



CO2026-070
RECEIVED
Jun 11 2026
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

June 4, 2026

Emily T. Marsal
Executive Director
Alabama State Health Planning & Development Agency
100 N. Union St.
Ste. 870
Montgomery, AL 36104

RE: Notice of Change of Ownership/Control
CHOW effective date: June 24, 2026
SHPDA ID Number: 075-N0002
Arabella Health & Wellness of Vernon Opco LLC

Dear Ms. Marsal:

Please find enclosed the Notice of Change of Ownership/Control form for Arabella Health & Wellness of Vernon Opco LLC, a 158-bed skilled nursing facility located in Vernon, Alabama. This notice proposes the change of ownership of the facility from Arabella Health & Wellness of Vernon Propco LLC (real property seller) to **1050 Convalescent Realty LLC** (proposed CON Holder, real property buyer and new lessor) and the transfer of operational control from Arabella Health & Wellness of Vernon Opco LLC (outgoing operator/licensee) to **Vernon Opco LLC** (proposed facility operator/licensee and new lessee). The details of this transaction are outlined in the Purchase and Sale Agreement and Operations Transfer Agreement which will be provided upon request.

Upon approval of the change of ownership by the Alabama Department of Public Health and evidenced by the issuance of a new Nursing Home License, the contemplated transaction will become effective on or after June 24, 2026 (Commencement Date). 1050 Convalescent Realty LLC (CON authority holder/lessor) and Vernon Opco LLC (lessee) will enter into a new lease agreement that will be effective on the Commencement Date.

The change of ownership application fee was paid online on June 1, 2026, and the reference ID is 148706886.

If you have any questions or need additional information, please contact me at (478) 396-4777 or blamberth@newlegacypro.com.

Sincerely,

Brandie P. Lamberth, CPA
President, New Legacy Professional Services

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: 075-N0002
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Arabella Health & Wellness of Vernon Opco LLC
(ADPH Licensure Name)

Physical Address: 1050 Convalescent Rd
Vernon, AL 35592

County of Location: LAMAR

Number of Beds/ESRD Stations: 158

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: Arabella Health & Wellness of Vernon Propco LLC

Mailing Address: 1050 Convalescent Rd
Vernon, AL 35592

Operator (Entity Name): Arabella Health & Wellness of Vernon Opco LLC

Part III: Acquiring Entity Information

Name of Entity: 1050 Convalescent Realty LLC

Mailing Address: 1050 Convalescent Rd
Vernon, AL 35592

Operator (Entity Name): Vernon Opco LLC

Proposed Date of Transaction is on or after: June 24, 2026

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ CONFIDENTIAL

Type of Beds: Skilled Nursing Facility beds

Number of Beds/ESRD Stations: 158

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

Projected Equipment Cost:	\$ -
Projected Construction Cost:	\$ -
Projected Yearly Operating Cost:	\$ <u>9,500,000.00</u>
Projected Total Cost:	\$ <u>9,500,000.00</u>

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): Arabella Health & Wellness of Vernon Propco LLC ✓ *Cb*

Operator(s): Arabella Health & Wellness of Vernon Opco LLC ✓ *Cb*

Title/Date: *Cee* *6/4/16*

SWORN to and subscribed before me, this 4 day of June, 2026.

*

(Seal) **★ STATE OF MISSISSIPPI ★**
JASON MICHAEL PALCULICT, NOTARY
LEE COUNTY

[Signature]
Notary Public

MY COMMISSION EXPIRES JUNE 3, 2029 **★ STATE OF MISSISSIPPI ★**
COMMISSION NUMBER 495721 JASON MICHAEL PALCULICT, NOTARY PUBLIC My Commission Expires: 6-3-29
LEE COUNTY

MY COMMISSION EXPIRES JUNE 3, 2029
COMMISSION NUMBER 495721

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

State Health Planning and Development Agency

Alabama CON Rules & Regulations

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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

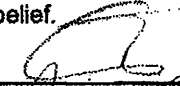
(Seal)

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): 1050 Convalescent Realty LLC ✓ 

Operator(s): Vernon Opco LLC ✓ 

Title/Date: Authorized Signatory 6-4-26

* SWORN to and subscribed before me, this 4th day of June, 2026.

(Seal)

Notary Public

My Commission Expires: _____

RACHEL SHAKOW
Notary Public, State of New Jersey
Comm. # 50077126
My Commission Expires 2/20/2028

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

Alabama State Health Planning & Development Agency

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

Part IV: Terms of Purchase - Attachment

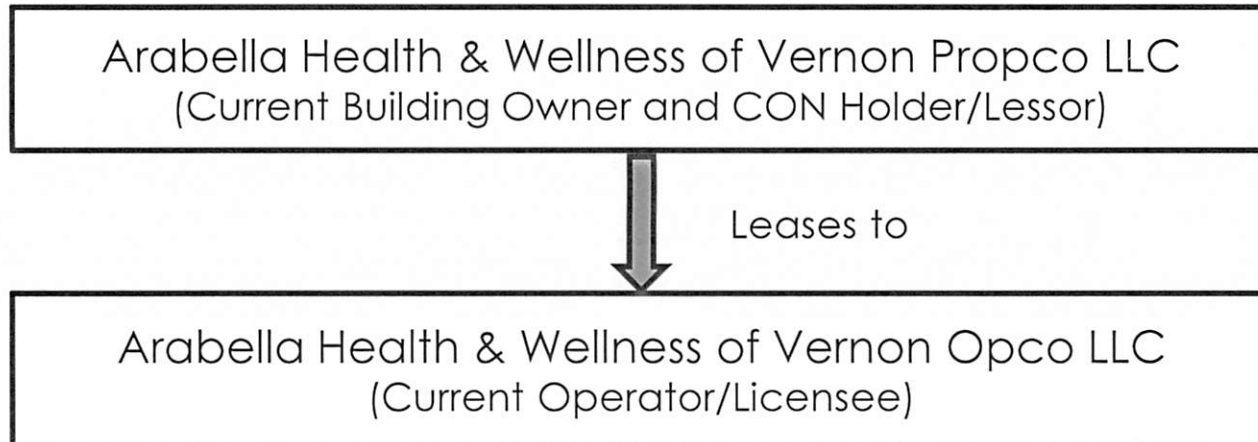
1. The services provided will be skilled nursing care as offered by the previous operator.
2. There will be no new beds added.
3. There will be no conversion of beds.
4. The proposed transaction will be a sale of assets (real property, personal property, equipment, and operational control). The operations will be transferred from Arabella Health & Wellness of Vernon Opco LLC to Vernon Opco LLC. The real estate will be transferred from Arabella Health & Wellness of Vernon Propco LLC to 1050 Convalescent Realty LLC. There will be a new lease agreement executed between Vernon Opco LLC and 1050 Convalescent Realty LLC once the sale has occurred.

Note:

The projected yearly operating costs of \$9,500,000 represent amounts which are consistent with current facility operating costs and no substantial increases are expected.

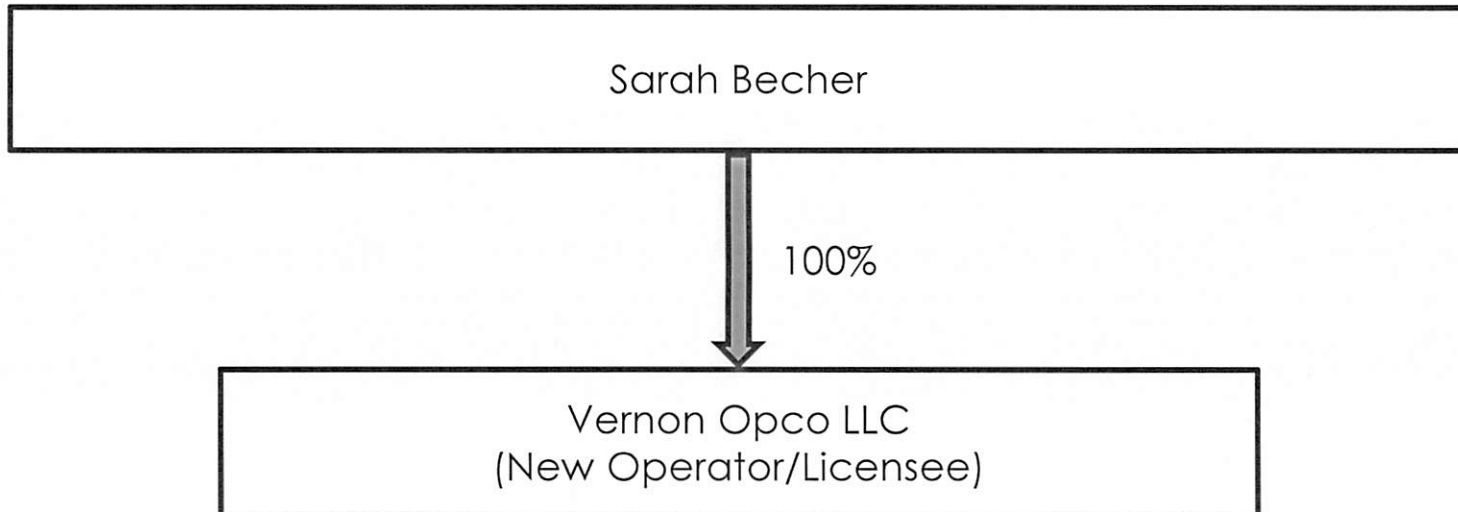
Part II: Current Authority

Arabella Health & Wellness of Vernon



Part III: Acquiring Entity Information

Vernon Opco LLC



Part III: Acquiring Entity Information

Vernon Opco LLC

