



Angie C. Smith
acsmith@burr.com
Direct Dial: (205) 458-5209
Direct Fax: (205) 458-5100

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Apr 10 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Burr & Forman LLP
420 North 20th Street
Suite 3400
Birmingham, AL 35203

Office (205) 251-3000
Fax (205) 458-5100

BURR.COM

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 - Change of Tenant/Operator; SHPDA ID 055-N0003

Dear Ms. Marsal:

We submit the attached Change of Ownership application pursuant to Ala. Admin. Code 410-1-7-.04. The Change of Facility Operator involves the termination of the current lease between Attalla Realty LLC (Current Landlord) and C.R. of Attalla, LLC (Current Operator) of that certain free-standing, 182-bed skilled nursing facility known as Attalla Health and Rehab, located at 915 Stewart Avenue SE, Attalla, Etowah County, Alabama (the "Facility"). The following is a summary of the transactions that will take place on or after May 1, 2025:

I. Facts

1. The Facility is currently owned by Attalla Realty LLC ("Current Owner") and leased to C.R. of Attalla, LLC (the "Operator").
2. On or about May 1, 2025, the lease between Current Owner and Current Operator will be terminated, and Current Owner will simultaneously enter into a new lease with SL Attalla Operating Company LLC ("New Operator"), to become the new operator, subject to approval by the Alabama Department of Public Health.
3. Current Owner will remain the landlord and holder of the Certificate of Need.
4. We are also filing a change of ownership licensure application with the Alabama Department of Public Health.

II. Financial Scope of Project.

As outlined in the attached change of ownership form, this transaction does 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. The specific costs related to the project are itemized.

III. Services to be Offered.

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

IV. Beds.

1. New Beds: The proposed transaction does not involve any addition or reduction of beds.

2. Conversion of Beds: The proposed transaction does not involve the conversion of beds.

V. Stock and Assets.

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

Based on the above showing that there has been 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 above-described 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

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 Realty LLC

Mailing Address: 1800 Rockaway Ave., Suite 200

Hewlett, NY 11559

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

Operator (Entity Name): SL Attalla Operating Company LLC
50 Chestnut Ridge Road, Suite 107, Montvale, NJ 07645
Proposed Date of Transaction is
on or after: 05/01/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ fair market value
Type of Beds: SNF
Number 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: \$ 0
Projected Construction Cost: \$ 0
Projected Yearly Operating Cost: \$ 11,110,208
Projected Total Cost: \$ 11,110,208

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 Realty LLC
Operator(s): C.R. Attalla LLC d/b/a Attalla Health and Rehab 
Title/Date: Landlord: Ephram Lahasky Date: _____
Tenant/Operator: Mike Winget, Sr. Date: 3-27-2025

SWORN to and subscribed before me, this 27th day of March, 2025.

(Seal)



Amy M. Snow
Notary Public

My Commission Expires: 1-23-27

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): SL Attalla Operating Company LLC (new tenant)

Title/Date: Landlord: Ephram Lahasky Date:
New Tenant: Samuel Feuer 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 27th day of March, 2025.

(Seal)

FEDYMER M. DUVAL GONZALEZ
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES NOVEMBER 6TH 2028
COMMISSION: #50215872

Fedymar D.
Notary PublicMy Commission Expires: Nov 6th, 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): SL Attalla Operating Company LLC (new tenant) KenTitle/Date: Landlord: Ephram Lahasky Date: 3/27/25
New Tenant: Samuel Feuer Date:SWORN to and subscribed before me, this 27th day of March, 2025.

(Seal)

FEDYMER M. DUVAL GONZALEZ
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES NOVEMBER 6TH 2028
COMMISSION: #50215872

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Notary PublicMy Commission Expires: Nov 6th, 2028

Author: Alva M. Lambert

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

History: New Rule

Current Organizational Chart



Proposed Organizational Chart

