lambert

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

History: New Rule

are me, this 2014 day of _

Notary Public

My Commission Expires:

9/20/20

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): =

SWORN to and

(Seal)

Harba

Operator(s):

Title/Date:

SWORN to and subscribed before me, this 28th day of March

(Seal)



Owner

operator place

Notary Public

My Commission Expires:



3/16/18

Regarding Notice of Change of Ownership/Control

Part IV: Terms of Purchase "On an attached sheet please address the following":

- 1. The services to be offered by the proposal The services will in no way change. Lake Martin Hospice LLC dba Ivy Creek Hospice will continue to provide in home hospice services in the same counties for which it holds a current Certificate of Needs.
- 2. Whether the proposal will include the addition of any new beds not applicable; no additional beds
- 3. Whether the proposal will involve the conversion of beds no it will not involve any coverstion of beds
- 4. Whether the assets and stock (if any) will be acquired all assets will be acquired.