BURR FORMAN LLP
results matter

CO2025-069

RECEIVED
Oct 15 2025
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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October 10, 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 – Florence Nursing and Rehabilitation Center; SHPDA ID 077-N0005 - UPDATED
SHPDA Ref # CO2025-069

Dear Ms. Marsal:

On September 29, 2025, our firm filed the Change of Ownership application for Florence Nursing and Rehabilitation. It has come to our attention that the entity listed as the current authority was not the entity of record with your Agency. Therefore, we enclose corrected pages for the Current Authority along with updated signature pages and pre-transaction organizational chart. The following is an updated summary of the proposed transaction:

I. Facts.

1. The Facility is currently owned by Florence Property Company, LLC (the "Seller"), whose members are DTD HC, LLC (50%) and D&N, LLC (50%) (collectively referred to hereafter as "Current Authority"). The Facility is licensed to and operated under an operating lease by Florence Nursing and Rehabilitation Center, LLC d/b/a Florence Nursing and Rehabilitation Center (the "Current Operator"). Current Authority owns the real property on which the Facility is located at 2107 Cloyd Blvd., Florence AL 35630, and leases the building to the Current Operator, who holds the license from the Alabama Department of Public Health.

2. Current Authority has negotiated a real estate purchase agreement (the "Real Estate Purchase Agreement") with Florence 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 147-bed nursing facility at the current location in Lauderdale County Alabama. Contemporaneously with the closing on the real property, Buyer will execute a new lease with Florence 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 147-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.

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.

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.

__x__ 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: _____077-N0005_____
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

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

Physical Address: 2107 Cloyd Blvd, Florence, AL 35630

County of Location: Lauderdale

Number of Beds/ESRD Stations: 147

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: D&N, LLC (50%) and DTD HC, LLC (50%)

Mailing Address: 3690 Southwestern Blvd, Orchard Park,
NY, 14127 (same for each owner entity)

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

Part III: Acquiring Entity Information

Name of Entity: Florence SNF Property Holdings LLC

Mailing Address: 3450 Oakton St, Skokie, IL, 60076

Operator (Entity Name): Florence 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: 147

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: $ 11,900,000

Projected Total Cost: $ 11,900,000

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): D&N, LLC, Norbert A Bennett, Manager _____

DTD HC, LLC, Donald T Denz, Manager _____

Operator(s): _____

Title/Date: Manager, 9/26/2025 _____

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

(Seal)

KERI L LICKFELD
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01LI6413185
Qualified in Erie County
Commission Expires January 19, 2029

Keri L Lickfeld
Notary Public

My Commission Expires: January 19, 2029

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: _____ _____

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): Florence 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: 147

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: $ 11,900,000

Projected Total Cost: $ 11,900,000

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): Florence Property Company, LLC

Operator(s): Florence Nursing and Rehabilitation Center, LLC Katherine Crowell

Title/Date: Vice President 09/26/25

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

(Seal)

Notary Public

My Commission Expires 07-31-2027

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): Florence SNF Property Holdings LLC _____

Operator(s): Florence 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): Florence SNF Property Holdings LLC _____

Operator(s): Florence SNF Opco LLC _____

Title/Date: Principal 9/25/25 _____

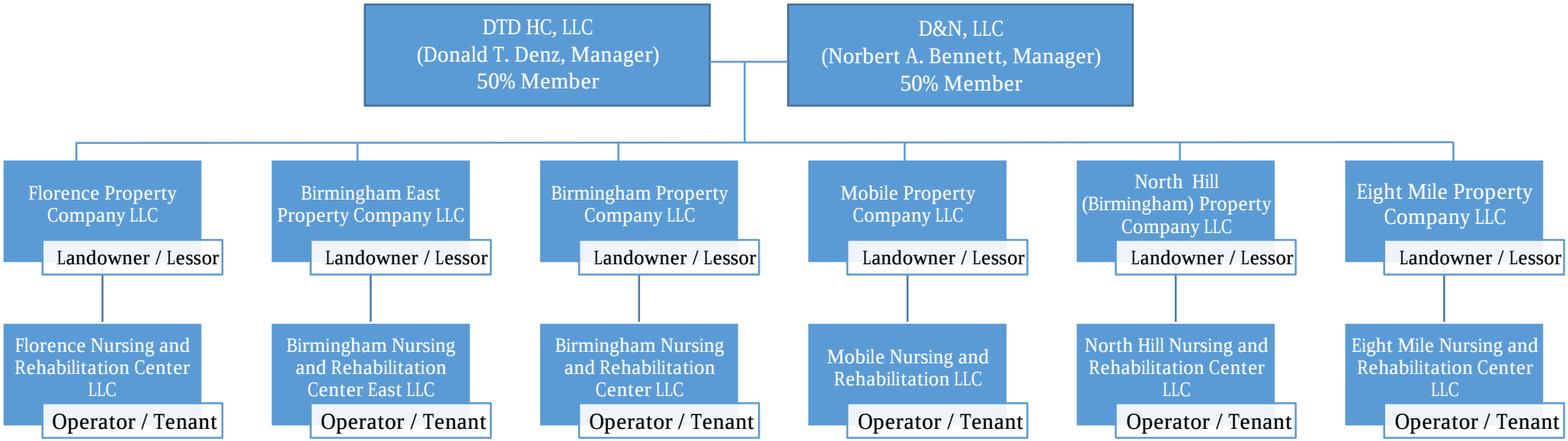
SWORN to and subscribed before me, this 25th day of September, 2025.

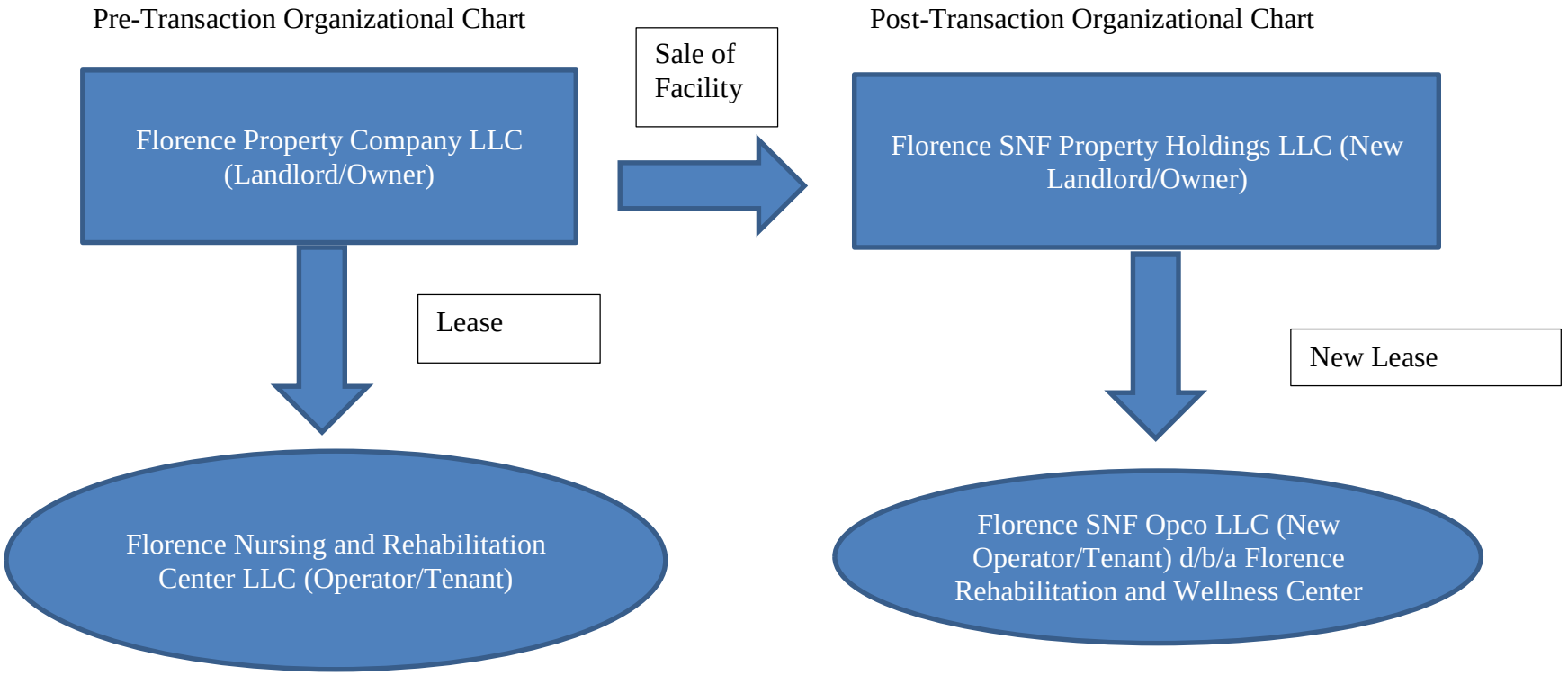
(Seal) _____
Notary Public

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




Pre-Transaction Organizational Chart
Florence Property Company LLC (Landlord/Owner)
Lease
Florence Nursing and Rehabilitation Center LLC (Operator/Tenant)
Sale of Facility
Post-Transaction Organizational Chart
Florence SNF Property Holdings LLC (New Landlord/Owner)
New Lease
Florence SNF Opco LLC (New Operator/Tenant) d/b/a Florence Rehabilitation and Wellness Center