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Apr 10 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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April 10, 2025

VIA EMAIL

Emily T. Marsal
Executive Director
Alabama State Health Planning & Development
Agency
RSA Union Building
100 N. Union Street, Suite 870
Montgomery, AL 36104

Re: Attalla Health and Rehab - SHPDA ID 055-N0003 UPDATED CHOW

Dear Ms. Marsal:

Pursuant to my discussions with your agency, I am enclosing an corrected Change of Ownership application showing the transfer of the property from Attalla Nursing ADK, LLC to the current landlord Attalla Realty LLC, as part of a transaction that occurred on or about August 1, 2019.

I. Financial Scope of Project.

As outlined in the attached change of ownership form, this transaction did not involve the purchase of new equipment, new operating costs, or other capital expenditures in excess of the spending thresholds set forth in Section 22-21-263(a)(2) of the Code of Alabama.

II. Services to be Offered.

No New Services: The transaction did not involve the offering of any new services by the Facility.

III. Beds.

1. New Beds: The proposed transaction did not involve any addition or reduction of beds.
2. Conversion of Beds: The proposed transaction did not involve the conversion of beds.

IV. Stock and Assets.

Other than described above, the transaction did not involve the acquisition of stock or assets relating to the operation of the Facility.

Based on the above showing that there was no (i) change in health service, (ii) spending in excess of the spending thresholds, (iii) conversion of beds or (iv) increase in bed capacity we respectfully ask that you exercise your authority under Ala. Admin. Code 410-1-7-.04(2) and determine that a CON or other action by SHPDA is not required for the consummation of the proposed transaction. In accordance with the Rules, the filing fee of \$2,500.00 will be paid via the electronic payment portal. I enclose the executed change of ownership form.

If you have any questions, please let us know.

Sincerely,

s/Angie C. Smith

Angie C. Smith

Attachments

Apr 10 2025

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: 055-N0003
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Attalla Health and Rehab
(ADPH Licensure Name)

Physical Address: 915 Stewart Avenue Southeast
Attalla, AL 35954

County of Location: Etowah

Number of Beds/ESRD Stations: 182

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

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: Attalla Nursing ADK, LLC

Mailing Address: 1145 Hembree Road
Roswell, GA 30076

Operator (Entity Name): C.R. of Attalla, LLC
P.O. Box 69, Bolingbroke, GA 31004

Part III: Acquiring Entity Information

Name of Entity: Attalla Realty LLC

Mailing Address: 1800 Rockaway Ave., Suite 200
Hewlett, NY 11559

State Health Planning and Development Agency

Alabama CON Rules & Regulations

Operator (Entity Name): C.R. of Attalla, LLCProposed Date of Transaction is
on or after: 8/1/2019**Part IV: Terms of Purchase**Monetary Value of Purchase: \$ fair market valueType of Beds: SNFNumber of Beds/ESRD Stations: 182**Financial Scope:** to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:Projected Equipment Cost: \$ 0Projected Construction Cost: \$ 0Projected Yearly Operating Cost: \$ no change in operating expensesProjected Total Cost: \$ 0**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): Attalla Nursing ADK, LLC Operator(s): C.R. Attalla LLC d/b/a Attalla Health and RehabTitle/Date: Landlord: Brent Morrison Date: 4/9/2025Tenant/Operator: Mike Winget, Sr. Date: _____

State Health Planning and Development Agency

Alabama CON Rules & Regulations

SWORN to and subscribed before me, this

9th

day of

April

2025

(Seal)

Catherine W. Hollis
Notary Public

My Commission Expires: August 3, 2028

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): Attalla Realty LLC (landlord)Operator(s): C.R. of Attalla, LLCTitle/Date: Landlord: Ephram Lahasky

Date: _____

SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal)

Notary Public

My Commission Expires: _____

Author: Alva M. Lambert

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

History: New Rule

SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal)

Notary Public

My Commission Expires: _____

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): Attalla Realty LLC (landlord)

Operator(s): C.R. of Attalla, LLC

Title/Date: Landlord: Ephram Lahasky

[Signature]
Date: 4.10.25

SWORN to and subscribed before me, this 10 day of April, 2025.

(Seal)

[Signature]
Notary Public

My Commission Expires: _____

LEIBEL GUTMAN Notary Public - State of New York No. 01GU6051453 Qualified in Kings County My Commission Expires November 27, 2026
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Author: Alva M. Lambert

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

History: New Rule