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CO2026-066
RECEIVED
May 27 2026
 STATE HEALTH PLANNING AND
 DEVELOPMENT AGENCY

May 20, 2026

VIA EMAIL

shpda.online@shpda.alabama.gov

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Alabama State Health Planning & Development Agency
 Attention: Emily T. Marsal, Executive Director
 P.O. Box 303025
 Montgomery, Alabama 36130-3017

Re: Notice of Change of Ownership River City Center

Dear Ms. Marsal,

This law firm represents 1350 14th Avenue SE Opco, LLC, an Alabama limited liability company (the “**Proposed Licensee**”), in its change of ownership application for the skilled nursing facility located at 1350 14th Avenue SE, Decatur, AL 35601-4364, Facility No. N5204 (the “**Facility**”).

By way of background, the current licensee, SunBridge Healthcare, LLC, an Alabama limited liability company (the “**Current Licensee**”), will be transferring all of its ownership and operations rights in the Facility to the Proposed Licensee, pursuant to that certain Amended and Restated Asset Purchase Agreement, dated April 17, 2026 (the “**APA**”), by and between Genesis Healthcare, Inc., a Delaware corporation (collectively with its subsidiaries and affiliates, “**Genesis**”) and 101 W State Street Holdings LLC, a Delaware limited liability company (“**WSSH**”, and collectively with its subsidiaries and affiliates, “**Buyer**”). The Current Licensee is a subsidiary of Genesis, and the Proposed Licensee is a subsidiary of Buyer. The APA contemplates a June 30, 2026 closing, upon which date the operations will transfer to Buyer (the “**Closing**”).

Enclosed with this application are the documents and information listed in the table below; where an item is not applicable or is forthcoming, its status is also indicated accordingly:

Number	Document or Information	Status
1.	Notice of Change of Ownership/Control	Enclosed.
2.	Part II Attachment – Current and Proposed Org. Charts	Enclosed.
3.	Part IV Attachment – Terms of Purchase	Enclosed.

Please direct all correspondence regarding this application to:

Name: David Vernon, Esq.
Email: dvernon@hooperlundy.com

Name: Sunaya Padmanabhan, Esq.
Email: spadmanabhan@hooperlundy.com

Name: Jai Chung, Esq.
Email: JChung@newgenhcg.com

All parties involved are committed to ensuring a smooth transition without interruptions to patient care. Please let us know if you have any additional questions as you review, and please do not hesitate to contact me at 202-580-7713 or dvernon@hooperlundy.com.

Sincerely,



Name: David Vernon, Esq.

Enclosures.

CHOW Application

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: 103-N0005
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: SunBridge Healthcare, LLC dba River City Center
(ADPH Licensure Name)

Physical Address: 1350 14th Avenue SE, Decatur, AL 35601-4364

County of Location: Morgan

Number of Beds/ESRD Stations: 183

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. N/A

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: SunBridge Healthcare, LLC

Mailing Address: 1350 14th Avenue SE, Decatur, AL 35601-4364

Operator (Entity Name): SunBridge Healthcare, LLC

Part III: Acquiring Entity Information

Name of Entity: 1350 14th Avenue SE Opco, LLC

Mailing Address: 9526 W. Pico Blvd., Los Angeles, CA 90035

Operator (Entity Name): 1350 14th Avenue SE Opco, LLC dba River City Post Acute

Proposed Date of Transaction is on or after: 06/30/2026

Part IV: Terms of Purchase

Monetary Value of Purchase: \$2,315,081.10

Type of Beds: Nursing Home Beds

Number of Beds/ESRD Stations: 183

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

Projected Equipment Cost: \$ N/A

Projected Construction Cost: \$ N/A

Projected Yearly Operating Cost: \$ N/A

Projected Total Cost: \$ N/A

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: _____

Operator (Entity Name): River City Post Acute

Proposed Date of Transaction is on or after: 06/30/2026

Part IV: Terms of Purchase

Monetary Value of Purchase: \$2,315,081.10

Type of Beds: Nursing Home Beds

Number of Beds/ESRD Stations: 183

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

Projected Equipment Cost: \$ N/A

Projected Construction Cost: \$ N/A

Projected Yearly Operating Cost: \$ N/A

Projected Total Cost: \$ N/A

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).
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- 4.) Whether the assets and stock (if any) will be acquired.

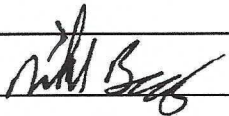
Part V: Certification of Information

Current Authority Signature(s):

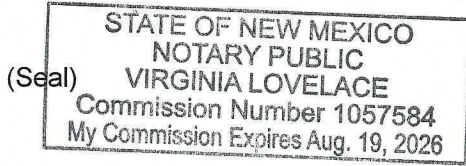
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): SunBridge Healthcare LLC d/b/a River City

Operator(s): SunBridge Healthcare LLC d/b/a River City

Title/Date: Michael T. Berg, Secretary 5/15/2026 

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



Virginia Lovelace
Notary Public
My Commission Expires: 8/19/2026

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): 1350 14th Avenue SE Opco, LLC dba River City Post Acute

Operator(s): 1350 14th Avenue SE Opco, LLC dba River City Post Acute

Title/Date: Jai Chung, Authorized Signatory

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: _____

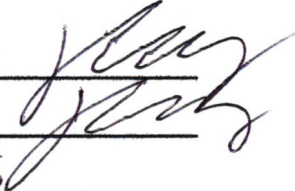
Acquiring Authority Signature(s):

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): 1350 14th Avenue SE Opco, LLC dba River City Post Acute _____

Operator(s): 1350 14th Avenue SE Opco, LLC dba River City Post Acute _____

Title/Date: Jai Chung, Authorized Signatory 5/14/2026 _____



SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal)

Notary Public

My Commission Expires: _____

SEE ATTACHED CERTIFICATE

Author: Alva M. Lambert

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

History: New Rule



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of ORANGE

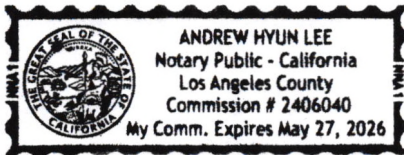
Subscribed and sworn to (or affirmed) before me on this 14 day of MAY, 2026, by
Date Month Year

(1) JAI CHUNG

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *Andrew Lee*
Signature of Notary Public



Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____



Part II Org. Charts

RIVER CITY CENTER
1350 14th Ave., SE
Decatur, AL 35601

SunBridge Healthcare, LLC

EIN: 85-0370802
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Holdings LLC (100%)

Genesis Holdings LLC

EIN: 30-0843337
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis HealthCare LLC (100%)

Genesis HealthCare LLC

EIN: 27-3237296
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090
101 East State Street
Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005

101 East State Street

Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 65.3%)

Sundance Rehabilitation Holdco, Inc. (5.2%)

Other members (29.5%) who hold rights to income and losses but no rights as to control:

- Members that are disclosed herein as owners of Genesis Healthcare, Inc. (designated with an *); and
 - Other members that do not trigger 5% ownership test
-

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180

101 East State Street

Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695

101 East State Street

Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the OTC Expert Market)

(f/k/a Skilled Healthcare Group, Inc.)

EIN: 20-3934755

101 East State Street

Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC* (approximately 10.8%)

ZAC Properties XI, LLC* (approximately 7.6%)

Welltower OP LLC (approximately 5.4%)

Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

Ownership

Arnold M. Whitman ¹
3550 Lenox Rd NE FL 21-6345
Atlanta GA 30326

ZAC Properties XI, LLC

EIN: 20-8794579
1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103

Ownership

Steven E. Fishman ²
1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103
Other members that do not trigger 5% ownership test

Welltower OP LLC

EIN: 88-1538732
4500 Dorr Street
Toledo, OH 43615

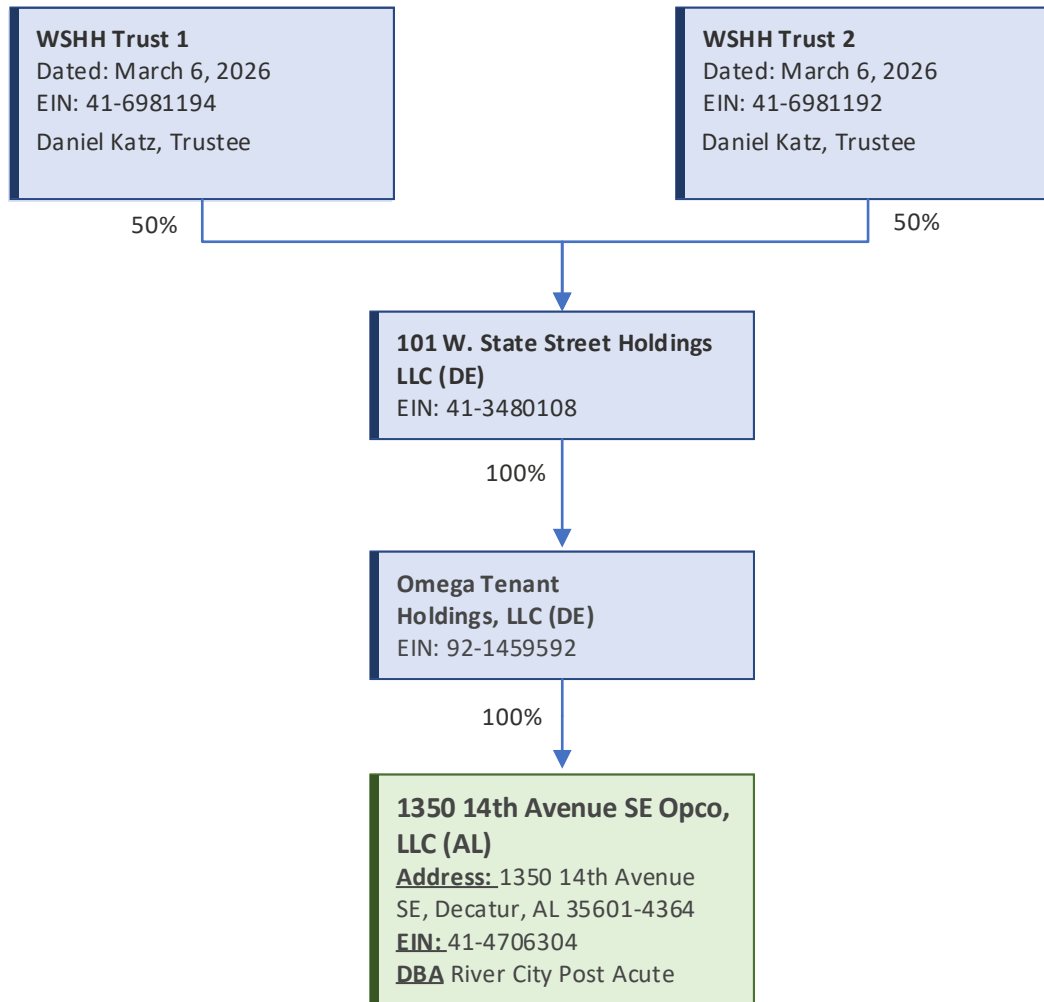
Ownership

(Publicly traded company on the New York Stock Exchange)

¹HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be considered the beneficial owner of the shares held by HCCF.

²ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman may be considered the beneficial owner of the shares held by ZAC Properties.

River City Post Acute (SNF)



Part IV Attachment

Part IV Attachment

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).

The applicant will continue to provide the same skilled nursing services provided by the current owner of the facility.

2.) Whether the proposal will include the addition of any new beds

No, the applicant does not anticipate adding any additional beds.

3.) Whether the proposal will involve the conversion of beds

No, the applicant does not anticipate converting any beds.

4.) Whether the assets and stock (if any) will be acquired.

This transaction arises pursuant to Genesis Healthcare, Inc. and certain of its subsidiaries (collectively, “**Genesis**”) filing voluntary petitions for relief under Chapter 11 of the Bankruptcy Code, and the approval by the bankruptcy court of the transfer of operations of several health care facilities, including the facility subject to this CON application, which is licensed and operated by Genesis to 101 W State Street Holdings LLC and its designees, including the applicant (collectively, “**WSSH**”) pursuant to the terms of that certain Amended and Restated Asset Purchase Agreement, dated April 17, 2026 by and between Genesis and WSSH (the “**Purchase Agreement**”).