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Sep 29 2025

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

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September 29, 2025

**VIA EMAIL ONLY**

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

**Re: Skilled Nursing Facility Change of Ownership –Elba Nursing and Rehabilitation Center; SHPDA ID 031-N0003**

Dear Ms. Marsal:

Pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the “Rules”), we respectfully submit the attached Notice of Change of Ownership. The Change of Ownership involves the purchase and lease of the 111-bed skilled nursing facility located in Elba, Coffee County, Alabama, and known as Elba Nursing and Rehabilitation Center (the “Facility”). Following is a summary of the proposed transaction:

I. Facts.

1. The Facility is currently owned by Elba Property Company, LLC (the “Seller”) and is licensed to and operated under an operating lease by Elba Nursing and Rehabilitation Center, LLC d/b/a Elba Nursing and Rehabilitation Center (the “Current Operator”). Seller owns the real property on which the Facility is located at 987 Drayton Avenue, Elba, AL 36323, and leases the building to the Current Operator, who holds the license from the Alabama Department of Public Health.
2. Seller has negotiated a real estate purchase agreement (the “Real Estate Purchase Agreement”) with Elba SNF Property Holdings LLC (“Buyer”), for the sale of the real and personal property comprising the Facility, including the Certificate of Need rights required to be a licensed 111-bed nursing facility at the current location in Coffee

County Alabama. Contemporaneously with the closing on the real property, Buyer will execute a new lease with Elba SNF Opco LLC, (“New Operator”). New Operator will become the licensee of Facility, pending approval by all necessary regulatory agencies.

3. Under certain documents to be negotiated and entered into in order to effectuate the above described transaction (the “Transaction”), subject to approval by the Alabama Department of Public Health (“ADPH”) and the issuance of a license by ADPH to New Operator to operate the Facility as an 111-bed nursing facility, the Transaction is expected to close at 11:59 pm on October 31, 2025, with the New Operator taking over effective as 12:00:01 on November 1, 2025 (the “Commencement”).
4. The resulting “change in ownership and control” requires notification to your agency pursuant to ALA. ADMIN. CODE §410-1-7-.04(1).
5. The change in control of the Facility is documented by the enclosed executed change of ownership form.

II. Financial Scope of Project.

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 on the attached change of ownership application.

III. Services to be Offered.

1. 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.

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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 Chapter 410-1-7-.04(2) of the Rules 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 has been paid via the electronic payment portal. I enclose the executed change of ownership form.

Should you have any questions or need further information, please contact me at 205-458-5209.

Sincerely,

*s/ Angie Smith*

Angie C. Smith

ACS/jlr  
Enclosures

**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: 031-N0003  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Elba Nursing and Rehabilitation Center LLC  
(ADPH Licensure Name)

Physical Address: 987 Drayton Avenue, Elba AL 36323

County of Location: Coffee

Number of Beds/ESRD Stations: 111

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: Elba Property Company, LLC

Mailing Address: 3690 Southwestern Blvd, Orchard Park NY 14127

Operator (Entity Name): Elba Nursing and Rehabilitation Center, LLC

**Part III: Acquiring Entity Information**

Name of Entity: Elba SNF Property Holdings LLC

Mailing Address: 3450 Oakton St, Skokie IL 60076

Operator (Entity Name): Elba SNF Opco LLCProposed Date of Transaction is  
on or after: 10/31/2025**Part IV: Terms of Purchase**Monetary Value of Purchase: \$ Fair Market ValueType of Beds: SNFNumber of Beds/ESRD Stations: 111**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: \$ 7,900,000Projected Total Cost: \$ 7,900,000**On an Attached Sheet Please Address the Following:**

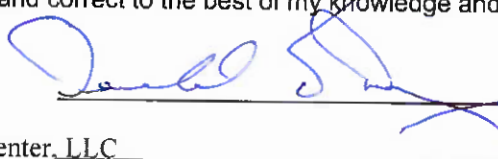
- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 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): Elba Property Company, LLCOperator(s): Elba Nursing and Rehabilitation Center, LLC

Title/Date: \_\_\_\_\_

  
Manager  
9/26/25

SWORN to and subscribed before me, this 26<sup>th</sup> day of September, 2025.

(Seal)

ANTHONY F. PEGNIA, JR.  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires 1/16/2027

Anthony F. Pegnia, Jr.  
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): Elba SNF Property Holdings LLC \_\_\_\_\_

Operator(s): Elba SNF Opco 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

Operator (Entity Name): Elba SNF Opco LLC

Proposed Date of Transaction is  
on or after: 10/31/2025

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ Fair Market Value

Type of Beds: SNF

Number of Beds/ESRD Stations: 111

**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: \$ 7,900,000

Projected Total Cost: \$ 7,900,000

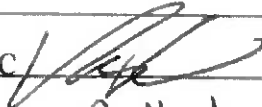
**On an Attached Sheet Please Address the Following:**

- 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): Elba Property Company, LLC

Operator(s): Elba Nursing and Rehabilitation Center, LLC  Victor Paez

Title/Date: \_\_\_\_\_ Vice President 10/26/25

SWORN to and subscribed before me, this 26 day of September, 2025.

(Seal)



Notary Public

My Commission Expires: 5-18-27

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): Elba SNF Property Holdings LLC

Operator(s): Elba SNF Opco 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 \_\_\_\_\_ 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): Elba SNF Property Holdings LLC \_\_\_\_\_

Operator(s): Elba SNF Opco LLC \_\_\_\_\_

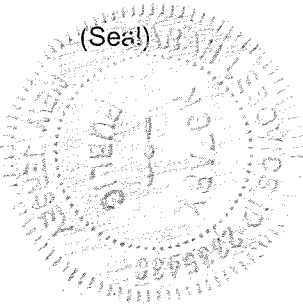
Title/Date: Principal 9/25/25 \_\_\_\_\_ Y \_\_\_\_\_

SWORN to and subscribed before me, this 25<sup>th</sup> day of September, 2025.

(Seal)

Ru hl  
Notary Public

My Commission Expires: 10/9/2025

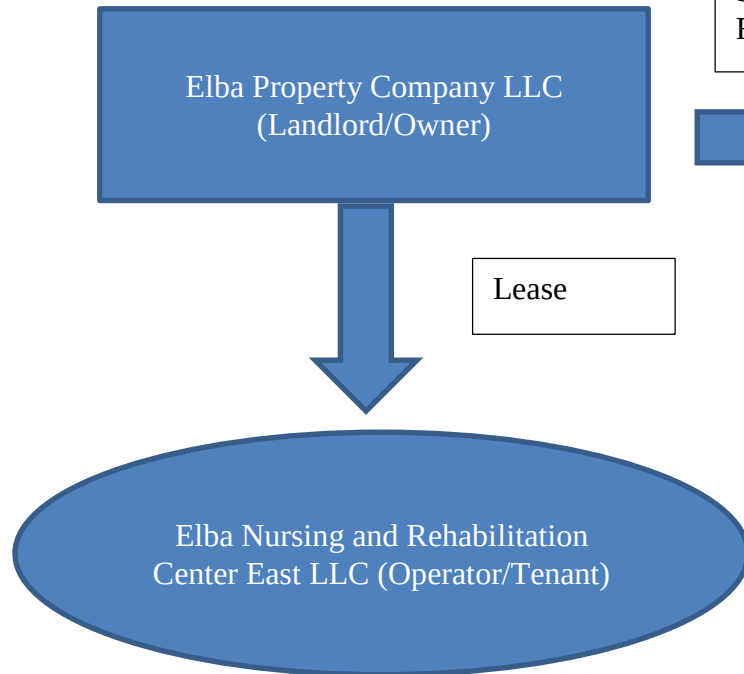


Author: Alva M. Lambert

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

History: New Rule

Pre-Transaction Organizational Chart



Sale of  
Facility



Post-Transaction Organizational Chart

