State Health Planning and Development Agency

Alabama CON Rules & Regulations

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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 Certificate of Need Hole Change in Facility Management (F	facility Operator)	
	e-described requires an application for a Certificate of Need	
Part I: Facility Information		
SHPDA ID Number:	055-H7018	
(This ca	an be found at www.shpda,alabama.gov, Health Care Data, ID Codes)	
Name of Facility/Provider:	Mid-South Home Health of Gadsden, LLC d/b/a Kindred at Home	
(ADPH Licensure Name) Physical Address:	3225 Rainbow Drive, Suite 256, Rainbow City, AL 35906- 5861	
County of Location:	ETOWAH	
Number of Beds/ESRD Stations:	Not Applicable	
pages if necessary.	Health and Hospice Providers Only). Attach additional Cullman, Dekalb, Etowah, Jackson, Jefferson, Madison, Talladega	
	: If this transaction will result in a change in direct ownership § 22-20-271(e), please attach organizational charts outlining	
Owner (Entity Name) of Facility named in Part I:	Kindred Healthcare, Inc.	
Mailing Address:	680 South 4th Street, Louisville, KY 40202-2407	
Operator (Entity Name):	Mid-South Home Health of Gadsden, LLC	
Part III: Acquiring Entity Infor	mation	
Name of Entity:	Kentucky Homecare Parent, Inc.	
	•	

Mailing Address:	500 West Main Street, Louisville, KY 40202	
Operator (Entity Name):	Mid-South Home Health of Gadsden, LLC The Transaction is expected to close June 30, 2018.	
Proposed Date of Transaction is on or after:		
Part IV: Terms of Purchase Monetary Value of Purchase:	\$13,471,802.48	
Type of Beds:	Not Applicable	
Number of Beds/ESRD Stations:	Not Applicable	
Financial Scope: to Include Prelimina Construction, and Yearly Operating Cost	ary Estimate of the Cost Broken Down by Equipment,	
Projected Equipment Cost:	\$	
Projected Construction Cost:	\$ _0	
Projected Yearly Operating Cost:	\$ 0 .	
Projected Total Cost:	\$	

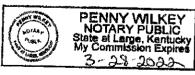
On an Attached Sheet Please Address the Following:

- 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). See $\underline{\mathbf{Exhibit}\ \mathbf{I}}$
- 2.) Whether the proposal will include the addition of any new beds. See Exhibit I
- 3.) Whether the proposal will involve the conversion of beds. See Exhibit I
- 4.) Whether the assets and stock (if any) will be acquired. See Exhibit I

Part V: Certification of Information

Current Auth	ority Signature(s):	
The information belief.	n contained in this notification is true and	d correct to the best of my knowledge and
Owner(s):	Kindred Healtheare, Inc.	and the
Operator(s):	Mid-South Flome Health of Gadsden, LLC	
Title/Date:	General Counsel and Corporate Secretary Kindred Healthcare, Inc.	s/Joseph Landenwich May 8, 2018
SWORN to and	d subscribed before me, this 8^{μ} day (or May , 2018
(Seal)	PENNY WILKEY NOTARY PUBLIC State at Large, Kentucky My Commission Expires	Notary Public My Commission Expires: 3-28-22
Acquiring Aut	オーユミー 2022 hority Signature(s):	my commission expiles: 2.48-24
periou, as spe	esponsible for reporting of all services procified in ALA. ADMIN. CODE r. 410-1-3 ue and correct to the best of my knowled Kentucky Flomecare Parent, Inc.	ovided during the current annual reporting i12. The information contained in this ige and belief.
Title/Date:	Vice President & Corporate Secretary Kentucky Homecare Parent, Inc.	s/ Joseph Ventura
SWORN to and	subscribed before me, this day o	f
(Seal)	•	Notary Public
		My Commission Expires:
Operator(s):	Mid-South Home Health of Gadsden, LLC	GNM
Title/Date;	General Counsel and Corporate Secretary Kindred Healthcare, Inc.	s/ Joseph Landenwich May 8, 2018
SWORN to and	subscribed before me, this $\cancel{\$^{1}}$ day of	
(Seal)	PENNY WILKEY	Penny Willey Notary Public

(Seal)



My Commission Expires: 3-28-22

Part V: Certification of Information

Current Autho	rity Signature(s):	
The information belief.	contained in this notification is true and	correct to the best of my knowledge and
Owner(s):	Kindred Healthcare, Inc.	
		s/ Joseph Landenwich
Operator(s):	Mid-South Home Health of Gadsden, LLC	
Title/Date:	General Counsel and Corporate Secretary Kindred Healthcare, Inc.	s/ Joseph Landenwich
SWORN to and	subscribed before me, this day of	:
(Seai)		Notary Public
		My Commission Expires:
Acquiring Auth	nority Signature(s):	
period, as spe-		ovided during the current annual reporting .12. The information contained in this ge and belief.
Purchaser(s):	Kentucky Homecare Parent, Inc.	
Title/Date:	Vice President & Corporate Secretary Kentucky Homecare Parent, Inc.	s/Joseph Venture
SWORN to and	subscribed before me, this 10th day of	may 2018.
	Subscribed before me, this O day of Michele H. Sizemore State At Large, Kentucky Notary Public 20047	Wolfm
(Seal)	Commission No. 433947 My Commission Expires 1/3/2019	Notary Public 0
138	My Commission Line	My Commission Expires: 1/3/19

Operator(s):	Mid-South Home Health of Gadsden, LLC	
Title/Date:	General Counsel and Corporate Secretary Kindred Healthcare, Inc.	s/ Joseph Landenwich
SWORN to and	subscribed before me, this day of	;
(Cool)		Notory Dublic

My Commission Expires:

Exhibit I

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).

The applicant offers home health services. There will be no changes to the services offered by the applicant as a result of this transaction.

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

Not Applicable

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

Not Applicable

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

Pursuant to the transaction, neither the assets nor the direct stock ownership of the operator will be transferred. This change, as described in more detail in the Notification of Transaction letter dated February 21, 2018 (<u>Attachment I</u> of the Cover Letter), will occur at the ultimate parent company level and will not result in a change in the direct or immediate/intermediate parent companies, tax identification numbers or service areas of the provider entities licensed by the state. Please refer to <u>Attachment I</u> for a more detailed explanation of the Transaction.