



Angie C. Smith
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CO2025-062
RECEIVED

Sep 25 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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September ²⁵~~22~~, 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: Generations of Vernon – Change of Ownership

Dear Ms. Marsal:

We submit the attached Change of Ownership application pursuant to Ala. Admin. Code 410-1-7-.04. The Change of Ownership involves the termination of the current lease to Generations of Vernon, LLC, the current operator of that certain free-standing, 158-bed skilled nursing facility known as Generations of Vernon, located at 1050 Convalescent Road, Vernon, Alabama, Lamar County, Alabama (the "Facility"). The following is a summary of the transaction that will take place on November 1, 2025:

I. Facts

1. The Facility is currently owned by Lamar Convalescent Center, Inc. ("Current Owner") and leased to Generations of Vernon, LLC (the "Operator"). Pursuant to the current lease, the Current Owner licenses to the Operator the right to operate under the Certificate of Need ("CON") held by the Current Owner.
2. The transaction contemplates the termination of the current lease between Current Owner and Current Operator, and Current Owner will enter into a new lease with a new operator, SouthCare Health and Rehab of Vernon, LLC, who will become the licensee and operator of the facility.

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.

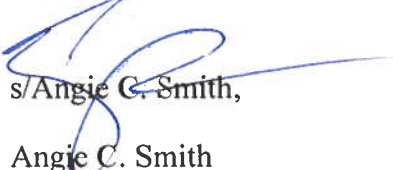
V. Stock and Assets.

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



CO2025-062
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Oct. 06, 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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October 6, 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: Generations of Vernon - CO2025-062 Response to Request for Additional Information

Dear Ms. Marsal:

In reference to your letter dated October 2, 2025, related to the above referenced file, please use the following to update your records.

1. The nursing facility in Lamar County, known as Generations of Vernon, LLC (the "Facility"), is currently subleased by Generations of Vernon, LLC, from Lamar Convalescent Center, Inc (the "Landlord"). Generations of Vernon, LLC, ("Generations") is the current license holder and operator. Through the lease, the Landlord conveys the CON authority to Generations of Vernon, LLC, and when the lease terminates, those CON rights revert to the Landlord.

2. As background, this facility predates certificate of need and was owned by Mr. James W Spearman. In the 1980s, it was leased by him to Lamar Convalescent Center. Inc. (of which Mr. Spearman owned the stock of), and Lamar Convalescent Center in turn subleased the Facility to a licensed operator (Care Centers of Vernon). Upon Mr. Spearman's death the Facility's title went into a Testamentary Trust established under Mr. Spearman's will (the "Trust"), and the Trust became the Facility's landlord with Lamar Convalescent Center, Inc., as tenant. All of which was subject to the sublease to the then licensed operator.

3. Under a bankruptcy sale in 2010, Generations of Vernon, LLC, succeeded Care Centers of Vernon as subtenant, and entered into a new lease with Lamar Convalescent Center, Inc., as landlord. Generations of Vernon, LLC, became the licensed operator of the Facility.

Emily T. Marsal
October 6, 2025
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4. The Generations lease is terminating as of November 1, 2025, and Lamar Convalescent Center, Inc., will enter into a new lease with SouthCare Health and Rehab of Vernon, LLC, which will become the new tenant and licensee of the Facility.

We trust this answers your question and this chain of title will be reflected in the Facility's file.

Sincerely,

s/Angie C. Smith

Angela Smith

ACS/jlr

Oct 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: 075-N0002

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

Name of Facility/Provider:
(ADPH Licensure Name) Generations of Vernon

Physical Address: 1050 Convalescent Road
Vernon, AL 35592

County of Location: Lamar

Number of Beds/ESRD Stations: 158

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: Generations of Vernon, LLC, as tenant

Mailing Address: 1050 Convalescent Road
Vernon, AL 35592

Operator (Entity Name): Generations of Vernon, LLC

Part III: Acquiring Entity Information

Name of Entity: Lamar Convalescent Center, Inc.

Mailing Address: 1050 Convalescent Road
Vernon, AL 35592

Operator (Entity Name): SouthCare Health and Rehab of Vernon, LLC

Proposed Date of Transaction is on or after: 11/01/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Fair Market Value

Type of Beds: SNF

Number of Beds/ESRD Stations: 158

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

Projected Equipment Cost: \$ NA

Projected Construction Cost: \$ NA

Projected Yearly Operating Cost: \$ 12,500,000

Projected Total Cost: \$ 12,500,000

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): Generations of Vernon, LLC (tenant)

Operator(s): Generations of Vernon, LLC

Title/Date: Member / CEO 09/16/2025

SWORN to and subscribed before me, this 16th day of September, 2025.

(Seal)

Ray R W
Notary Public

MY COMMISSION EXPIRES APRIL 17, 2029

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): Lamar Convalescent Center, Inc.

Operator(s): SouthCare Health and Rehab of Vernon, LLC

Title/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 24 day of September, 2025.

(Seal)

See below
Notary PublicMy Commission Expires: 11/27/2026**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): Lamar Convalescent Center, Inc.Operator(s): SouthCare Health and Rehab of Vernon, LLC

Title/Date: _____

Carol Townsend
Carol Townsend
PresidentSWORN to and subscribed before me, this 24 day of September, 2025.

(Seal)

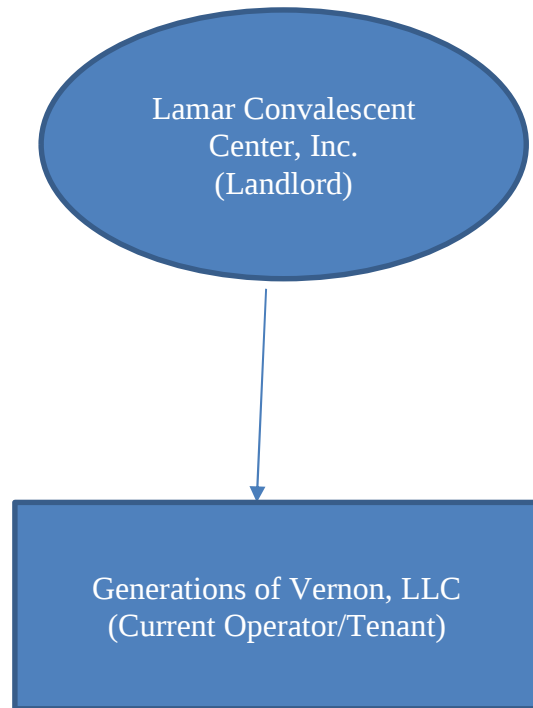
Dick M
Notary PublicMy Commission Expires: 11/27/2026

Author: Alva M. Lambert

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

History: New Rule

Current Organizational Structure



Proposed Organizational Structure

