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Nov 04 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: 015-S8001
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: (ADPH Licensure Name) Autumn Cove Memory Care

Physical Address: 4425 GREENBRIER DEAR RD
Anniston, AL36207

County of Location: CALHOUN

Number of Beds/ESRD Stations: 27

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: Anniston Assisted Living, LLC

Mailing Address: 10554 Ocean Highway
Pawleys Island, SC 29585

Operator (Entity Name): Autumn Cove Memory Care

Part III: Acquiring Entity Information

Name of Entity: The Haven at Autumn Cove Memory Care

Mailing Address: 272 Wateree River Road
Myrtle Beach, SC 29588

Operator (Entity Name): The Haven at Autumn Cove Memory Care

Proposed Date of Transaction is on or after: 12/01/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: $ 0.00

Type of Beds: SCALF

Number of Beds/ESRD Stations: 27

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

Projected Equipment Cost: $ 0.00

Projected Construction Cost: $ 0.00

Projected Yearly Operating Cost: $ 832,105.55

Projected Total Cost: $ 832,105.55

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.

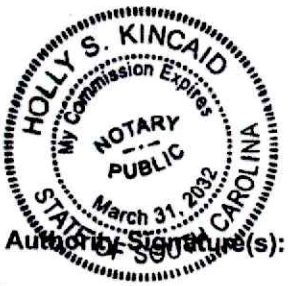
Owner(s): _____ _____

Operator(s): _____ _____

Title/Date: Owner / 10-28-25 _____

SWORN to and subscribed before me, this 28 day of October, 2025.

(Seal)



Holly S. Kincaid
Notary Public

My Commission Expires: March 31, 2032

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: CSO 10/09/25 _____

SWORN to and subscribed before me, this 29 day of October, 2025.

(Seal)

Salina Sawa
Notary Public

My Commission Expires: 11-22-2032

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule

CO2026-025
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Nov 25 2025
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

The Haven at Autumn Cove Memory Care

1. The services to be offered by the proposal (the applicant will state whether he has previously offered the services, whether the service is an extension of a presently offered service, or whether the service is a new service). We will provide SCALF services that are currently being offered onsite
2. Whether the proposal will include the addition of any new beds. No
3. Whether the proposal will involve the conversion of beds. No
4. Whether the assets and stock (if any) will be acquired. No