



Carr, Riggs & Ingram, LLC  
1601 2nd Avenue East  
Oneonta, Alabama 35121

(205) 625-3472  
(205) 274-0182 (fax)  
www.cricpa.com

May 26, 2021

**VIA Electronic Filing**  
**([shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov))**

CO2021-030  
**RECEIVED**  
**Jun 09 2021**

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

073-N0036

Ms. Emily Marsal  
Executive Director  
RSA Union Building  
State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, Alabama 36104

RE: Self Health Care & Rehab Center, Inc.  
Change in Direct Ownership of Control 073-N0036

Dear Ms. Marsal:

The purpose of this letter is to provide the Agency with 20 days prospective notice regarding an impending transaction for the proposed sublease (the "Sublease") to Self Skilled Nursing, LLC ("Self Skilled") of the land building and equipment ("real estate") comprising Self Health Care & Rehab, Center, Inc. a 131-bed licensed nursing facility located in Hueytown, Jefferson County, Alabama ("the Facility"). Self Health Care & Rehab, Center, Inc currently leases the Facility from Self Nursing Home, Inc. and V.A.L. Corporation (collectively, the "Landlord").

The Sublease is a three (3) year operating sublease with a monthly rental to be \$50,000 for the first 12-months and \$55,000 for the next 24-months. Self Skilled will obtain a license from ADPH to operate the Facility as a 131 bed Skilled Nursing facility Self Skilled will be managed by Traylor Porter Health Care Management Company.

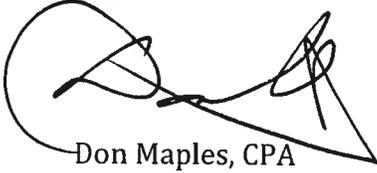
The Sublease will not (i) include the addition of new beds in Jefferson County; or (ii) involve the conversion of beds; and except as described above, no assets or stock will be acquired as a result of this project.

In accordance with the CON Rules, an electronic remittance in the amount of \$2,500.00 for the Change of Ownership Filing fee is being transmitted contemporaneous with the filing of this letter. Also sent herewith, please find an executed Notice of Change of Ownership form.

Based on the facts above and in the Notice of Change of Ownership form, 410-1-7-.04 of the CON Rules please determine that neither a certificate of need, nor any further certificate of need regulatory review, is required for the consummation of the above-described proposed transaction.

Please contact me should you have any questions or need further information.

Sincerely,

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Don Maples, CPA  
Cell-205-999-5236

## 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: 073-N0036  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Self Health Care & Rehab Center, Inc  
(ADPH Licensure Name)

Physical Address: 131 East Crest Road  
Hueytown, AL. 35023

County of Location: JEFFERSON

Number of Beds/ESRD Stations: 131 beds

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. \_\_\_\_\_

**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: Self Health Care & Rehab Center, Inc.

Mailing Address: 131 East Crest Road  
Hueytown, AL.  
Self Health Care & Rehab Center, Inc.

Operator (Entity Name): \_\_\_\_\_

### Part III: Acquiring Entity Information

Name of Entity: Self Skilled Nursing, LLC

Mailing Address: P.O. Box 69  
Opelika, AL. 36803



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 County of Location: JEFFERSON   
 Number of Beds/ESRD Stations: \_\_\_\_\_  
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Owner (Entity Name) of Facility named in Part I: Self Health Care & Rehab Center, Inc.  
 Mailing Address: 131 East Crest Road  
Hueytown, AL.  
 Operator (Entity Name): Self Health Care & Rehab Center, Inc.

### Part III: Acquiring Entity Information

Name of Entity: Self Skilled Nursing, LLC  
 Mailing Address: P.O. Box 69  
Opelika, AL. 36803

Operator (Entity Name): Self Skilled Nursing, LLC

Proposed Date of Transaction is on or after: 07/01/2021

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ \_\_\_\_\_

Type of Beds: \_\_\_\_\_

Number of Beds/ESRD Stations: \_\_\_\_\_

**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: \$ 4,562,000.00

Projected Total Cost: \$ 4,562,000.00

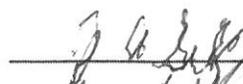
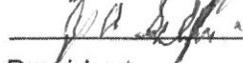
**On an Attached Sheet Please Address the Following:**

- 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):	<u></u>	<u>5/21/21</u>
Operator(s):	<u></u>	<u>5/21/21</u>
Title/Date:	<u>President</u>	<u>May 21, 2021</u>

SWORN to and subscribed before me, this 21st day of May, 2,021.

(Seal)

Oliver L. Sauniki  
Notary Public

My Commission Expires: 01/04/2024

**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: Managing Member May 21, 2021

SWORN to and subscribed before me, this 21st day of May, 2,021.

(Seal)

Oliver L. Sauniki  
Notary Public

My Commission Expires: 01/04/2024

Author: Alva M. Lambert

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

History: New Rule

**SELF HEALTH CARE & REHAB CENTER, INC.**  
**CHANGE IN DIRECT OWNERSHIP**  
**ENTITY ORGANIZATION**

PREPARED BY	dpm
REVIEWED BY	
DATE	05/20/21
W/P REFERENCE	

(1)

(2)

	<b>CURRENT AUTHORITY</b>		
	Self Health Care & Rehab, Center, Inc.	licensed by ADPH	
	leases the land buiding and equipment from		
	Self Nursing Home, Inc.		
	and V.A.L. Corporation		
	<b>ACQUIRING AUTHORITY</b>		
	Self Skilled Nursing, LLC	will be licensed by ADPH	
	will sublease the land buiding and equipment from		
	Self Health Care & Rehab, Center, Inc.		