

RECEIVED

Oct 07 2020

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 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: 103-N0008  
 (This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Summerford Nursing Home, Inc.  
 (ADPH Licensure Name)

Physical Address: 4087 Highway 31 SW  
Falkville, AL 35622

County of Location: Morgan

Number of Beds/ESRD Stations: 216 - certified skilled nursing

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. N/A

**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: Summerford Nursing Home, Inc.

Mailing Address: 4087 Highway 31 SW  
Falkville, AL 35622

Operator (Entity Name): Summerford Nursing Home, Inc.

**Part III: Acquiring Entity Information**

Name of Entity: No change in the property owner - Summerford Nursing Home, Inc. will lease the facility to Summerford Health and Rehab LLC

Mailing Address: 4087 Highway 31 SW  
Falkville, AL 35622

## 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: 103-N0008  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Summerford Nursing Home, Inc.  
(ADPH Licensure Name)

Physical Address: 4087 Highway 31 SW  
Falkville, AL 35622

County of Location: Morgan

Number of Beds/ESRD Stations: 216 - certified skilled nursing

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. N/A

**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: Summerford Nursing Home, Inc.

Mailing Address: 4087 Highway 31 SW  
Falkville, AL 35622

Operator (Entity Name): Summerford Nursing Home, Inc.

### Part III: Acquiring Entity Information

Name of Entity: No change in the property owner - Summerford Nursing Home, Inc. will lease the facility to Summerford Health and Rehab LLC

Mailing Address: 4087 Highway 31 SW  
Falkville, AL 35622

Operator (Entity Name): Summerford Health and Rehab LLC

Proposed Date of Transaction is on or after: 11/01/2020

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ Summerford Health and Rehab LLC will lease the facility from Summerford Nursing Home, Inc.

Type of Beds: Skilled Nursing Facility Beds

Number of Beds/ESRD Stations: 216

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

Projected Equipment Cost: \$ -

Projected Construction Cost: \$ -

Projected Yearly Operating Cost: \$ 16,353,063

Projected Total Cost: \$ 16,353,063

**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): Summerford Nursing Home, Inc.

✓ Robert A. Summerford  
Owner's Representative: Robert Summerford, Shareholder

Operator(s): Summerford Nursing Home, Inc.

✓ Robert A. Summerford  
Operator's Representative: Robert Summerford, Shareholder

Date: ✓ 9-18-20

\* SWORN to and subscribed before me, this 18<sup>th</sup> day of September, 2020

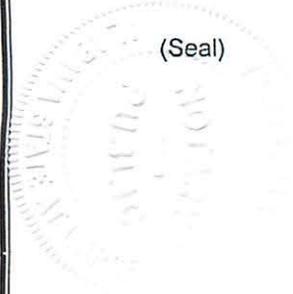
(Seal)

A-84

Walter B. Bann  
Notary Public

MY COMMISSION EXPIRES

My Commission Expires: 04-24-2022



**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): There will be no change in the real property ownership. Summerford Health and Rehab LLC will enter into a Lease Agreement with Summerford Nursing Home, Inc.

Operator(s): Summerford Health and Rehab LLC

[Signature]  
Operator's Representative: Shalom Lerner, Manager

Date: ✓ 9/3/20

\* SWORN to and subscribed before me, this 3 day of Sept, 2020.

(Seal)

TANYA MIZRAHI  
NOTARY PUBLIC, STATE OF NEW YORK  
NO. 01 M15053342  
QUALIFIED IN KINGS COUNTY  
COMMISSION EXPIRES DEC 26 2021

[Signature]  
Notary Public

My Commission Expires: Dec 26, 2021

Author: Alva M. Lambert  
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975  
History: New Rule

Alabama State Health Planning & Development Agency

CHANGE OF OWNERSHIP

Part IV: Terms of Purchase - Attachment

1. The services provided will be skilled nursing care as offered by the previous operator.
2. There will be no new beds added.
3. There will be no conversion of beds.
4. The proposed transaction will be a change in operational control only, not a property or stock sale. The operations will be transferred to Summerford Health and Rehab LLC. There will be a new lease agreement executed between Summerford Nursing Home, Inc. and Summerford Health and Rehab LLC once the transfer or operations has occurred.

Note:

The projected yearly operating costs of \$16,353,063 represent amounts which are consistent with current operating costs and no substantial increases are expected.