



CO2026-056
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Apr 23 2026
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Via Electronic Mail: shpda.online@shpda.alabama.gov

April 15, 2026

Alabama State Health Planning and Development Agency
Certificate of Need Division
RSA Union Building
100 North Union Street, Suite 200
Montgomery, Alabama 36130

Re: Notice of Change of Ownership/Control **SHPDA ID Number: 073-S3725**
Truewood by Merrill, Riverchase SCALF
24-Bed Specialty Care Assisted Living Facility
Current Owner/Operator: Merrill Gardens
Proposed Owner/Operator: Cavalier Senior Living Operations, LLC
Effective Date: May 4, 2026

Dear Executive Director and CON Division:

Please accept this letter as formal notice to the Alabama State Health Planning and Development Agency of a proposed change of ownership/control involving the 24-bed Specialty Care Assisted Living Facility known as **Truewood by Merrill, Riverchase SCALF**, currently owned and operated by **River Highlands, LLC**, and to be acquired by **C10 Partners, LLC** and operated by **Cavalier Senior Living Operations, LLC**, with an intended effective date of **May 4, 2026**.

Pursuant to Ala. Admin. Code r. 410-1-7-.04, C10 Partners, LLC, as the acquiring entity, hereby provides notice of the proposed change of ownership/control and respectfully requests that SHPDA review and approve this filing on an expedited basis. Under that rule, notice is to be provided by the acquiring entity at least twenty (20) days before the transaction occurs, unless a shorter period is authorized by the Executive Director for good cause shown. Cavalier respectfully requests authorization for an expedited and shortened review period for good cause shown based upon the health and safety concerns affecting residents, as cited by the Alabama Department of Public Health. ([Alabama Administrative Code](#))

This transaction involves only a change in ownership/control of the existing license and Certificate of Need-authorized 24-bed SCALF. The facility will continue to operate at its current location, with no proposed increase in licensed bed capacity, no addition of new institutional health services, and no interruption in services to residents. The services to be offered following closing will be the same general category of services currently authorized and provided at the facility.

60 Commerce Street, Suite 910
Montgomery, Alabama 36104

Cavalier Senior Living Operations, LLC submits this notice in order to ensure continuity of care, stability of operations, and protection of the residents currently residing in the community. Given the residents' health and safety concerns identified by the Alabama Department of Public Health, we respectfully request that SHPDA exercise its authority to accept and process this notice on an expedited basis and permit the transaction to proceed effective May 4, 2026, or as soon thereafter as agency approval may be granted.

Thank you for your prompt attention to this matter and for your consideration of this request for expedited review.

Respectfully submitted,



Bradley Eisemann

Chief Executive Officer

Cavalier Senior Living Operations, LLC

60 Commerce Street, Suite 910

(334) 604-0057

beisemann@cavalierseniorliving.com

cc: Alabama Department of Public Health

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: 073-S3725e
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)
 Name of Facility/Provider: Truewood by Merrill, Riverchase SCALF
(ADPH Licensure Name)
 Physical Address: 1851 Data Drive
Hoover, AL 35244
 County of Location: JEFFERSON
 Number of Beds/ESRD Stations: 24

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: River Highlands, LLC
 Mailing Address: 1851 Data Drive
Hoover, AL 35244
 Operator (Entity Name): Merrill Gardens L.L.C.

Part III: Acquiring Entity Information

Name of Entity: C10 Partners, LLC
 Mailing Address: 60 Commerce Street, Suite 910
Montgomery, AL 36104

Operator (Entity Name): Cavalier Senior Living Operations, LLC

Proposed Date of Transaction is on or after: 05/04/2026

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 5,242,000.00

Type of Beds: SCALF

Number of Beds/ESRD Stations: 24

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: \$ 1,000,428.00

Projected Total Cost: \$ 1,000,428.00

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: EVP-CFO 4/15/2026 _____

SWORN to and subscribed before me, this 15th day of April, 2026.

(Seal)



[Signature]
Notary Public

My Commission Expires: 10-19-2027

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.

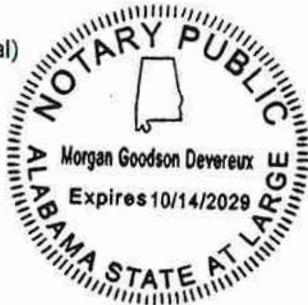
Purchaser(s): [Signature] _____

Operator(s): [Signature] _____

Title/Date: CEO / 4/15/2026 _____

SWORN to and subscribed before me, this 15th day of April, 2026.

(Seal)



[Signature]
Notary Public
My Commission Expires: 10/14/29

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

NOTICE OF CHANGE OF OWNERSHIP (CON)

1. The services offered is a continuation of services already provided.
2. The proposal will not increase the CON of 24.
3. The proposal is not a conversion of beds. It is the original CON of 24 units.
4. All assets will be acquired through the sale of the facility.