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**Gary Griffin & Associates, Inc.**

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**RECEIVED****APR 17 2017**STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

April 14, 2017

Mr. Alva Lambert  
Executive Director  
State Health Planning & Dev. Agency  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Adjustment Application SCALF Beds, Oak Grove Inn, Montgomery County**

Dear Mr. Lambert:

Enclosed is the Adjustment Application for 16 SCALF beds by Oak Grove Inn ("OGI"), located in Montgomery. The check for the \$3,500 filing fee is being arranged by Mr. David Belser.

Previously, OGI filed and obtained an adjustment for 32 SCALF beds and a CON was thereafter approved. Since those events, OGI has re-analyzed the market and concluded that an additional 16 beds at OGI could be supported.

OGI's first Demand Study indicated a need for the original 32 beds as well as additional beds. While OGI knew this, OGI choose to be conservative and decided to go with 32 beds. However, with subsequent additional planning and a second outside Demand Study of facility, market and financial factors, the owners of OGI determined a 48 bed SCALF would be the better direction.

Pertaining to that first Demand Study, it found a Total Potential Qualified Population of 635 seniors in 2020. The second Demand Study determined a Potential Demand of 441 Seniors for 2021. While these two studies utilized somewhat varying demand assumptions, in particular income, both studies supported a demand sufficient for 48 beds.

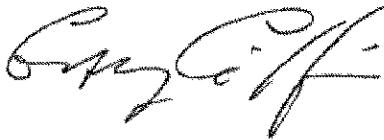
Since the two Studies combined are over 225 pages, in Exhibits A and B attached to this letter are one page excerpts from each Study pertaining to the demand calculations. Both Studies used a Primary Service Area of a 10-mile radius from OGI.

This 16 bed Adjustment Application is based on the previous 32 bed Adjustment Application filed with the SHCC. OGI believes events in the Montgomery market have remained materially confined to that 32 bed Application. Specifically, the requested Adjustment wording is same as it was in the prior approved 32 bed Adjustment except requesting 16 beds.

The complete first Demand Study is also being filed with this 16 bed Adjustment Application. This Study was not included in the previous 32 bed Adjustment Application and had been planned to be part of the OGI presentation at the SHCC Hearing. The company representative that prepared the Demand Analysis was at that SHCC hearing and was to be one of the presenters. However, the presentation did not get to the representative, or several other presenters, before a vote was taken to approve the Adjustment Application.

We look forward to discussing this 16 bed SCALF Adjustment with the SHCC on June 2, 2017. Should your Agency have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Griffin". The signature is fluid and cursive, with the first name "Gary" written in a larger, more prominent script than the last name "Griffin".

Gary Griffin

cc email: Mr. O'Neal Green  
Mr. David Belser

Enclosures: 16 bed Adjustment Application  
First Demand Study

**Exhibit A - Excerpt First Demand Study**

## SENIOR HOUSING MARKET ANALYSIS

The PMA data that has been presented is summarized in the following table, including the number of existing units and/or beds dedicated to SCALF residents.

We note that these thresholds were established for assisted living, which included memory care. Given that memory care is more demand driven than standard assisted living care, we expect that the thresholds would be greater than those seen in the previous chart.

Dementia Demand Analysis						
Age, Need, and Income Qualified Population Calculation						
Year					2015	2020
65+ Total Population					28,844	32,692
65+ Male Population					11,996	13,713
65+ Female Population					16,848	18,980
<b>Health Qualifier:</b>						
Males (65+ with Estimated Risk Factor)	*	1,147	Males (65+ with Estimated Risk Factor)	*	1,310	
Females (65+ with Estimated Risk Factor)	*	3,040	Females (65+ with Estimated Risk Factor)	*	3,411	
Health Qualified					4,187	4,721
<small>Note: Risk Factor has been applied to the 65-74, 75-84, and 85+ populations.</small>						
Percent with Income above \$45,000					39.9%	39.9%
Health and Income Qualified					1,670	1,883
Non Married Households					43.2%	43.2%
Single, Health and Income Qualified Persons					721	813
Less Competitive Dementia Supply					178	178
Total Potential Qualified Population					543	635
Subject Stabilized Beds					35	35
Penetration Rate					29.53%	26.19%
Market Capture Rate					6.44%	5.51%
<small>Only consider the 35+ and higher age population.</small>						

The above chart reflects the analysis of the current population estimated dementia population, current bed supply, and the proposed memory care beds to be provided by the subject property. The above demographics indicate within the PMA there is a substantial demand of additional memory care beds with a total potential qualified population of 543 seniors in 2015 and an estimated 635 seniors in 2020. Given this analysis, the PMA can withstand an additional 35 memory beds within the PMA as proposed by the subject property. The addition of 35 memory care beds indicates a penetration rate falling within the minimum percentile of the information previously shown. Based on the calculations, the indicated penetration rate for the PMA in 2015 is 29.53%. Over the next five years, the penetration rate would fall to 26.19% in 2020. As such, if the subject property were to add an additional 35 SCALF beds to the market, the subject would need to capture 6.44% of the total potential qualified population in order to stabilize.

Investors seek properties with a secured memory care unit as the property allows a slight variation in services allowing slight diversification. Also, memory care units allow assisted living facilities to lengthen the average stay of a resident as properties without memory care units must support the movement of a resident who has significant memory impairments to a nursing home or other facility or program that is properly licensed.



**Exhibit B - Excerpt Second Demand Study**

<b>DEMAND INDICATIONS</b>		
<b>Memory Care</b>		
	<b>PMA</b>	
	<b>2016</b>	<b>2021</b>
65+ Population	31,113	34,791
Nursing Home Population	1,181	1,180
Adjusted 65+ Population <sup>^</sup>	29,932	33,611
65+ Households	20,783	22,943
Annual Minimum Income Threshold	\$88,000	
Median Owner-Occupied House Value	\$126,771	\$128,519
Income Qualification:	\$50,000 and up	
<b>Age and Income Qualified Households</b>		
65-74	6,025	7,309
75-84	2,120	2,497
85+	616	680
<b>AD Factor by Age</b>		
65-74	0.92%	0.92%
75-84	3.53%	3.53%
85+	14.54%	14.54%
Households Meeting Income and Acuity	220	254
Household/Population Factor*	1.44	1.46
Nielsen Factor	1.18	1.18
Potential Memory Care Demand	375	441
*Adjusted Population/Households		
<sup>^</sup> General Population less Nursing Home Population		
Source: Nielsen GAO, CDC, HealthTrust, LLC		

### Penetration Analysis

For the purpose of this analysis, the market penetration rate is measured as the number of residents from the PMA living in seniors housing communities divided by the total number of age/income/need qualified households. It can be expressed as:

$$\frac{[\text{Market Occupancy} \times \text{Supply} \times \text{Ratio from the PMA}]}{\text{Income-Qualified Demand}}$$

The market penetration rate is viewed as a comparison of supply and demand relative to a snapshot in time for both the current year and projected year based on information available as of the date of the inspection. Based on the PMA average occupancy level, we find that the market is currently demonstrating the following penetration level:

<b>PENETRATION ANALYSIS</b>		
<b>Memory Care</b>		
	<b>PMA</b>	
	<b>2016</b>	<b>2021</b>
Total Supply	160	226
Market Occupancy	87%	87%
Total Potential Demand	375	441
Penetration Rate	37.17%	44.63%
Source: HealthTrust, LLC		

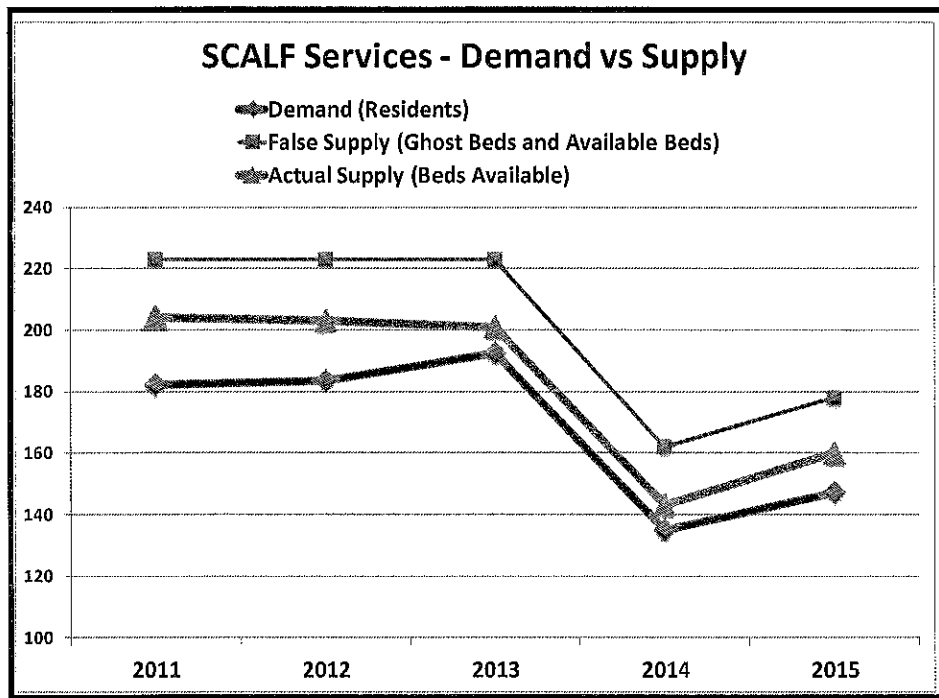
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APR 17 2017

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

**ADJUSTMENT APPLICATION**  
**16 ADDITIONAL SCALF BEDS IN A**  
***MULTI-LEVEL SENIOR LIVING COMMUNITY***  
**TO PROMOTE "*CHOICE*" FOR SENIORS**  
**MONTGOMERY COUNTY**



***In 2013/2014, Demand Went Down Due To ADPH Closing 61 SCALF Beds***

***Demand Went Down Due To Lack of SCALF Beds***

***The Closed Beds Have Not Been Adequately Replaced***

**SUBMITTED BY**  
**OAK GROVE INN, LLC**

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## **GOAL**

The goal of the proposed adjustment is to enhance the quality of life of seniors by providing the "Choice" of aging-in-place within their existing community rather than having to relocate life to a new, unknown community. "Choice" fosters seniors' self-esteem. To achieve this goal, 16 additional SCALF beds are proposed for addition in Montgomery County in a multi-level senior living community. A companion goal is to provide an adequate supply of SCALF beds to meet demand and to replace beds previously closed and/or out of service for the past five years.

## **PROPOSED ADJUSTMENT**

The Adjustment the SHCC is requested to adopt is as follows:

### **410-2-4-.04: Limited Care Facilities - Specialty Care Assisted Living Facilities (SCALFs)**

**9.(e)(i) The SCALF bed need for Montgomery County shall be adjusted to provide for 16 additional SCALF beds for location in a multi-level senior living community defined as providing existing licensed Assisted Living beds and existing Independent Living Residences on a contiguous campus under the same ownership and same management.**

## **APPLICANT**

**Applicant:** Oak Grove Inn, LLC. whose owners all reside in Montgomery and are:

ALFA Properties, Inc.

George T. Goodwyn

Charlotte G. Goodwyn

Smokerise, LLC

James M. Scott

Virginia Fairlie Scott Herron Trust

Anderson B. Scott Trust

James M. Scott, Jr. Trust

William G. McKenzie

Oak Grove Inn is managed by O'Neal Green, formerly with the ADPH.

## CONTACT INFORMATION

**Contact Persons:** Gary Griffin  
Gary Griffin & Associates, Inc.  
Health Care Advisors & Planners  
P.O. Box 8551  
Gadsden, AL 35902  
Office: 256-546-1442  
Cell: 256-393-0188

and

Mr. David Belser  
Attorney at Law  
2865 Zelda Road  
Montgomery, AL 36106  
(334) 676-1325 office  
(334) 224-1617 cell

**Proof of Publication:** To Be Provided to SHPDA Under Separate Cover

**Fee:** \$3,500

## WHY IS THIS ADJUSTMENT NEEDED

Five of the keystone reasons why 16 additional SCALF beds are needed to be located in a multi-senior living community are:

1. To promote a desirable "Choice" for seniors not available today in Montgomery County;
2. To partially respond to closures of 69 SCALF beds - Give back "Choice" to Seniors;
3. Demand for SCALF services exceeds Supply;
4. Demand is increasing as fast as the population is increasing, if not faster in Montgomery County; and
5. To partially respond to 18 beds that have not been in use and available to Seniors for the past five years.

### "Choice" for Seniors

**"Choice" is the key word in any conversation about senior living options. "Choice" about where you or your loved one wants to live, "Choice" about the services provided, and "Choice" about the level of care and type of environment that bests matches your or your loved one's physical and emotional needs. Each senior living resident and potential resident is a unique individual, so high-quality senior living residences offer a wide array of "Choices".<sup>1</sup>**

The life of a senior today is changing and will continue to evolve as the aging spectrum progresses. Today, choices for senior living are greater than in the past. For the future, more choices are being developed as the pace of aging increases, both in the volume of seniors and in one's remaining years of life.

A senior may begin aging at home or with their children now in their late 50s and 60s. A senior may well progress or choose independent living and assisted living as well as other alternatives. Seniors today are much more aware of alternatives and actively seek alternatives for life's ups and downs as aging progresses. The aging process knows no respect for mental deterioration in physically capable seniors, which is predominately a SCALF service.

Today, in Montgomery County there is not a community for aging-in-place. While some organizations provide one or two of the services required by seniors, no one community in Montgomery County provides the "Choice" for SCALF services synchronized with

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<sup>1</sup> Source: ALFA - Assisted Living Federation of America

Independent Living and Assisted Living on the same campus. The balancing of a senior's life or a couple's lives respects the community approach to senior's or spouse's quality of life, both together and with other seniors as well as those younger. With a synchronized approach, seniors and spouses are not forced to separate their lives and communities, but instead can choose to continue to age in the same community, on the same contiguous campus and with individualized levels of care.

Seniors now residing in Montgomery County and those who will be moving to be closer to their kids and grans look for choices such as downsized patio homes and multi-unit independent living residencies. Seniors also look for the added benefits of same community located assisted living and SCALF services. Grove Park is a community first developed in 2001 predominately for residents 55+ years of age. As this community has matured, the "Choice" for SCALF services has become further heightened by senior residents.

### **Closure of 69 SCALF Beds Without Adequate Replacement**

According to SCALF annual reporting to SHPDA, in 2014<sup>2</sup>, 61 SCALF beds closed and before that in 2011, 8 additional SCALF beds closed in Montgomery County. These 69 SCALF beds have not been adequately replaced with at least 53 beds still needing replacement to resume the level of beds in 2012 and 2013 and, more importantly, to return "Choice" to seniors for a SCALF located in Montgomery County.

**Seniors can only choose beds that are in use, not beds that have been closed and not replaced.**

### **Demand Exceeds Supply**

#### **Occupancy - SCALFs**

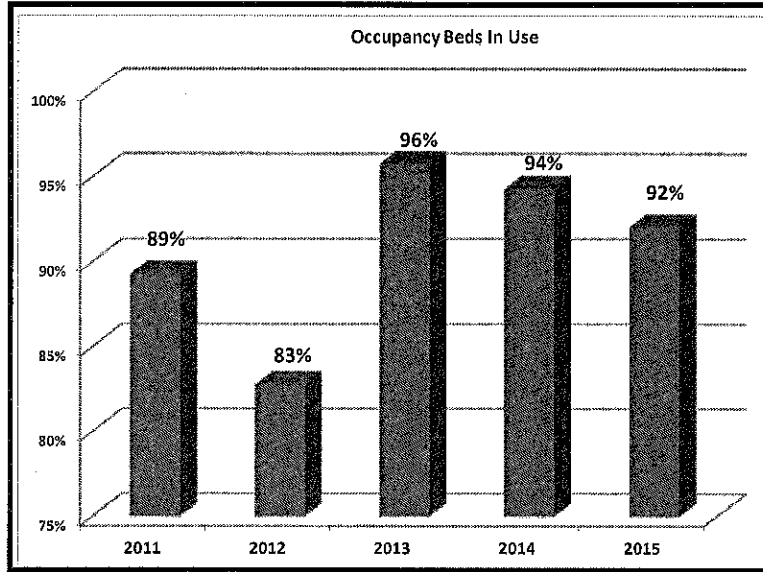
The Market Demand for SCALF services in Montgomery County has been significant over the past three years, if not longer. This is exhibited by an occupancy estimated at over 92% for each of the last three years for those SCALF beds available to seniors. In each of the past five years, at least 18 SCALF beds have not been in use due to supply issues at a single SCALF.

**Seniors can only choose beds that are in use, not beds that do not exist.**

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<sup>2</sup> To maintain consistency, references to year mean the Reporting Year for SCALFs as established by SHPDA except for population data from CBER. Actual CY date of the SCALF closure was about June 2013.

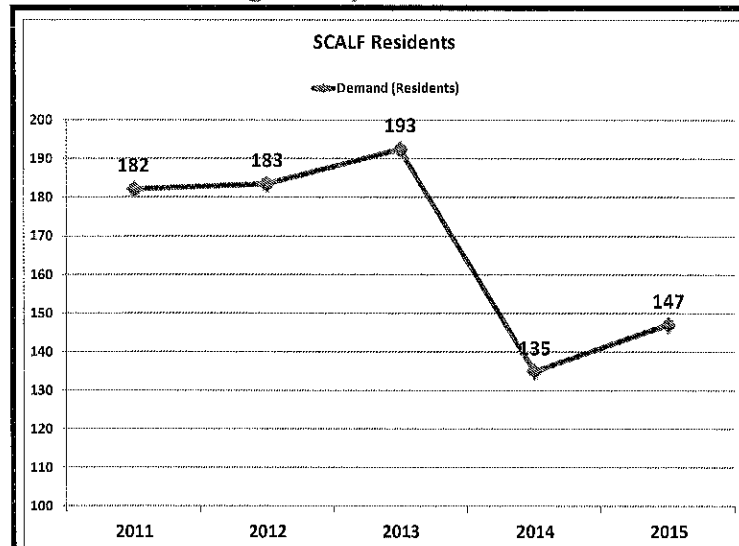
**CHART 1 Occupancy Rate - Last Five Years On SCALF Beds Available To Seniors**



**Average Daily Number of SCALF Residents**

The average daily number of SCALF residents (census) for the last five years is most interesting. During this time, the number of daily residents ranged from a low of 135 to a high of 193 - a variance of 58 residents. During these five years, the census in 2013 was higher than the bed supply in 2015 (193 residents vs. 178 beds). Later on, data will be shown that the drop in census from 2013 to 2014 was due to the lack of SCALF beds and not due to a decline in demand by seniors (61 beds closed in 2014 {CY 2013}).

**CHART 2 Average Daily Census Last Five Years**



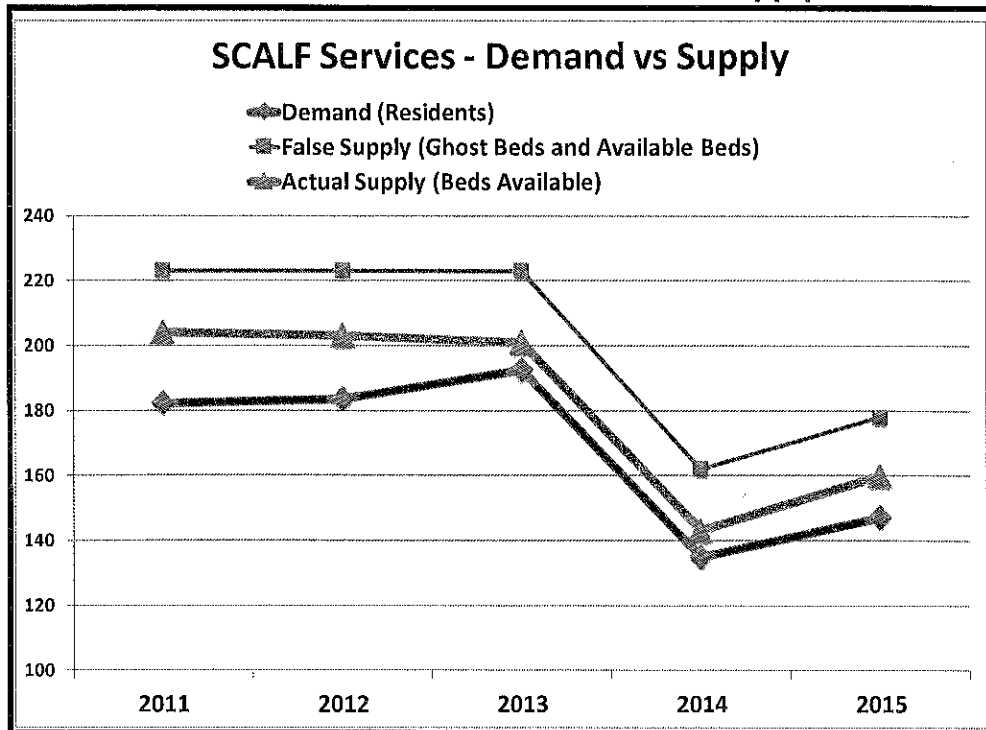
**Census Decline in 2014 and 2015 Due To Lack Of SCALF Beds**

The Market Demand for SCALF services can also be exhibited by the proven historical demand by seniors - "Choice". For Montgomery County, this historical demand is exhibited by one addition of SCALF beds and two closures of SCALF beds being: (1) when 16 beds were added at one new SCALF in AR 2015 year, the overall census increased with no existing SCALFs negatively impacted; and (2) when 61 beds and 8 beds at two SCALFs were closed with a census of some 55 residents, the census at other SCALFs registered a minimal increase in census. Where did these 55 SCALF residents go? Clearly, nearly all of these 55 residents were denied SCALF accommodations in Montgomery County.

The following CHART 3 presents a comparison of the number of SCALF residents and the number of beds in use and CON Approved for the last five years. This Chart exhibits the tracking of resident census to the supply of beds (Demand vs. Supply). The Chart not only tracks licensed beds, but also tracks actual beds in use - meaning beds actually available to seniors and not ghost beds.

The Chart illustrates that as the supply of SCALF beds went up, the number of seniors choosing SCALF services also went up. And, as the supply of SCALF beds went down, the number of seniors in SCALF beds went down. Unlike many other health services, SCALF services are a "CHOICE" by seniors - paid for by seniors and families - and the singular decision of the senior and family without a negative impact on the taxpayers of Alabama.

**CHART 3 Historical SCALF Demand vs. Supply**



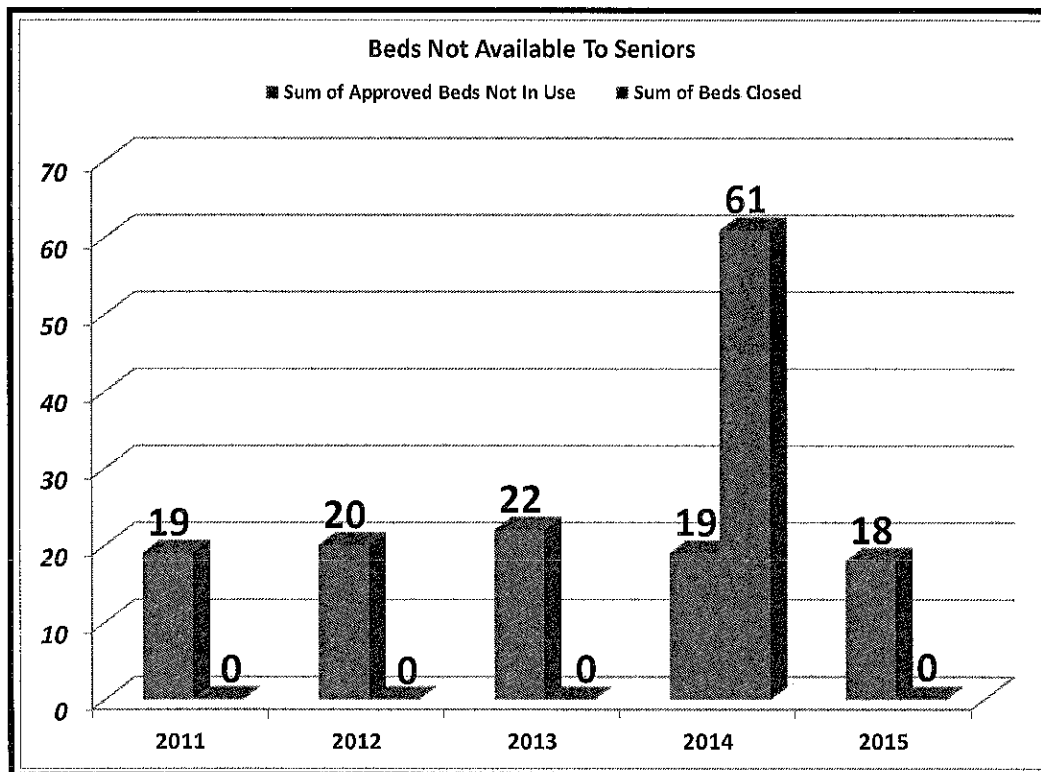


### Beds Unavailable - Takes Away Seniors "Choice"

During the past five years, an average of 20 SCALF beds at two SCALFs have been unavailable for seniors to have a "Choice". Nearly all of these beds have been unavailable at one SCALF. This SCALF, during the past five years, has had 16 to 19 beds unavailable to seniors. For 2015, this SCALF reported 18 beds unavailable to seniors. In some SCALFs, the unavailable beds are companion beds (semi-private units); thus, dependent most times on demand by couples. In SCALFs, couples are not the norm.

While a SCALF provider may have a constitutional property right to beds not in use, Seniors equally must have the right to have a "Choice". However, Seniors have not had such a "Choice" for several years. Seniors have had their rights taken away.

**CHART 4 Beds Not Available To Seniors**



### Comment On State Health Plan - SCALF Section

The Alabama State Health Plan is a broad planning document; however, planning does not stop with that document or periodic updates thereto. Planning begins with the people to be served and ends with the knowledge the people are indeed being served; and then planning starts all over.

The SCALF part of the SHP has the effect of confining the needs of seniors to the one simple bed need criteria of "4 SCALF beds per 1,000 population" - for any and all of the 67 counties

in Alabama. In other words, one size fits every county in Alabama. This one size fits all is not appropriate for the senior residents of Montgomery County, nor are the two occupancy exceptions especially helpful to fostering new SCALF providers. Additionally, the SHP SCALF section does not test or compare its conclusions of beds needed to the actual needs of seniors (resident census) either at the state level or at the county level. Therefore, this must be tested by others such as providers, churches, senior associations and other organizations.

To illustrate this for Montgomery County, since at least 2011, the SHP has projected beds needed at a level below the number of SCALF residents in beds. Simply, in Montgomery County there were more SCALF residents than beds identified as needed by the SHP. This is not an uncommon event as the seniors of Shelby County recently ascertained, which the SHCC provided an adjustment to increase SCALF beds for the seniors of that county.

**Table 1 SHP Historically Understated Beds Needed - Montgomery County**

ITEM	SHP UPDATE 9/29/2011	SHP UPDATE 9/18/2012	SHP UPDATE 8/12/2014	SHP UPDATE 10/27/15
ACTUAL SCALF RESIDENTS (Annual Reports)	169	192	149	149
SHP Projected Need - SCALF Beds	125	128	131	135
<b>MORE ACTUAL RESIDENTS THAN SHP PROJECTS BEDS ARE NEEDED</b>	<b>44</b>	<b>64</b>	<b>18</b>	<b>14</b>

Note: Number of SCALF residents is unadjusted for lack of SCALF beds due to closure of beds

Source: State Health Plan Respective Updates and Provider Filed Annual Reports provided in Attachments One, Two and Three.

The SHCC has recognized that average ratios, like the 4 beds per thousand population, do not always apply to all 67 counties and that there will be exceptions. These exceptions would be due to distinctive population features and events in one county compared to another county. To respond to exceptions, the SHCC has adopted the process for Adjustments to the SHP.

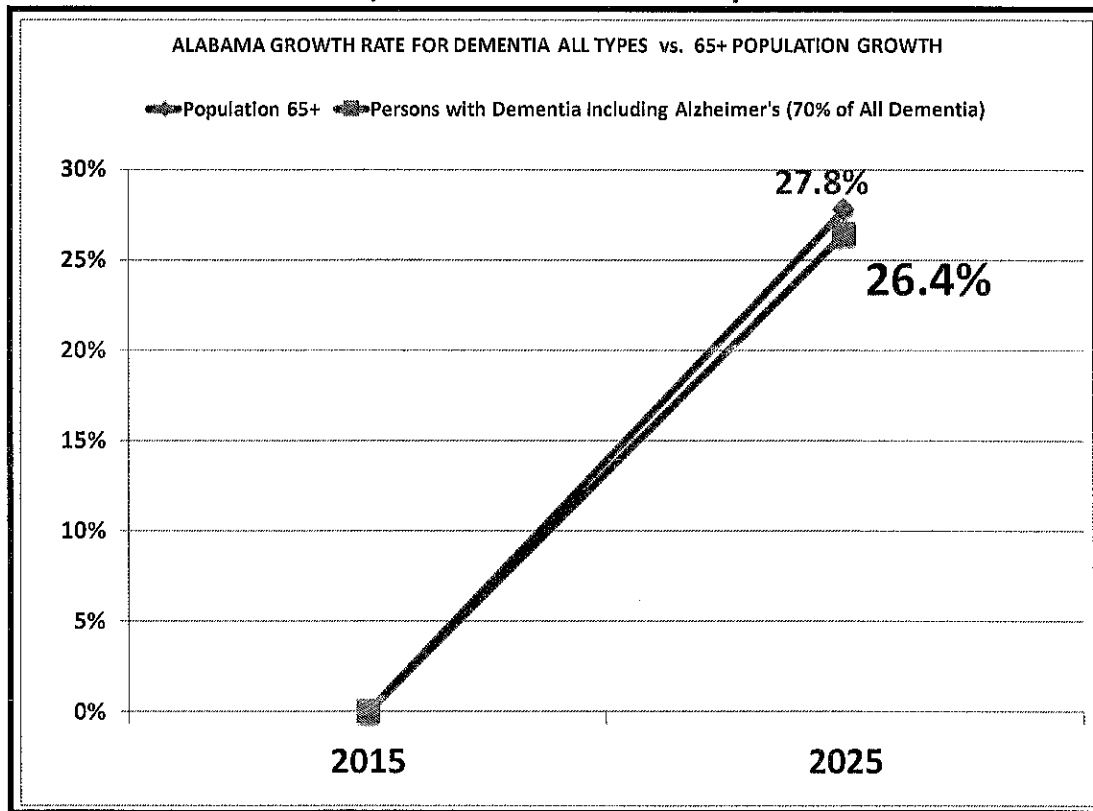
Adjustments are the mechanism, in this instance, to provide a sense of balance for the needs of seniors in Montgomery County so that an average ratio is not injurious or have the result of denying "Choice" to these seniors. In this manner, the SHCC can elect to recognize that the bed need for SCALF beds in one county is not necessarily the same bed need as for another county. This logic of Adjustments by the SHCC assures that State control does not impede local needs, but rather implements a defined process to respond to local needs when brought to the attention of the SHCC.

# DEMENTIA AND ALZHEIMERS - ALZHEIMER'S ASSOCIATION FACTS 2015

## Dementia and Alzheimer's Compared To 65+ Population Growth

Dementia and the growth in the 65+ population for Montgomery County are anticipated to essentially experience close to the same growth rate between 2015 and 2025. The following chart illustrates the growth rates.

**CHART 5 Dementia/Alzheimer's and 65+ Population Growth**



Note: Percentage increase for Alabama compared to population 65+ living in Montgomery County.

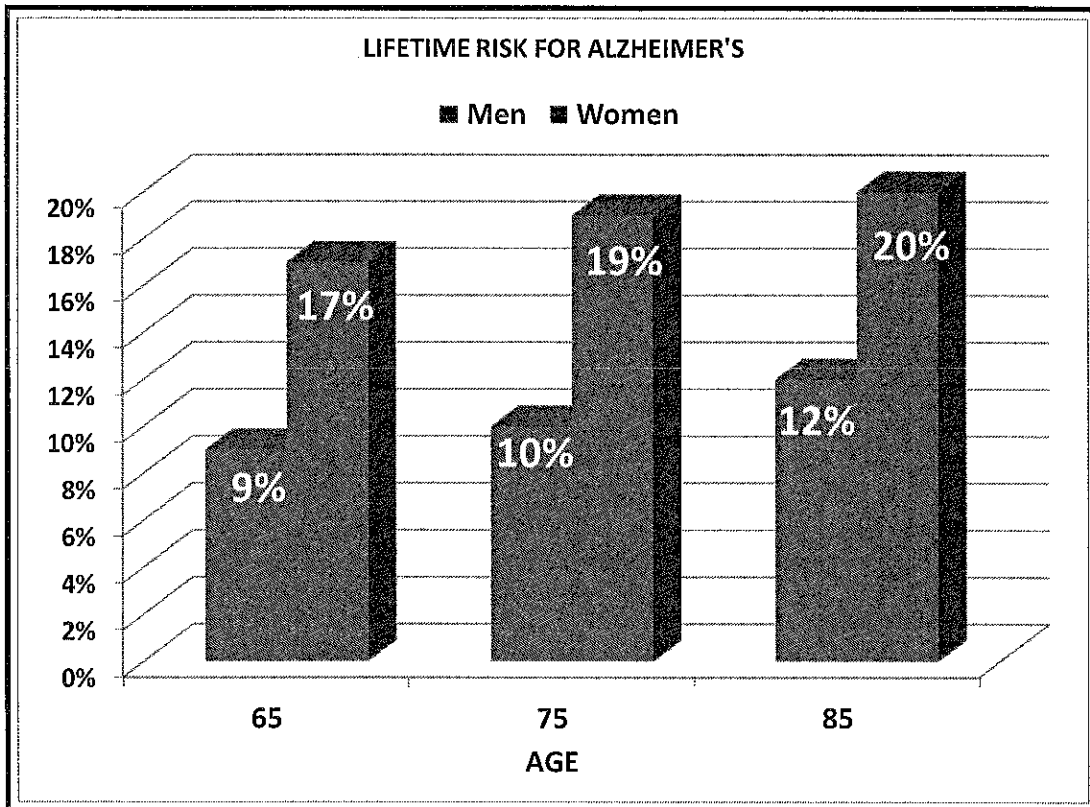
The Alzheimer's Association estimates there are currently 87,000 people age 65 and over in the State of Alabama with Alzheimer's. This number is projected to increase by 10.4% to an estimated 96,000 seniors in 2020 and by 26.4% to an estimated 110,000 seniors 65 and over by the year 2025. This equates to an estimated 1 in 9 of the current 65+ population that has a form of dementia, with the same population growing to 1 in 3 by the year 2025. Think of that for a minute, you or one of the persons sitting to your left and right will develop dementia. For Montgomery County, it is estimated 13.5% of the 65+ population have a form of dementia.

## Dementia - Prevalence

The article "Prevalence of Dementia in the United States: The Aging, Demographics, and Memory Study" which was released in *Neuroepidemiology 2007*, addresses the prevalence of dementia. This study found that 16% of women and 11% of men over 71 years old has dementia. Further, it suggested that 14% of the 71 and over population has dementia. The study revealed that 70% of the dementia was estimated to be Alzheimer's, 17% was considered to be vascular dementia, and the remaining 13% was some other sort of dementia.

According to the 2015 Alzheimer's Disease Facts and Figures, published by the Alzheimer's Association, there are an estimated 5.3 million people that have a form of dementia with 5.1 million people over the age of 65. Approximately 200,000 people are less than 65 years old with some form of early on-set dementia. The 2015 Facts and Figures report also uses information from the Framington Study, which has estimated the lifetime risk associated with dementia based on gender and age. These estimated risk factors are shown in the chart below.

**CHART 6 Lifetime Risk For Alzheimer's**



### **What is Alzheimer's - The Most Common Type of Dementia**

Alzheimer's disease is the most common cause of dementia representing about 70% of all types of dementia. Dementia is a clinical syndrome of loss or decline in memory and other cognitive abilities. It is caused by various diseases and conditions that result in damaged brain cells. To be classified as dementia, the syndrome must meet the following criteria:

1. It must include decline in memory and in at least one of the following cognitive abilities:
  - a. Ability to generate coherent speech and understand spoken or written language;
  - b. Ability to recognize or identify objects, assuming intact sensory function;
  - c. Ability to execute motor activities, assuming intact motor abilities, sensory function and comprehension of the required task; and
  - d. Ability to think abstractly, make sound judgments and plan and carry out complex tasks.
  
2. The decline in cognitive abilities must be severe enough to interfere with daily life.

### **GEOGRAPHICAL AREA FOR PROPOSED ADJUSTMENT**

The geographical area for the proposed adjustment is Montgomery County.

### **IMPACT ON OTHER FACILITIES**

Oak Grove Inn does not anticipate an impact on other SCALF facilities. Some of the reasons are:

1. The last addition of SCALF beds 2015 did not have a negative impact on any SCALF (addition of 16 beds at one new SCALF);
2. Dementia with and without Alzheimer's is increasing;
3. Existing SCALFs are being operated efficiently; and
4. Maturing demand inside Grove Park in which Oak Grove Inn is located.

### **OTHER INFORMATION - OAK GROVE INN**

Please see ATTACHMENT 4 on page 59 for information on Oak Grove Inn.

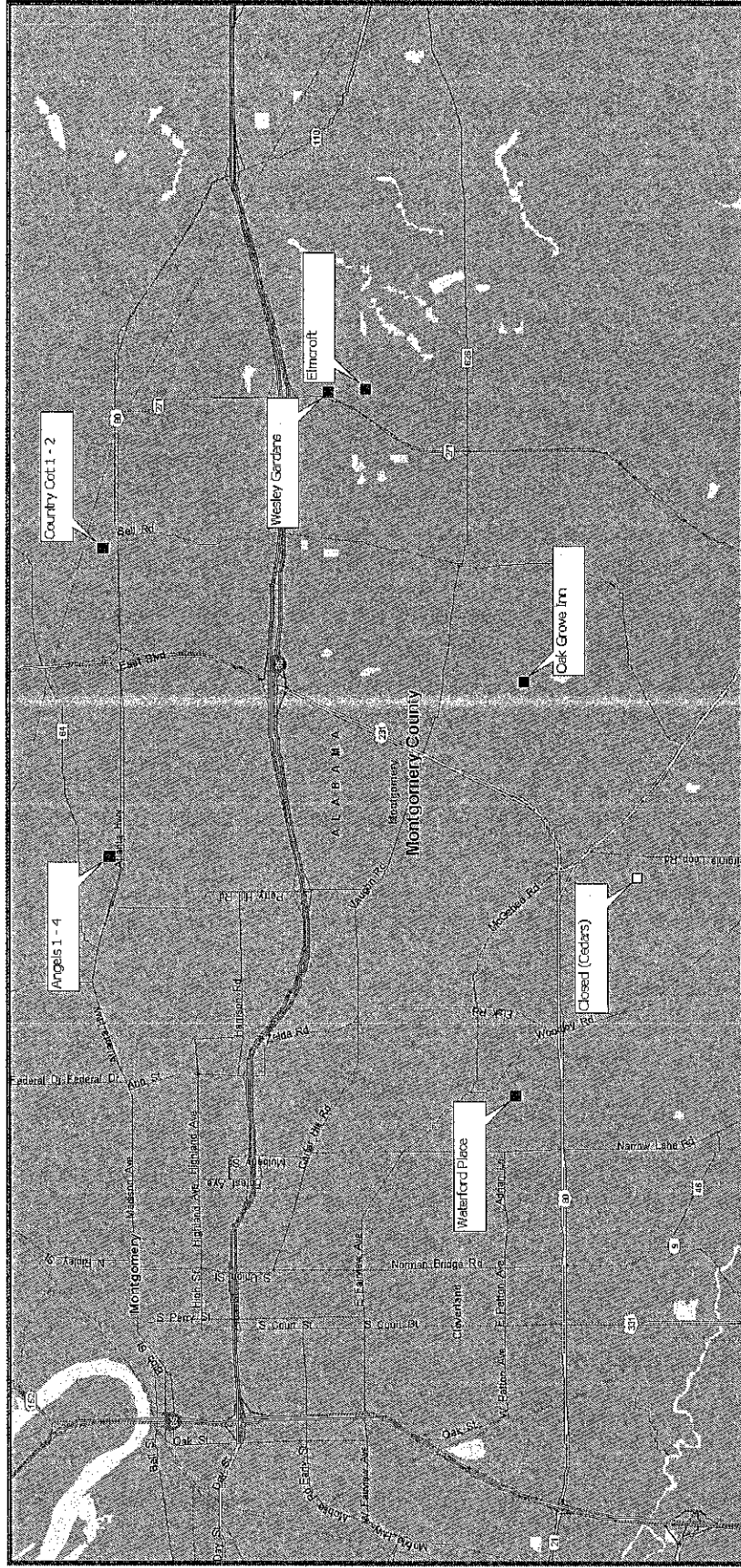
### **LETTERS OF SUPPORT**

Letters of Support are presented in ATTACHMENT 5 on page 63 having about 50 signatures.

## MAP OF CURRENT AND CLOSED SCALF LOCATIONS & OAK GROVE INN

A map of licensed SCALF locations is presented below, which also shows the location of Oak Grove Inn and the now closed Cedars SCALF (61 beds).

MAP 1 CURRENT AND FORMER SCALF LOCATIONS & LOCATION OF OAK GROVE INN



## POPULATION MONTGOMERY COUNTY

In reviewing the need of seniors in Montgomery County, population data was obtained from two sources. One source was CBER for the 65+ population. A second source was ESRI, a proprietary independent source many organizations in Alabama use. This second source was made necessary because CBER does not publish projections on the strata of age groups above 65+. Additionally, CBER data could not be adapted for customized geographical areas within Montgomery County, which ESRI data offered. Therefore, for population details on the 65+ population, CBER was not the best source of such data. Where possible, population data from both sources are provided.

### Montgomery County - 65+ Population

The following table illustrates the 65+ population for Montgomery County for the years 2000 to 2040. Looking at the five year increments in 65 population growth for the time period 2010 to 2025 indicates growth in Montgomery County is projected to be below that for the State of Alabama, but still in double digits growth.

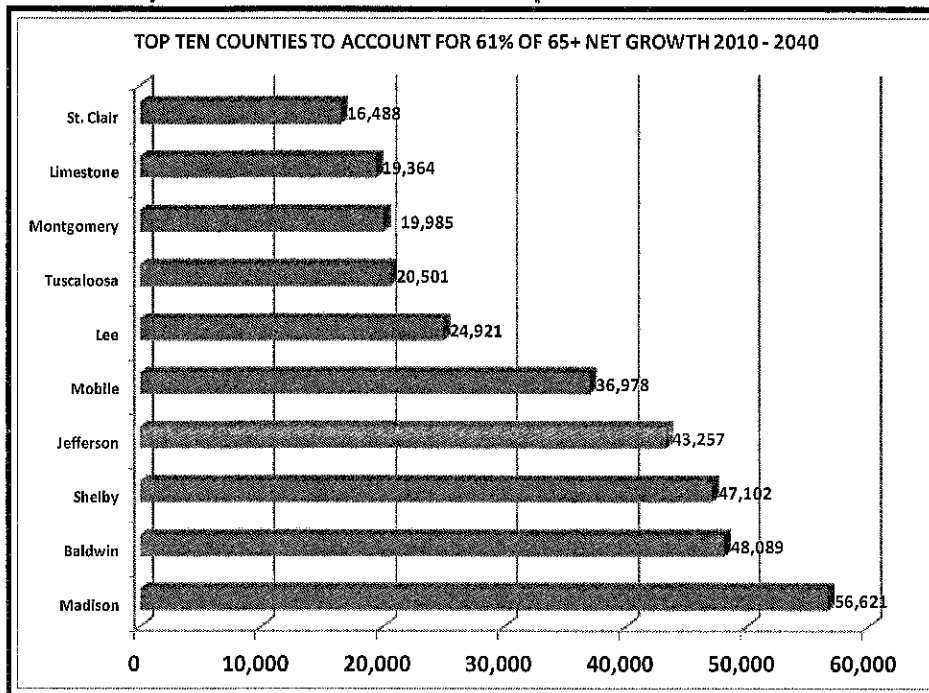
For the time period 2010 to 2040, Montgomery County is projected to experience a 73% increase in the 65+ population. During this same time period, the percent of the 65+ population is projected at 12.0% in 2010 increasing to 15.0% in 2020 and to 16.8% in 2025. This indicates the overall population of Montgomery County will be aging significantly.

**Table 2 Montgomery County 65+ Population**

Alabama County Population Aged 65 and Over 2000-2010 and Projections 2015-2040										
	Census 2000	Census 2010	2015	2020	2025	2030	2035	2040	Change 2010-2040	
									Number	Percent
<b>POPULATION</b>										
Alabama 65+	579,798	657,792	757,714	877,298	1,010,198	1,118,712	1,169,685	1,201,193	543,401	82.6
Montgomery 65+	26,307	27,421	30,830	35,487	40,685	44,692	46,119	47,406	19,985	72.9
<b>POPULATION GROWTH EVERY FIVE YEARS</b>										
Alabama 65+			15.2%	15.8%	15.1%	10.7%	4.6%	2.7%		82.6%
Montgomery 65+			12.4%	15.1%	14.6%	9.8%	3.2%	2.8%		72.9%
<b>65+ AS PERCENT OF TOTAL POPULATION</b>										
Alabama 65+	13.0%	13.8%	15.4%	17.2%	19.3%	20.8%	21.3%	21.5%		
Montgomery 65+	11.8%	12.0%	13.2%	15.0%	16.8%	18.2%	18.6%	18.9%		
<small>Note: These projections are driven by population change between Census 2000 and Census 2010. Recent data on births and deaths from the Alabama Department of Public Health are used to derive birth and death rates for the state and each county. Projections were revised in 2014 based on trends in population and development from 2010 to 2013.</small>										
<small>Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, March 2016.</small>										

Montgomery is ranked the 8th most important county in terms of the projected net growth in the 65+ population.

**Table 3 Top Ten Counties For 65+ Population Growth 2010 - 2040**



Source: CBER.

**Population - Other Sources For More Detailed Aged Cohorts**

A reputable proprietary database, ESRI, was obtained for age cohorts within the age group 65+ for Montgomery County. This data is presented in the following table. The keystone elements are:

1. the age group 65 - 74 is projected to have the largest increase at 16.8%; and
2. the age group 75 -84 is projected to experience the next largest increase at 10.8%.



**Table 4 Age Cohorts - 10 Mile Radius of Oak Grove Inn**

POPULATION CHARACTERISTICS WITHIN 10 MILE RADIUS OF OAK GROVE INN				
	65 - 74	75 - 84	85+	Total 65+
<b>65+ Population</b>				
2010 Census	13,656	8,431	3,376	25,463
2015 Estimate	16,803	8,458	3,583	28,844
2020 Projection	19,619	9,374	3,699	32,692
<b>Net Change</b>				
2010 - 2015	3,147	27	207	3,381
2015 - 2020	2,816	916	116	3,848
<b>Percent Growth</b>				
2010 - 2015	23.0%	0.3%	6.1%	13.3%
2015 - 2020	16.8%	10.8%	3.2%	13.3%
Source: ESRI Age 50+ Profile				

In addition to age cohorts, data was obtained by sex for the time period 2015 to 2020, which is presented in the following table. The keystone elements tend to suggest the male population will increase at a rate above that of females; however, females are expected to continue to dominate the 65+ population in each age cohort.

**Table 5 Estimated 65+ By Sex**

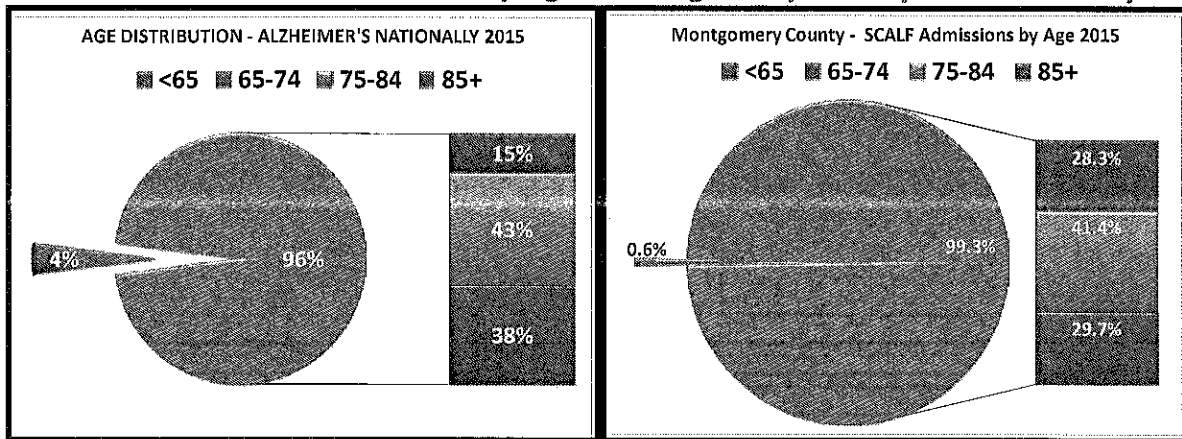
65+ POPULATION CHARACTERISTICS WITHIN 10 MILE RADIUS OF OAK GROVE INN				
	65 - 74	75 - 84	85+	Total 65+
<b>2015</b>				
Male	7,534	3,338	1,124	11,996
Female	9,269	5,120	2,459	16,848
<b>2020</b>				
Male	8,652	3,819	1,242	13,713
Female	10,968	5,555	2,457	18,980
<b>Net Change</b>				
Male	1,118	481	118	1,717
Female	1,699	435	(2)	2,132
<b>Percent Growth</b>				
Male	14.8%	14.4%	10.5%	14.3%
Female	18.3%	8.5%	-0.1%	12.7%
Source: ESRI Age 50+ Profile				

### Use of SCALFs By Age Group

The following chart on the left shows the prevalence of Alzheimer's by age cohorts. This shows seniors 65+ are the primary target for Alzheimer's, but that the population below 65 is not immune to early onset. Some reports suggest the below 65 population is increasing in prevalence of Alzheimer's.

The chart on the right shows SCALF admissions by age group in 2015 for Montgomery County. The two charts suggest a higher percentage use of SCALF Services in Montgomery County compared to national use for those 65+. Additionally, a lower use by those 85+ residents of Montgomery County. The 2015 data for Montgomery County may have been skewed by the lack of SCALF beds in 2015.

**CHART 7 SCALF Distribution By Age - Montgomery County and Nationally**



### **QUALITY OF CARE**

Quality of Care for SCALF services can be judged by the "Choice" available to seniors. For illustration, if the number of SCALF beds are inadequate, seniors are forced to turn to other alternatives that maybe less appropriate or inappropriate. Seniors may also be forced to use a SCALF in another county located distantly from spouse, caregivers, family and friends. Such a new and unknown community would be lacking in socialization needs for seniors. This can lead to or add to depression or a lack of well-being, which can foster greater costs for hospital type services.

SCALFs, ALFs and IL all have the ability to provide cost-effective levels of senior living that are in balance with the aging process. Certainly, none are replacements for the more costly and higher level of care by nursing home services, which ADPH closely monitors SCALFs and ALFs for appropriate levels of care.

## **SCALF ANNUAL REPORTS FILED WITH SHPDA**

Presented in ATTACHMENT 1 on page 29 is a summary of the Annual Reports filed by Montgomery County SCALF providers to SHPDA for the years 2011 through 2015. Modifications and corrections to the Annual Reports are also presented.

## **PHYSICIANS COMMITTED TO PRACTICE IN AREA**

Montgomery County is fortunate to have an excellent foundation of about 700 physicians. This includes physicians that visit residents today at Oak Grove Inn as well as at other ALFs and SCALFs in Montgomery County.

The Adjustment for 16 SCALF beds does not depend on the need for additional physicians or additional physician specialties in Montgomery County. The selection of a physician is that of the resident and his/her family/caregivers.

## **STAFFING**

The estimated staffing would represent about 15 to 20 new jobs to be obtained from the local and regional labor markets as is the mechanism today.

## **NAMES OF PATIENTS DENIED SERVICES**

Although this question is presented in the SHP Adjustment Organizational Outline, the Applicant is prohibited by various laws and regulations from listing list the names of persons. State law may prevent SHPDA from receiving names of patients, residents, families and caregivers.

The Applicant has achieved the purpose of the Outline question by instead showing quantitatively when and where denial of service was evident without resorting to release of private, confidential information (names).

## **INDUSTRY**

### **Business Development**

Montgomery was recently ranked the nation's 23rd best city to start a business. The Montgomery Chamber works to ensure the success of River Region small businesses. An incubation program, co-working space, mentoring and seminars are just some of the many services available to new and prospective business owners. Because of these programs, local entrepreneurs have created more than 1,100 new jobs.

Montgomery, Alabama residents contribute to its internationally recognized workforce. Industries looking to relocate to the area find Montgomery desirable for many reasons,

including its abundant labor pool of 330,000 civilian workers from 14 surrounding counties. Montgomery also has an exceptionally low rate of worker and company unionization. Area residents and public and private agencies are committed to constantly advancing K-12 and higher education as well as quality training programs that meet the ever-changing needs of local businesses.

### 2014 New and Expanded Industries

	<b>Company</b>	<b>Product</b>	<b>Jobs</b>	<b>Investment</b>
E	F & E Sportswear	Screen Printing/Promotional	---	\$100,000
E	Lear Corporation	Automobile Seats	18	\$1,200,000
E	Hyundai Motor Manufacturing AL	Automobiles	---	\$40,623,000
E	PHA Body Systems	Automobile Door Modules	---	\$500,000
N	Cotton & Pine	Commercial Printing	32	\$900,000
E	STERIS Corporation	Hospital Equipment	40	---
N	IntelliGENETICS Lab	Medical Testing	10	\$1,200,000
N	PCI Gaming	Digital Printing	1	\$250,000
E	KJ USA	Automotive Seat Components	5	\$100,000
E	AEP	Plastic Freezer/Trash Bags	36	\$9,200,000
E	Global Service Center - DISA	Data Center - Military Medical Records	75	\$19,200,000
E	26th NOS	Cyber Operations Management/Defense	15	\$3,500,000
E	DYVIS, Inc.	Recycling	50	\$1,125,000
E	Norment Security Group, Inc.	Detention/Security Products	---	\$300,000
E	DAS	Automotive Seat Components	---	\$36,000,000
N	Montgomery Coca-Cola Bottling Co., United	Beverage Distribution	37	\$35,000,000
E	CS Eng	Steel Fabrication	25	\$2,298,000
E	Amtech Southeast	Fiberglass Auto Parts	12	---
E	Burt Steel	Fabricated Metal Buildings	15	---
E	Elmore Sand & Gravel	Sand and Gravel	20	---
E	M-Tek	Plastic Injection Molding	8	---
E	Ozark Safety Services	Traffic and Roadwork Signs	6	---
E	Online Commerce Group	Outdoor Pillows/Cushions	5	\$226,395
N	Conner Industries	Wood Pallets/Containers	10	---
E	Dow Corning Alabama, Inc.	Silicon Metal	---	\$8,125,000
E	Whitfield Foods	Syrup/Bottled Fruit Juices	---	\$1,271,836
E	Kukdong	Fluids/Antifreeze for Automobiles	9	\$5,205,888
N	Premier Transportation	Consumer Goods	100	\$1,000,000
E	MOBIS Alabama	Automobile Parts	---	\$20,187,926

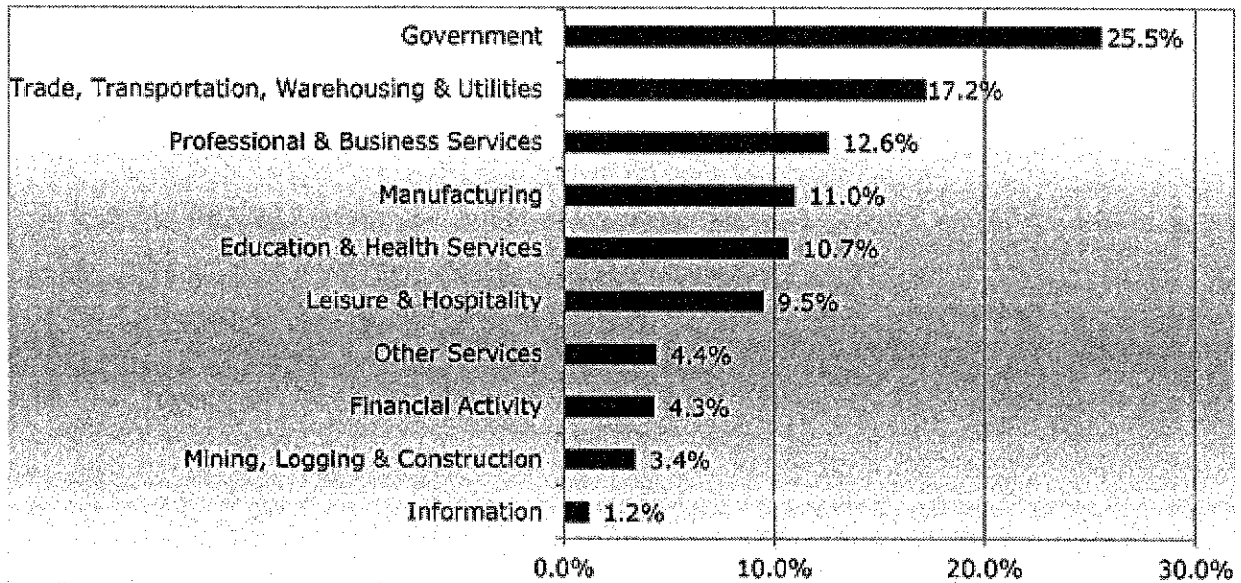
*N=New; E=Expanded*

### Right-to-Work State

Only 2.3% of industrial companies and 5.3% of industrial employees in Montgomery County are represented by a union. Alabama's right to work law declares as public policy that the right of persons to work shall not be denied or abridged on account of membership or non-

membership in any labor union or labor organization. No person shall be required by an employer to become or remain a member of any labor union or labor organization as a condition of employment or continuation of employment.

**Employment by Sector**



Source: Alabama Department of Labor; September 2015; place of work basis

**Rankings & Accolades**

**WalletHub**

Montgomery ranks as a **Best Place to Start a Business**, based on a survey of the U.S. most populated cities (2015).

Montgomery ranks as the **Best City for First-Time Home Buyers in Alabama** (2015).

**Southern Business and Development**

The Montgomery Area Chamber of Commerce is one of Alabama's Best Local Economic Development Agencies (2015).

Montgomery ranks among Alabama's Best Manufacturing Workforce (2015).

Montgomery is one of Ten Great Southern Downtowns - Big and Small - That are Worth a Visit (2015).

### *U.S. Bureau of Economic Analysis*

Montgomery **led the State metro areas in per capita income growth** in 2013, according to the latest numbers released by the U.S. Bureau of Economic Analysis. The average per capita income in Montgomery is \$39,419.

### *Automotive News*

Montgomery is home to **three of the Top 10 global automotive suppliers** according to Automotive News: No. 2 Denso, No. 6 Mobis, No. 10 Lear. Mobis' OEM parts sales increased 16 percent in 2013, the largest growth of all suppliers.

### *USA Today*

Montgomery was named the nation's **Best Historic City** in a 2014 USA Today 10 Best Readers' Choice travel award contest.

### *National Civic League*

Montgomery was named an **All-America City** by the National Civic League. The award recognizes communities for successfully addressing pressing challenges such as housing, government innovation, job development, educational improvement and neighborhood and commercial revitalization.

### *Southern Business and Development*

Southern Business & Development named Montgomery one of Ten Shining Examples of Economic Development that is Working in the South (2014).

### *Alabama Center for Real Estate*

In 2012, 2013 and 2014, **Montgomery led Alabama metro markets in home sales** according to the Alabama Center for Real Estate.

### *U.S. Department of Defense*

In 2013, the Department of Defense selected Montgomery's Defense Information Systems Agency at Maxwell Air Force Base's Gunter Annex as **one of eight new Core Data Centers**, a \$19 million investment.

### *KPMG*

According to KPMG's Competitive Alternatives 2014 study, Montgomery ranks **below the national average in business location costs** and has the third lowest cost of doing business among Southeastern cities.

**U.S. News & World Report**

In 2014, U.S. News & World Report ranked Montgomery's LAMP High School the **No. 1 high school in Alabama**. Other Montgomery schools in the top five were Booker T. Washington Magnet High School at No. 3 and Brewbaker Technology Magnet High School at No. 5.

U.S. News & World Report also ranked Montgomery's LAMP High School the **seventh best magnet school** and the **18th best high school in the nation**.

**J.D. Power**

The 2014 J.D. Power Initial Quality Study ranked the **Montgomery-made Hyundai Elantra No. 1** and the **Hyundai Sonata No. 2** in their classes.

J.D. Power ranked **Sonata the Most Dependable Midsize Car** in 2013.

**Brand Keys**

For four consecutive years Brand Keys has named **Hyundai owners the most loyal** (2014).

**Top 10 Retail Sales**

Two of the Top 10 retail selling cars for the U.S. in 2012 and 2013 were the Montgomery-built Sonata and Elantra.

Consumer Reports

In 2013, Consumer Reports named the Montgomery-built Elantra a Top Pick car.

**Population Estimates**

City of Montgomery	200,481
Montgomery County	226,189
Autauga County	55,395
Elmore County	80,977
Lowndes County	10,580
Montgomery Metro Area	374,868

Source: U.S. Census, 2014 Estimates

## **City of Montgomery Development Department**

Current projects include:

### **North Perry Street: Sites Development Study**

The City of Montgomery owns a number of parcels around 401 North Perry Street (collectively the "North Perry Street Sites") in the warehouse district of north downtown. The City Department of Development is currently exploring the potential for redevelopment of these sites.

### **Historic Chappell House**

One of Montgomery's last pre-Civil War cottages, this structure occupies the site of General John Scott's 1817 pioneer settlement, "Alabama Town." The columned entrance stoop shows how the Greek Revival style influenced smaller houses as well as large. The brick walls were likely laid under the supervision of builder John Figh, also involved in building the present State Capitol. In 1935, the U.S. Government bought and restored the house to serve as the Central Office for the adjacent Riverside Heights housing project, providing one of Alabama's earliest examples of deliberate preservation through adaptive use.

### **79 Commerce Street: CBD New Mixed-Use Project**

The "turning of the dirt" groundbreaking for construction on a new mixed-use project occurred in October 2014. In May 2013, the City of Montgomery sold this property to CBD/Retail Specialists, the former Frank Leu site, at a purchase price determined at a reduced rate to stimulate economic development and with specific parameters to achieve construction of a four-story building with approximately 15,000 square feet of ground-floor commercial uses and 56 quality apartment units above. A restaurant tenant is expected to be announced and the building opening is tentatively expected in 2015.

### **25 Dexter Avenue: Revitalization Project**

Work is underway to preserve and rehabilitate the beautiful building at 25 Dexter, formerly known as the Right-On building and Ruth's Jewelers before that. In September 2014, the City of Montgomery sold this property to BRMD Investments at a purchase price determined at a reduced rate to stimulate economic development. Ground floor retail tenant(s) will be sought and there will be residential units above. The Rehabilitation Agreement proposes completion of renovation by November 2015.



### 29 Dexter Avenue: Pocket Park

The former Montgomery Fair department store building located at 24 North Court Street, where Mrs. Rosa Parks worked as a seamstress, burned down in 1984. Left behind were parts of two adjoining, damaged annex buildings. One, at 22 Monroe Street was converted in recent years to residential units. The other is 29 Dexter. The project at 29 Dexter Avenue will re-build a significant vitrolite glass tile facade; it creates a means of egress to enable renovation of adjacent, declined, historic buildings; it creates a connective pocket park with spaces for folk art, reflection and communication; and it will be a catalyst for revitalization on Dexter Avenue.

### Civilian Labor Force and Employment

	Civilian Labor Force			Employment		
	Sept. 2015	Aug. 2015	Sept. 2014	Sept. 2015	Aug. 2015	Sept. 2014
Montgomery Metro Area	168,503	171,256	167,817	158,727	160,285	157,343
Montgomery County	103,371	105,164	102,983	97,122	98,151	96,262
Autauga County	25,252	25,613	25,111	23,968	24,155	23,754
Elmore County	35,969	36,530	35,843	34,183	34,524	33,930
Lowndes County	3,911	3,949	3,880	3,454	3,455	3,397
State of Alabama	2,147,772	2,159,609	2,133,941	2,020,665	2,018,700	2,001,023

	Unemployment			Unemployment Rate		
	Sept. 2015	Aug. 2015	Sept. 2014	Sept. 2015	Aug. 2015	Sept. 2014
Montgomery Metro Area	9,776	10,971	10,474	5.8%	6.4%	6.2%
Montgomery County	6,249	7,013	6,721	6.0%	6.7%	6.5%
Autauga County	1,284	1,458	1,357	5.1%	5.7%	5.4%
Elmore County	1,786	2,006	1,913	5.0%	5.5%	5.3%
Lowndes County	457	494	483	11.7%	12.5%	12.4%
State of Alabama	127,107	140,909	132,918	5.9%	6.5%	6.2%

Source: Alabama Department of Industrial Relations; based on 2014 benchmark; place of residence basis

**ATTACHMENTS**

**ATTACHMENT 1 - SUMMARY OF SCALF ANNUAL REPORTS FILED WITH SHPDA**

2011-2015 Montgomery County SCALF - SHPDA ANNUAL REPORTS

Montgomery County 2015 SCALF															
Facility ID Number	Year	Facility Name	Days In Operation	Total Beds	Approved Beds In Use	Approved Beds Not In Use	Beds Closed	Total Patient Days	Occupancy Rate - Licensed Beds	Occupancy Rate - Beds In Use	Admissions	Discharges	Average Daily Census	Private Room	Semi-Private Room
101-SS115	2015	Angels for the Elderly I	365	16	16	0	0	5,477	94%	94%	11	11	15	\$4,000.00	-
101-SS101	2015	Angels for the Elderly II	365	16	16	0	0	4,672	80%	80%	19	20	13	\$4,500.00	-
101-SS102	2015	Angels for the Elderly III	365	16	16	0	0	5,412	93%	93%	31	30	15	\$4,500.00	-
101-SS110	2015	Angels for the Elderly IV	365	16	16	0	0	5,503	94%	94%	15	14	15	\$4,500.00	-
101-SS127	2015	Country Cottage - Montgomery - Holly	365	16	16	0	0	5,548	95%	95%	6	9	15	\$3,710.00	-
101-SS103	2015	Waterford Place	365	50	32	18	0	11,315	62%	97%	16	10	31	\$3,600.00	\$2,800.00
101-SS119	2015	Wesley Gardens	365	16	16	0	0	5,706	98%	98%	6	7	16	\$4,296.00	\$1,344.00
101-SS129	2015	Elmcroft of Halcyon	365	16	16	0	0	4,299	74%	74%	10	10	12	\$3,660.00	\$3,420.00
101-SS116	2015	Country Cottage - Montgomery - Magnolia	223	16	16	0	0	3,497	98%	98%	6	6	16	\$3,742.00	-
101-SS113	2015	Cedars	CLOSED												
Total	2015		349	178	160	18	0	51,429	83%	92%	120	117	147	\$4,056.44	\$2,521.33

Montgomery County 2014 SCALF															
Facility ID Number	Year	Facility Name	Days In Operation	Total Beds	Approved Beds In Use	Approved Beds Not In Use	Beds Closed	Total Patient Days	Occupancy Rate - Licensed Beds	Occupancy Rate - Beds In Use	Admissions	Discharges	Average Daily Census	Private Room	Semi-Private Room
101-SS115	2014	Angels for the Elderly I	365	16	16	0	0	5,474	94%	94%	18	18	15	\$4,104.00	-
101-SS101	2014	Angels for the Elderly II	365	16	16	0	0	4,867	83%	83%	19	18	13	\$4,500.00	-
101-SS102	2014	Angels for the Elderly III	365	16	16	0	0	4,888	84%	84%	36	35	13	\$4,500.00	-
101-SS110	2014	Angels for the Elderly IV	365	16	16	0	0	5,647	97%	97%	15	15	15	\$4,100.00	-
101-SS127	2014	Country Cottage - Montgomery - Holly	365	16	16	0	0	5,557	95%	95%	12	11	15	\$3,500.00	-
101-SS103	2014	Waterford Place	365	50	31	19	0	12,775	70%	113%	10	7	35	\$3,400.00	\$2,800.00
101-SS119	2014	Wesley Gardens	365	16	16	0	0	4,784	82%	82%	10	7	13	\$4,131.00	\$1,292.00
101-SS129	2014	Elmcroft of Halcyon	365	16	16	0	0	5,220	89%	89%	10	10	14	\$3,450.00	\$3,210.00
101-SS116	2014	Country Cottage - Montgomery - Magnolia	NOT OPEN												
101-SS113	2014	Cedars	CLOSED				61								
Total	2014		365	162	143	19	61	49,212	83%	94%	130	121	135	\$3,960.63	\$2,434.00

Montgomery County 2013 SCALF															
Facility ID Number	Year	Facility Name	Days In Operation	Total Beds	Approved Beds In Use	Approved Beds Not In Use	Beds Closed	Total Patient Days	Occupancy Rate - Licensed Beds	Occupancy Rate - Beds In Use	Admissions	Discharges	Average Daily Census	Private Room	Semi-Private Room
101-S5115	2013	Angels for the Elderly I	365	16	16	0	0	5,670	97%	97%	15	15	16	\$3,700.00	-
101-S5101	2013	Angels for the Elderly II	365	16	16	0	0	5,668	97%	97%	20	21	16	\$4,000.00	-
101-S5102	2013	Angels for the Elderly III	365	16	16	0	0	5,408	93%	93%	22	23	15	\$4,000.00	-
101-S5110	2013	Angels for the Elderly IV	365	16	16	0	0	5,670	97%	97%	16	16	16	\$3,900.00	-
101-S5127	2013	Country Cottage - Montgomery - Holly	366	16	16	0	0	5,487	94%	94%	9	9	15	\$3,600.00	-
101-S5103	2013	Waterford Place	365	50	31	19	0	12,410	68%	110%	15	16	34	\$3,200.00	\$2,600.00
101-S5119	2013	Wesley Gardens	365	16	16	0	0	5,182	89%	89%	8	7	14	\$4,011.00	\$1,254.00
101-S5129	2013	Elmcroft of Halcyon	365	16	13	3	0	4,745	81%	100%	10	10	13	N/A	-
101-S5116	2013	Country Cottage - Montgomery - Magnolia	NOT OPEN	61	61	0	0	20,039	90%	90%	33	24	55	\$2,900.00	-
101-S5113	2013	Cedars	365	223	201	22	0	70,279	86%	96%	148	141	192	\$3,256.78	\$1,927.00
Total	2013														

Montgomery County 2012 SCALF															
Facility ID Number	Year	Facility Name	Days In Operation	Total Beds	Approved Beds In Use	Approved Beds Not In Use	Beds Closed	Total Patient Days	Occupancy Rate - Licensed Beds	Occupancy Rate - Beds In Use	Admissions	Discharges	Average Daily Census	Private Room	Semi-Private Room
101-S5115	2012	Angels for the Elderly I	366	16	16	0	0	5,670	97%	97%	21	19	15	\$3,800.00	-
101-S5101	2012	Angels for the Elderly II	366	16	16	0	0	5,694	97%	97%	13	12	16	\$3,900.00	-
101-S5102	2012	Angels for the Elderly III	366	16	16	0	0	5,618	96%	96%	9	11	15	\$3,700.00	-
101-S5110	2012	Angels for the Elderly IV	366	16	16	0	0	5,571	95%	95%	12	12	15	\$3,800.00	-
101-S5127	2012	Country Cottage - Montgomery - Holly	365	16	16	0	0	5,405	93%	93%	9	16	15	\$3,600.00	-
101-S5103	2012	Waterford Place	366	50	33	17	0	11,944	65%	99%	12	11	33	\$3,250.00	-
101-S5119	2012	Wesley Gardens	366	16	16	0	0	5,281	90%	90%	8	8	14	\$3,894.00	-
101-S5129	2012	Elmcroft of Halcyon	366	16	13	3	0	4,758	81%	100%	7	8	13	\$4,800.00	-
101-S5116	2012	Country Cottage - Montgomery - Magnolia	NOT OPEN	61	61	0	0	17,200	77%	77%	26	27	47	\$2,600.00	-
101-S5113	2012	Cedars	366	223	203	20	0	61,472	75%	83%	117	124	168	\$3,704.89	-
Total	2012														

Montgomery County 2011 SCALE

Facility ID Number	Year	Facility Name	Days In Operation	Total Beds	Approved Beds In Use	Approved Beds Not In Use	Beds Closed	Total Patient Days	Occupancy Rate - Licensed Beds	Occupancy Rate - Beds In Use	Admissions	Discharges	Average Daily Census	Private Room	Semi-Private Room
101-55115	2011	Angels for the Elderly I	365	16	16	0	0	5,766	99%	99%	5	6	16	\$3,100.00	-
101-55101	2011	Angels for the Elderly II	365	16	16	0	0	5,729	98%	98%	11	6	16	\$3,800.00	-
101-55102	2011	Angels for the Elderly III	365	16	16	0	0	5,522	95%	95%	16	12	15	\$3,500.00	-
101-55110	2011	Angels for the Elderly IV	365	16	16	0	0	5,617	96%	96%	11	8	15	\$3,550.00	-
101-55127	2011	Country Cottage - Montgomery - Holly	365	16	16	0	0	5,689	97%	97%	9	9	16	\$3,425.00	-
101-55103	2011	Waterford Place	365	50	34	16	0	11,290	65%	96%	18	9	33	\$3,250.00	-
101-55119	2011	Wesley Gardens	365	16	16	0	0	4,356	75%	75%	8	3	12	\$3,864.00	\$1,217.00
101-55129	2011	Elmcroft of Haleson	365	16	13	3	0	4,745	81%	100%	7	11	13	\$4,560.00	-
101-55116	2011	Country Cottage - Montgomery - Magnolia	NOT OPEN												
101-55113	2011	Cedars	365	61	61	0	0	17,155	77%	77%	Not Reported	Not Reported	47	Not Reported	Not Reported
	2011	Mon Petite Maison	CLOSED	8			8	Not Reported			Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Total	2011		365	251	204	19	8	66,469	79%	89%	85	64	182	\$3,651.13	\$1,217.00

CELL COMMENTS:

**Cell:F11**  
**Comment:Author:** 32 beds operational  
**Cell:C13**  
**Comment:Author:** Report is likely in error pertaining to patient days, admissions and discharges. For this table, the SCALF data for 2013 was utilized.  
**Cell:F13**  
**Comment:Author:** AR reported 59 licensed and in use beds. ADPH reports 16 licensed SCALF beds.  
**Cell:J13**  
**Comment:Author:** Estimated SCALF Days based on same proportions of occupied to unoccupied patient days. Reported 15,582 patient days, but includes AL patient days  
**Cell:M13**  
**Comment:Author:** Estimated since Reported 26 may include AL  
**Cell:N13**  
**Comment:Author:** Estimated since Reported 26 may include AL  
**Cell:F30**  
**Comment:Author:** AR states 59 licensed beds while ADPH reports 16 licensed SCALF beds  
**Cell:G30**  
**Comment:Author:** AR indicates one licensed bed non in use; assumed not a SCALF bed  
**Cell:J30**  
**Comment:Author:** Estimated SCALF Days only at same proportion of occupied to unoccupied. Reported 19,250 patient days, but includes AL patient days  
**Cell:M30**  
**Comment:Author:** Reported 26 may include AL  
**Cell:N30**  
**Comment:Author:** Reported 26 may include AL  
**Cell:G45**  
**Comment:Author:** plus semiprivate  
**Cell:J57**  
**Comment:Author:** No Unoccupied Patient Days Reported in AR; Uses the lower of 2011 and 2013 reported patient days although patient days may be higher.  
**Cell:P62**  
**Comment:Author:** Range of \$3,000 to \$3,500 in AR  
**Cell:J78**  
**Comment:Author:** Appears AR data switched for unoccupied days and total resident days  
**Cell:P79**  
**Comment:Author:** Range of \$3,000 to \$3,500 in AR  
**Cell:C83**  
**Comment:Author:** Cedars did not submit AR in 2011, nor in 2010 or 2009, but did in 2008, 2012 and 2013. Cedars was closed by ADPH about June 2013.  
**Cell:J83**  
**Comment:Author:** Estimated Resident Census using 2012 resident census; 2008 AR was 54 residents.

**ATTACHMENT 2 - STATE HEALTH PLAN SCALF SERVICES INCLUDING EFFECTIVE  
SHP STATISTICAL UPDATE OF OCTOBER 27, 2015**



410-2-4-.04 Limited Care Facilities – Specialty Care Assisted Living Facilities

(1) Definition. Specialty Care Assisted Living Facilities are intermediate care facilities which provide their residents with increased care and/or supervision which is designed to address the residents' special needs due to the onset of dementia, Alzheimer's disease or similar cognitive impairment and which is in addition to assistance with normal daily activities including, but not limited to, restriction of egress for residents where appropriate and necessary to protect the resident and which require a license from the Department of Public as a Specialty Care Assisted Living Facilities pursuant to Ala. Admin. Code § 420-5-20, et seq.

(2) Specialty Care Assisted Living Facility Bed Need Methodology

(a) Purpose. The purpose of this specialty care assisted living facility bed need methodology is to identify, by county, the number of beds needed to assure the continued availability, accessibility, and affordability of quality care for residents of Alabama.

(b) General. Formulation of this bed need methodology was accomplished by a committee of the Statewide Health Coordinating Council (SHCC). The committee which provided its recommendations to the SHCC, was composed of providers and consumers of health care. Only the SHCC, with the Governor's final approval, can make changes to this methodology except that the SHPDA staff shall annually update bed need projections and inventories to reflect more current population and utilization statistics. Such updated information is available for a fee upon request. Adjustments are addressed in paragraph (E).

(c) Basic Methodology. Considering the availability of more community and home based services for the elderly in Alabama, there should be a minimum of 4 beds per 1,000 population 65 and older for each county.

The bed need formula is as follows:

$$(4 \text{ beds per thousand}) \times (\text{population 65 and older}) = \text{Projected Bed Need}$$

(d) Planning Policies

1. Projects to develop specialty care assisted living facilities or units in areas where there exist medically underserved, low income, or minority populations should be given priority over projects not being developed in these critical areas when the project to develop specialty care assisted living facilities in areas where there exists medically underserved, low income or minority populations is not more costly to develop than other like projects.

2. Bed need projections will be based on a three-year planning horizon.

3. Planning will be on a countywide basis.

4. Subject to SHCC adjustments, no beds will be added in any county where that county's projected ratio exceeds 4 beds per 1,000 population 65 and older.

5. When any specialty care assisted living facility relinquishes its license to operate, either voluntarily or involuntarily other than by a Certificate of Need approved transfer, or by obtaining title by a foreclosure as specified in the opinion rendered by the Alabama Attorney General, November 17, 1980, the need for the facility and its resources will automatically be eliminated from the facilities portion of the State Health Plan. The new bed need requirement in the county where the facility was located will be that number which will bring the county ratio up to 4 beds per 1,000 population 65 and older.

6. Additional need may be shown in situations involving a sustained high occupancy rate either for a county or for a single facility. An applicant may apply for additional beds, and thus the establishment of need above and beyond the standard methodology, utilizing one of the following two policies. Once additional beds have been applied for under one of the policies, that applicant shall not qualify to apply for additional beds under either of these policies unless and until the established time limits listed below have passed. All CON authorized SCALF beds shall be included in consideration of occupancy rate and bed need.

(i) If the occupancy rate for a county is greater than 92% utilizing the census data in the most recent full year "Annual Report(s) for Specialty Care Assisted Living Facilities (Form DM-1)" published by or filed with SHPDA, an additional need of the greater of either ten percent (10%) of the current total CON Authorized bed capacity of that county or sixteen (16) total beds may be approved for either the creation of a new facility or for the expansion of existing facilities within that county. However, due to the priority of providing the most cost effective health care services available, a new facility created under this policy shall only be allowed through the conversion of existing beds at an Assisted Living Facility currently in possession of a regular, non-probationary license from the Alabama Department of Public Health. Once additional need has been shown under this policy, no new need shall be shown in that county based upon this rule for twenty-four (24) months following issuance of the initial CON, to allow for the impact of those beds in that county to be analyzed. Should the initial applicant for beds in a county not apply for the total number of beds allowed to be created under this rule, the remaining beds would then be available to be applied for by other providers in the county, so long as said providers meet the conditions listed in this rule.

(ii) If the occupancy rate for a single facility is greater than 92% utilizing the census data in the last two (2) most recent full year "Annual Report(s) for Specialty Care Assisted Living Facilities (Form DM-1)" published by or filed with SHPDA, irrespective of the total occupancy rate of the county over that time period, up to sixteen (16) additional beds may be approved for the expansion of that facility only. Once additional beds have been approved under this policy, no new beds shall be approved for that facility for twenty-four (24) months following issuance of the CON, to allow for the impact of those beds at that facility to be analyzed.

7. No application for the establishment of a new, freestanding SCALF shall be approved for fewer than sixteen (16) beds, to allow for the financial feasibility and viability of a project. Because of this, need may be adjusted by the Agency for any county currently showing a need of more than zero (0) but fewer than sixteen (16) total beds to a total need of sixteen (16) new beds, but only in the consideration of an application for the construction of a new facility in that county. Need shall not be adjusted in consideration of an application involving the expansion of a currently authorized and licensed SCALF or for the conversion of beds at an existing Assisted Living Facility.

8. Any CON Application filed by a licensed SCALF shall not be deemed complete until, and unless:

(i) The applicant has submitted all survey information requested by SHPDA prior to the application date; and

(ii) The SHPDA Executive Director determines that the survey information is complete.

9. No licensed SCALF filing an intervention notice or statement in opposition in any CON proceeding may cite or otherwise seek consideration by SHPDA of such facility's utilization data until, and unless:

(i) The intervenor or opponent has submitted all survey information requested by SHPDA prior to the application date; and

(ii) The SHPDA Executive Director determines that the survey information is complete.

(e) Adjustments. The bed need, as determined by the methodology, is subject to adjustments by the SHCC. The specialty care assisted living facility bed need may need to be adjusted by the SHCC if an applicant can prove that the identified needs of a targeted population are not being met by existing specialty care assisted living facilities in the county of the targeted population.

(f) Notwithstanding the foregoing, any application for certificate of need for specialty care assisted living facility beds for which a proper letter of intent was duly filed with SHPDA prior to the adoption of the bed need methodology shall not be bound by this bed need methodology.

(g) The determination of need for specialty care assisted living facility beds shall not be linked to the number of existing assisted living beds in the county.

Author: Statewide Health Coordinating Council

Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.

History: Effective November 22, 2004; Amended: Filed August 14, 2012; Effective September 18, 2012.

\* CON 2442-SCALF-E (24 Beds) and Project AL2011-002-E (12 Beds) are the subjects of litigation. Current status of CON 2442-SCALF-E and Projects AL2010-190, -192, -193, -195, and AL2011-002-E will not be known until the end of litigation. Need cannot be calculated for Shelby County at this time.

*Closure dates listed are as reported to SHPDA by the ADPH Division of Provider Services.*

106-A



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY  
100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

October 27, 2015

**MEMORANDUM**

TO: Recipients of the 2014-2017 *Alabama State Health Plan*

FROM: Alva M. Lambert *AML*  
Executive Director

SUBJECT: Statistical Update to the 2014-2017 *Alabama State Health Plan*

Enclosed are statistical updates to the 2014-2017 *Alabama State Health Plan*. The following sections should be replaced:

410-2-4-.04, Limited Care Facilities (SCALF), pages 105-106.

AML/blw

Enclosure: As stated

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025  
PHONE: (334) 242-4103 FAX: (334) 242-4113

**Specialty Care Assisted Living Facilities  
Bed Need  
2015**

COUNTY	Pop 65 & Older 2018	Total Beds Needed	Total Licensed Beds	Beds		Notes
				Authorized But Not Licensed	Net Beds Needed	
Autauga	8,985	36	48	0	(12)	
Baldwin	43,779	175	188	0	7	
Barbour	4,793	19	0	0	19	
Bibb	3,709	15	0	0	15	
Blount	11,033	44	50	0	(6)	
Bullock	1,793	7	0	0	7	
Butler	4,122	16	16	0	0	
Calhoun	20,413	82	140	0	(58)	
Chambers	6,622	26	16	0	10	
Cherokee	6,005	24	36	0	(12)	
Chilton	7,332	29	0	0	29	
Choctaw	2,790	11	0	0	11	
Clarke	4,793	19	0	0	19	
Clay	2,773	11	0	0	11	
Cleburne	3,002	12	0	0	12	
Coffee	8,917	36	16	18	2	*
Colbert	10,925	44	45	0	(1)	
Conecuh	2,891	12	0	0	12	
Coosa	2,529	10	0	0	10	
Covington	7,941	32	0	0	32	
Crenshaw	2,600	10	0	0	10	
Cullman	15,614	62	16	0	46	
Dale	8,309	33	0	0	33	
Dallas	7,257	29	16	0	13	
Dekalb	12,264	49	16	0	33	
Elmore	13,689	55	0	0	55	
Escambia	6,738	27	0	0	27	
Etowah	19,612	76	74	0	4	
Fayette	3,506	14	0	0	14	
Franklin	5,302	21	0	0	21	
Geneva	5,644	23	0	0	23	
Greene	1,826	7	0	0	7	
Hale	2,924	12	0	0	12	
Henry	4,114	16	0	0	16	
Houston	19,174	77	32	0	45	
Jackson	10,650	43	16	0	27	
Jefferson	101,406	406	570	86	(250)	(1),(2),(3),(4)
Lamar	3,150	13	0	0	13	
Lauderdale	19,158	77	32	0	45	
Lawrence	6,156	25	0	0	25	
Lee	18,783	75	136	0	(61)	
		105				

COUNTY	Pop 65 & Older 2018	Total Beds Needed	Total Licensed Beds	Beds		Notes
				Authorized But Not Licensed	Net Beds Needed	
Limestone	14,704	59	32	0	27	
Lowndes	1,930	8	0	0	8	
Macon	3,633	15	0	0	15	
Madison	54,797	219	192	64	(37)	(5),(6),(7)
Marango	3,982	16	16	0	0	
Marion	6,546	26	0	26	0	(8)
Marshall	17,059	68	22	0	46	
Mobile	66,667	267	265	0	(16)	
Monroe	4,348	17	0	0	17	
Montgomery	33,625	135	176	0	(43)	
Morgan	21,332	65	78	0	7	
Perry	1,900	8	0	0	8	
Pickens	3,862	15	0	0	15	
Pike	5,215	21	16	0	5	
Randolph	4,809	19	16	0	3	
Russell	7,921	32	0	0	32	
St. Clair	15,724	63	60	0	3	
Shelby	33,968	136	126	36	(28)	(9),(10)
Sumter	2,503	10	0	0	10	
Talladega	14,359	57	16	0	41	
Tallapoosa	8,731	35	46	0	(11)	
Tuscaloosa	27,899	111	130	0	(19)	
Walker	12,512	50	14	0	36	
Washington	3,206	13	0	0	13	
Wilcox	2,107	8	0	0	8	
Winston	5,325	21	16	0	5	
<b>TOTAL</b>	<b>631,288</b>	<b>3,326</b>	<b>2,688</b>	<b>230</b>	<b>408</b>	

27-Oct-15

NOTES (Beds Authorized but not License d)

- \* - AL2015-032 - Twenty/Twenty, LLC - 18 Beds (Approved 10/21/2015)
- (1) - AL2013-009, CON 2611-SCALF - St. Martin's in the Pines - 16 Beds
- (2) - AL2013-073, CON 2659-SCALF - Regency Birmingham - 38 Beds
- (3) - AL2014-004, CON 2663-SCALF - Chateau Vestavia - 16 Beds
- (4) - AL2015-021, CON 2716-SCALF - Oaks on Parkwood - 16 Beds
- (5) - AL2014-095, CON 2662-SCALF - Merrill Gardens at Madison - 32 Beds
- (6) - AL2014-024, CON 2682-SCALF - Regency Retirement Village of Huntsville - 16 Beds
- (7) - AL2014-030, CON 2686-SCALF - Redstone Military Retirement Residence Ass'n - 16 Beds
- (8) - AL2012-031, CON 2586-SCALF - St. Clair Services, Inc. - 26 Beds
- (9) - AL2010-192, CON 2691-SCALF - Noland Health Services, Inc. - 24 Beds
- (10) - AL2014-032, CON 2693-SCALF - LakeView Estates - 12 Beds

+

**ATTACHMENT 3 - STATE HEALTH PLAN PRIOR SCALF UPDATES - NOT IN EFFECT**






STATE HEALTH PLANNING AND DEVELOPMENT AGENCY  
100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

August 12, 2014

**MEMORANDUM**

TO: Recipients of the 2004-2007 *Alabama State Health Plan*

FROM: Alva M. Lambert  
Executive Director 

SUBJECT: Statistical Update to the 2004-2007 *Alabama State Health Plan*

Enclosed are statistical updates to the 2004-2007 *Alabama State Health Plan*. The following sections should be replaced:

410-2-4-.04, Limited Care Facilities (SCALF), pages 105-106.

AML/blw

Enclosure: As stated

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025  
PHONE: (334) 242-4103 FAX: (334) 242-4113

**Specialty Care Assisted Living Facilities  
Bed Need  
2014**

COUNTY	Pop 65 & Older	Total Beds Needed	Total Licensed Beds	Beds		Notes
				Authorized But Not Licensed	Net Beds Needed	
Autauga	8,670	35	48	0	(13)	
Baldwin	41,999	189	157	0	11	
Barbour	4,702	19	0	0	19	
Bibb	3,616	14	0	0	14	
Blount	10,714	43	50	0	(7)	
Bullock	1,744	7	0	0	7	
Butler	4,022	16	16	0	0	
Calhoun	19,948	80	140	0	(60)	
Chambers	6,503	26	16	0	10	
Cherokee	5,845	23	36	0	(13)	
Chilton	7,136	29	0	0	29	
Choctaw	2,761	11	0	0	11	
Clarke	4,710	19	0	0	19	
Clay	2,732	11	0	0	11	
Cleburne	2,925	12	0	0	12	
Coffee	8,704	35	16	0	19	
Colbert	10,746	43	45	0	(2)	
Conecuh	2,822	11	0	0	11	
Coosa	2,448	10	0	0	10	
Covington	7,805	31	0	0	31	
Crenshaw	2,552	10	0	0	10	
Cullman	15,198	61	16	0	45	
Dale	8,119	32	0	0	32	
Dallas	7,096	28	16	0	12	
Dekalb	11,984	48	16	16	16	(2)
Elmore	13,141	53	0	0	53	
Escambia	6,622	26	0	0	26	
Etowah	19,125	77	69	6	3	(6)
Fayette	3,449	14	0	0	14	
Franklin	5,238	21	0	0	21	
Geneva	5,525	22	0	0	22	
Greene	1,759	7	0	0	7	
Hale	2,843	11	0	0	11	
Henry	3,987	16	0	0	16	
Houston	18,566	74	32	0	42	
Jackson	10,430	42	16	0	26	
Jefferson	98,898	396	638	102	(244)	(7), (8), (9)
Lamar	3,105	12	0	0	12	
Lauderdale	18,677	75	32	0	43	
Lawrence	6,032	24	0	0	24	
Lee	17,959	72	136	14	(78)	(3)

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COUNTY	Pop 65 & Older 2017	Total Beds Needed	Total Licensed Beds	Beds		Notes
				Authorized But Not Licensed	Net Beds	
Limestone	14,116	58	18	16	24	(10)
Lowndes	1,883	8	0	0	8	
Macon	3,536	14	0	0	14	
Madison	52,852	211	192	48	(29)	(4), (11)
Marango	3,807	18	16	0	(0)	
Marion	6,451	26	0	26	(0)	(1)
Marshall	18,641	67	22	0	45	
Mobile	64,810	259	285	0	(26)	
Monroe	4,240	17	0	0	17	
Montgomery	32,692	131	178	0	(47)	
Morgan	20,770	83	78	0	5	
Perry	1,879	8	0	0	8	
Pickens	3,775	15	0	0	15	
Pike	5,068	20	0	0	20	
Randolph	4,865	19	16	0	3	
Russell	7,733	31	0	0	31	
St. Clair	15,086	80	64	0	6	
Shelby	32,152	129	104	48	*	(13)*
Sumter	2,420	10	0	0	10	
Talladega	13,990	58	16	16	24	(12)
Tallapoosa	8,537	34	46	0	(12)	
Tuscaloosa	26,692	107	98	16	(7)	(5)
Walker	12,310	49	14	0	35	
Washington	3,128	13	0	0	13	
Wilcox	2,052	8	0	0	8	
Winston	5,225	21	16	0	5	
<b>TOTAL</b>	<b>807,507</b>	<b>3,230</b>	<b>2,546</b>	<b>307</b>	<b>377</b>	

12-Aug-14

NOTES (Beds Authorized but not Licensed)

- (1) AL2012-031, CON 2586-SCALF - St. Clair Services, Inc. - 26 Beds
- (2) CON 2547-SCALF - White House II - Closed 2/7/14 - CON Expires 2/6/15 - 16 Beds
- (3) CON 2534-SCALF - Azalea Place - Closed 3/10/14 - CON Expires 3/9/15 - 14 Beds
- (4) CON 1863-SCALF - Regency Manor - Closed 2/10/14 - CON Expires 2/9/15 - 16 Beds
- (5) CON 1792-SCALF - Pleasant Properties, LLC - 16 Beds
- (6) AL2012-042, CON 2599-SCALF - Oak Landing - 6 of 11 total beds licensed
- (7) AL2013-009, CON 2611-SCALF - St. Martin's in the Pines - 16 Beds
- (8) AL2013-073, CON 2659-SCALF - Regency Birmingham - 70 Beds
- (9) AL2014-004, CON 2663-SCALF - Chateau Vestavia - 16 Beds
- (10) AL2013-012, CON 2615-SCALF - Heritage ALF and Memory Care - 16 Beds
- (11) AL2014-005, CON 2662-SCALF - Merrill Gardens at Madison - 32 Beds
- (12) CON 1865-SCALF - Gardens of Talladega II - Closed 2/7/14 - CON Expires 2/6/15 - 16 Beds
- (13) CON 2055-SCALF - Ashton Gables - 48 Beds

\* CON 2442-SCALF-E (24 Beds) and Project AL2011-002-E (12 Beds) are the subjects of litigation. Current status of CON 2442-SCALF-E and Projects AL2010-190, -192, -193, -195, and AL2011-002-E will not be known until the end of litigation. Need cannot be calculated for Shelby County at this time.

*Closure dates listed are as reported to SHPDA by the ADPH Division of Provider Services.*

106-A

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY  
100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

September 18, 2012

MEMORANDUM

TO: Recipients of the 2004-2007 *Alabama State Health Plan*

FROM: Alva M. Lambert *amb*  
Executive Director

SUBJECT: Statistical Update to the 2004-2007 *Alabama State Health Plan*

Enclosed are statistical updates to the 2004-2007 *Alabama State Health Plan*. The following sections should be replaced:

410-2-4-.04, Limited Care Facilities (SCALF), pages 105-106.

AML/blw

Enclosure: As stated

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025  
PHONE: (334) 242-4103 FAX: (334) 242-4113

**Specialty Care Assisted Living Facilities  
Bed Need  
2012**

COUNTY	Pop 65 & Older 2015	Total Beds Needed	Total Licensed Beds	CON Authorized	Net Beds Needed	Notes
Autauga	8,118	32	48	0	(16)	
Baldwin	40,780	163	125	32	6	(1)
Barbour	5,255	21	0	0	21	
Bibb	3,931	16	0	0	16	
Blount	10,862	43	34	8	1	(5)
Bullock	1,852	7	0	0	7	
Butler	4,041	16	16	0	0	
Calhoun	19,336	77	123	17	(63)	(3),(4)
Chambers	6,956	28	16	0	12	
Cherokee	6,645	27	36	0	(9)	
Chilton	7,884	32	0	0	32	
Choctaw	3,296	13	0	0	13	
Clarke	5,071	20	0	0	20	
Clay	3,171	13	0	0	13	
Cleburne	2,930	12	0	0	12	
Coffee	8,480	34	16	0	18	
Colbert	10,630	43	45	0	(2)	
Conecuh	2,667	11	0	0	11	
Cosa	2,323	9	0	0	9	
Covington	7,935	32	0	0	32	
Crenshaw	2,628	11	0	0	11	
Cullman	15,717	63	16	0	47	
Dale	8,703	35	0	0	35	
Dallas	7,170	29	32	0	(3)	
Dekalb	12,219	49	32	0	17	
Elmore	11,819	47	0	0	47	
Escambia	6,793	27	0	0	27	
Etowah	18,827	76	52	0	23	
Fayette	3,843	15	0	0	15	
Franklin	5,666	23	0	0	23	
Geneva	5,529	22	0	0	22	
Greene	1,646	7	0	0	7	
Hale	2,847	11	0	0	11	
Henry	3,488	14	0	0	14	
Houston	16,442	66	32	0	34	
Jackson	10,662	43	16	0	27	
Jefferson	96,352	385	568	8	(191)	(7)
Lamar	3,102	12	0	0	12	
Lauderdale	17,405	70	32	0	38	
Lawrence	6,244	25	0	0	25	
Lee	15,386	62	150	0	(88)	

105

COUNTY	Pop 65 & Older 2015	Total Beds Needed	Total Licensed Beds	CON Issued	Net Beds Needed	Notes
Limestone	11,263	45	32	0	13	
Lowndes	2,354	9	0	0	9	
Macon	3,911	16	0	0	16	
Madison	46,070	194	224	0	(40)	
Marengo	3,802	15	16	0	(1)	
Marion	6,589	26	0	26	0	(6)
Marshall	15,804	63	22	0	41	
Mobile	60,145	241	285	0	(44)	
Monroe	4,239	17	0	0	17	
Montgomery	31,933	128	223	0	(95)	
Morgan	18,882	76	62	16	(2)	(2)
Perry	1,858	7	0	0	7	
Pickens	3,643	15	0	0	15	
Pike	4,897	20	0	0	20	
Randolph	4,581	18	16	0	2	
Russell	7,705	31	0	0	31	
St. Clair	13,432	54	37	0	17	
Shelby	29,135	117	152	0	(35)	
Sumter	2,064	8	0	0	8	
Talladega	14,200	57	32	0	25	
Tallapoosa	8,720	35	46	0	(11)	
Tuscaloosa	23,205	93	98	0	(5)	
Walker	13,545	54	14	0	40	
Washington	3,165	13	0	0	13	
Wilcox	2,003	8	0	0	8	
Winston	5,159	21	16	0	5	
<b>TOTAL</b>	<b>776,955</b>	<b>3,108</b>	<b>2,664</b>	<b>107</b>	<b>337</b>	

NOTES (CONs issued)

- (1) - 2264-SCALF - LifeQuest of Florence LLC 32 Beds
- (2) - 2285-SCALF - Decatur ALF Group, LLC 16 Beds
- (3) - 2515-SCALF - Ladiga Manor, LLC 8 Beds
- (4) - 2550-SCALF - Piedmont Health Care Authority 9 Beds
- (5) - 2571-SCALF - Jacobs House, Inc. 8 Beds
- (8) - 2586-SCALF - St. Clair Services, Inc. 26 Beds
- (7) - AL2012-036 - Chateau Vestavia Hills, LLC 8 beds


18-Sep-12

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY  
100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

September 29, 2011

MEMORANDUM

TO: Recipients of the 2004-2007 *Alabama State Health Plan*

FROM: Alva M. Lambert  
Executive Director 

SUBJECT: Statistical Update to the 2004-2007 *Alabama State Health Plan*

Enclosed are statistical updates to the 2004-2007 *Alabama State Health Plan*. The following sections should be replaced:

410-2-4-.04, Limited Care Facilities (SCALF), pages 105-106.

*Please note: This statistical update is being reissued because an error was noticed regarding the number of new CON Authorized beds in Lauderdale County. The error has been corrected.*

AML/blw

Enclosure: As stated

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025  
PHONE: (334) 242-4103 FAX: (334) 242-4113



**Specialty Care Assisted Living Facilities  
Bed Need  
2011**

COUNTY	Pop 65 & Older 2014	Total Beds Needed	Total Licensed Beds	CON Authorized	Net Beds Needed	Notes
Autauga	7,812	31	48	0	(17)	
Baldwin	39,095	156	125	32	(1)	(1)
Barbour	5,067	20	0	0	20	
Bibb	3,789	15	0	0	15	
Blount	10,494	42	34	0	8	
Bullock	1,801	7	0	0	7	
Butler	3,956	16	16	0	(0)	
Calhoun	18,923	76	71	0	5	
Chambers	6,799	27	0	0	27	
Cherokee	6,395	26	36	0	(10)	
Chilton	7,620	30	0	0	30	
Choctaw	3,211	13	0	0	13	
Clarke	4,955	20	0	0	20	
Clay	3,093	12	0	0	12	
Cleburne	2,837	11	0	0	11	
Coffee	6,254	33	16	0	17	
Colbert	10,408	42	45	0	(3)	
Conecuh	2,600	10	0	0	10	
Coosa	2,267	9	0	0	9	
Covington	7,801	31	0	0	31	
Crenshaw	2,573	10	0	0	10	
Cullman	15,298	61	0	16	45	(2)
Dale	8,449	34	0	0	34	
Dallas	7,048	28	32	0	(4)	
Dekalb	11,869	47	16	0	31	
Elmore	11,327	45	0	0	45	
Escambia	6,638	27	0	0	27	
Etowah	18,456	74	52	0	22	
Fayette	3,760	15	0	0	15	
Franklin	5,568	22	0	0	22	
Geneva	5,399	22	0	0	22	
Greene	1,618	6	0	0	6	
Hale	2,767	11	0	0	11	
Henry	3,386	14	0	0	14	
Houston	16,015	64	32	0	32	
Jackson	10,361	41	16	0	25	
Jefferson	94,809	378	558	8	(198)	(3)
Lamar	3,046	12	0	0	12	
Lauderdale	17,012	68	16	48	4	(4), (7)
Lawrence	6,053	24	0	0	24	
Lee	14,775	59	150	0	(91)	

105

COUNTY	Pop 65 & Older 2014	Total Beds Needed	Total Licensed Beds	CON Issued	Net Beds Needed	Notes
Limestone	10,866	43	32	0	11	
Lowndes	2,286	9	0	0	9	
Macon	3,817	15	0	0	15	
Madison	44,678	179	224	0	(45)	
Marengo	3,734	15	16	0	(1)	
Marion	6,446	26	0	0	26	
Marshall	15,449	62	22	0	40	
Mobile	58,686	235	319	0	(84)	
Monroe	4,151	17	0	0	17	
Montgomery	31,163	125	223	8	(106)	(5)
Morgan	16,356	73	62	16	(5)	(6)
Perry	1,841	7	0	0	7	
Pickens	3,593	14	0	0	14	
Pike	4,765	19	0	0	19	
Randolph	4,467	18	16	0	2	
Russell	7,572	30	0	0	30	
St. Clair	12,885	52	37	0	15	
Shelby	27,411	110	152	0	(42)	
Sumter	2,040	8	0	0	8	
Talladega	13,802	55	32	0	23	
Tallapoosa	8,510	34	46	0	(12)	
Tuscaloosa	22,569	90	98	0	(8)	
Walker	13,228	53	14	0	39	
Washington	3,079	12	0	0	12	
Wilcox	1,965	8	0	0	8	
Winston	5,011	20	16	0	4	
<b>TOTAL</b>	<b>755,574</b>	<b>3022</b>	<b>2,582</b>	<b>128</b>	<b>312</b>	

**NOTES (CON's Issued)**

- (1) - 2264-SCALF - LifeQuest of Florence LLC 32 Beds
- (2) - 2262-SCALF -Cullman ALF Group, LLC 16 Beds
- (3) - 1819-SCALF - Faith Assisted Living 8 Beds EXPIRE 3-31-2012 \*\*\*
- (4) - 2539-SCALF - Green Oaks Inn 16 Beds
- (5) - 1874-SCALF - Mon Petite Maison 8 Beds EXPIRE 12-13-2011 \*\*\*
- (6) - 2285-SCALF - Decatur ALF Group, LLC 16 Beds
- (7) - 2528-SCALF - Glenwood Healthcare, Inc. SCALF 32 Beds

\*\*\* These facilities have been registered as closed with SHPDA and ADPH. The date listed is the date that the CONs will expire and the beds will no longer be a part of the state inventory.

29-Sep-11



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY  
100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

March 9, 2009

MEMORANDUM

TO: Recipients of the 2004-2007 *Alabama State Health Plan*

FROM: Alva M. Lambert  
Executive Director

SUBJECT: Statistical Update to the 2004-2007 *Alabama State Health Plan*

Enclosed are statistical updates to the 2004-2007 *Alabama State Health Plan*. The following sections should be replaced:

410-2-4-.04. Limited Care Facilities (SCALF), pages 105-106; and

410-2-4-.10, Psychiatric Care, pages 155-156.

AML/blw

Enclosure: As stated

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025  
PHONE: (334) 242-4103 FAX: (334) 242-4113

**Specialty Care Assisted Living Facilities  
Bed Need  
2009**

COUNTY	Pop 65 & Older 2012	Total Beds Needed	Total Licensed Beds	CON Issued	Net Beds Needed	Notes
Autauga	7,201	29	48	0	(19)	
Baldwin	35,732	143	80	101	(38)	(3), (7)
Barbour	4,696	19	0	0	19	
Bibb	3,505	14	0	0	14	
Blount	9,756	39	50	0	(11)	
Bullock	1,698	7	0	0	7	
Butler	3,785	15	16	0	(1)	
Calhoun	18,096	72	63	0	9	
Chambers	6,479	26	56	0	(30)	
Cherokee	5,896	24	36	0	(12)	
Chilton	7,093	28	0	0	28	
Choctaw	3,033	12	0	0	12	
Clarke	4,727	19	0	0	19	
Clay	2,939	12	0	0	12	
Cleburne	2,650	11	0	0	11	
Coffee	7,794	31	16	0	15	
Colbert	9,964	40	45	0	(5)	
Conecuh	2,470	10	0	0	10	
Coosa	2,162	9	0	0	9	
Covington	7,530	30	0	0	30	
Crenshaw	2,462	10	0	0	10	
Cullman	14,454	58	0	64	(6)	(4), (5)
Dale	7,940	32	0	0	32	
Dallas	6,802	27	32	0	(5)	
Dekalb	11,166	45	16	0	29	
Elmore	10,342	41	22	0	19	
Escambia	6,333	25	0	0	25	
Etowah	17,713	71	52	0	19	
Fayette	3,597	14	0	0	14	
Franklin	5,372	21	0	0	21	
Geneva	5,139	21	0	0	21	
Greene	1,562	6	0	0	6	
Hale	2,614	10	0	0	10	
Henry	3,188	13	0	0	13	
Houston	15,163	61	32	0	29	
Jackson	9,759	39	16	0	23	
Jefferson	91,112	364	592	0	(228)	
Lamar	2,934	12	0	0	12	
Lauderdale	16,224	65	16	0	49	
Lawrence	5,674	23	0	0	23	
Lee	13,549	54	150	0	(96)	

105

COUNTY	Pop 65 & Older 2012	Total Beds Needed	Total Licensed Beds	CON Issued	Net Beds Needed	Notes
Limestone	10,073	40	32	0	8	
Lowndes	2,152	9	0	0	9	
Macon	3,630	15	0	0	15	
Madison	41,894	168	184	32	(48)	(2)
Marengo	3,602	14	16	16	(18)	(6)
Marion	6,162	25	0	0	25	
Marshall	14,738	59	22	0	37	
Mobile	65,768	223	335	16	(128)	(1)
Monroe	3,971	16	0	0	16	
Montgomery	29,619	118	263	0	(145)	
Morgan	17,308	69	64	0	5	
Perry	1,804	7	0	0	7	
Pickens	3,492	14	0	0	14	
Pike	4,494	18	0	0	18	
Randolph	4,242	17	0	0	17	
Russell	7,309	29	35	0	(6)	
St. Clair	11,792	47	15	0	32	
Shelby	23,979	96	128	0	(32)	
Sumter	1,989	8	0	0	8	
Talladega	13,016	52	32	0	20	
Tallahpoosa	8,085	32	46	0	(14)	
Tuscaloosa	21,300	85	72	0	13	
Walker	12,594	50	14	0	36	
Washington	2,902	12	0	0	12	
Wilcox	1,890	8	0	0	8	
Winston	4,713	19	16	0	3	
<b>TOTAL</b>	<b>712,813</b>	<b>2851</b>	<b>2,612</b>	<b>229</b>	<b>10</b>	

**NOTES (CON's issued)**

- (1) - 2155-SCALF - Brookside II 16 Beds
- (2) - 2223-SCALF - Grandview Gardens 32 Beds
- (3) - 2241-SCALF - The Blake Memory Care Community 45 Beds
- (4) - 2242-SCALF - The Terrace at Cullman 48 Beds
- (5) - 2262-SCALF - Cullman ALF Group, LLC 16 Beds
- (6) - 2246-SCALF - Southern Oaks Assisted Living II 16 Beds
- (7) - 2264- SCALF - Gulf Shores Specialty Care Center 56 Beds

6-Mar-09



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY  
100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

March 6, 2008

MEMORANDUM

TO: Recipients of the 2004 – 2007 *Alabama State Health Plan*

FROM: Alva M. Lambert  
Executive Director *AML*

SUBJECT: Statistical Updates to the 2004 – 2007 *Alabama State Health Plan*

Enclosed are statistical updates to the 2004 – 2007 *Alabama State Health Plan*. The following sections should be replaced:

410-2-4-04, Limited Care Facilities (SCALF), pages 105 – 106; and

410-2-4-10, Psychiatric Care, pages 155 – 156.

AML/kwm

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025  
~~PHONE: (334) 242-4103 FAX: (334) 242-4113~~

**Specialty Care Assisted Living Facilities  
Bed Need  
2008**

COUNTY	Pop 65 & Older 2011	Total Beds Needed	Total Licensed Beds	CON Issued	Net Beds Needed	Notes
Autauga	6,897	28	48	0	(20)	
Baldwin	34,055	136	80	0	56	
Barbour	4,813	18	0	0	18	
Bibb	3,364	13	16	0	(3)	
Blount	9,359	38	50	0	(12)	
Bullock	1,647	7	0	0	7	
Butler	3,701	15	16	0	(1)	
Calhoun	17,881	71	63	0	8	
Chambers	6,315	25	46	0	(21)	
Cherokee	5,645	23	36	0	(13)	
Chilton	6,828	27	0	0	27	
Choctaw	2,941	12	0	0	12	
Clarke	4,611	18	0	0	18	
Clay	2,833	11	0	0	11	
Cleburne	2,560	10	0	0	10	
Coffee	7,563	30	16	0	14	
Colbert	9,743	39	45	0	(6)	
Conecuh	2,408	10	0	0	10	
Coosa	2,095	8	0	0	8	
Covington	7,392	30	0	0	30	
Crenshaw	2,405	10	0	0	10	
Cullman	14,030	56	0	0	56	
Dale	7,686	31	0	0	31	
Dallas	6,681	27	16	0	11	
Dekalb	10,812	43	16	0	27	
Elmore	9,852	39	22	0	17	
Escambia	6,178	25	0	0	25	
Etowah	17,337	69	52	0	17	
Fayette	3,519	14	0	0	14	
Franklin	5,271	21	0	0	21	
Geneva	5,008	20	0	0	20	
Greene	1,532	6	0	0	6	
Hale	2,639	10	0	0	10	
Henry	3,087	12	0	0	12	
Houston	14,732	59	32	0	27	
Jackson	9,463	38	18	0	22	
Jefferson	89,356	357	574	16	(233)	(1)
Lamar	2,878	12	0	0	12	
Lauderdale	15,829	63	16	0	47	
Lawrence	5,486	22	0	0	22	
Lee	12,936	52	150	0	(98)	

105

COUNTY	Pop 65 & Older 2011	Total Beds Needed	Total Licensed Beds	CON Issued	Net Beds Needed	Notes
Limestone	9,873	39	32	0	7	
Lowndes	2,087	8	0	0	8	
Macon	3,539	14	0	0	14	
Madison	40,505	162	184	0	(22)	
Marengo	3,539	14	0	0	14	
Marion	6,020	24	0	0	24	
Marshall	14,381	58	22	0	36	
Mobile	54,307	217	367	16	(166)	(2)
Monroe	3,884	16	0	0	16	
Montgomery	28,845	115	244	16	(145)	(3)
Morgan	16,785	67	32	30	5	(6)
Perry	1,787	7	0	0	7	
Pickens	3,439	14	0	0	14	
Pike	4,358	17	0	0	17	
Randolph	4,127	17	0	16	1	(4)
Russell	7,178	29	35	0	(6)	
St. Clair	11,250	45	16	0	30	
Shelby	22,268	89	128	16	(55)	(5)
Sumter	1,963	8	0	0	8	
Talladega	12,624	50	32	0	18	
Tallapoosa	7,872	31	46	0	(15)	
Tuscaloosa	20,666	83	72	0	11	
Walker	12,277	49	14	0	35	
Washington	2,814	11	0	0	11	
Wilcox	1,849	7	0	0	7	
Winston	4,569	18	16	0	2	
<b>TOTAL</b>	<b>691,433</b>	<b>2766</b>	<b>2,549</b>	<b>110</b>	<b>107</b>	

NOTES (CON's issued)

- (1) - 2213-SCALF - Regency Remembrances of Birmingham 16 Beds
- (2) - 2155-SCALF - Brookside II 16 Beds
- (3) - 2160-SCALF - Audubon Manor, Inc. 16 Beds
- (4) - 2137-SCALF - Williamsburg Manor I 16 Beds
- (5) - 2189-SCALF - Maplewood Ridge II 16 Beds
- (6) - 2194-SCALF - The Terrace at Priceville SCALF 30 Beds

27-Feb-08

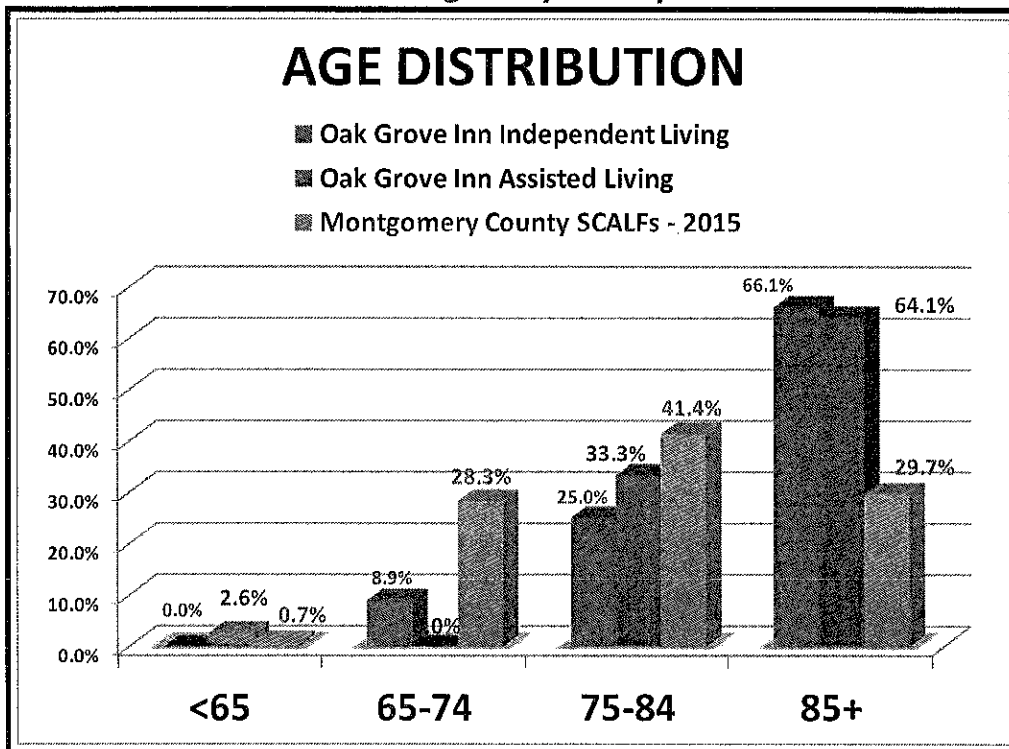


**ATTACHMENT 4 - INFORMATION ON OAK GROVE INN in GROVE PARK**

## OAK GROVE INN OF GROVE PARK

Oak Grove Inn is located in Grove Park, a community for senior living with an array of residential options including: typical homes; patio-type homes; independent living; and Assisted Living. Oak Grove Inn has 52 ALF units and 55 IL units. These units are essentially fully occupied with the average occupancies over 90 percent including down time for painting, cleaning and move-in for the next resident. Of the current residents, about 10% are couples, mostly in IL. The ages of these residents are shown the following chart.

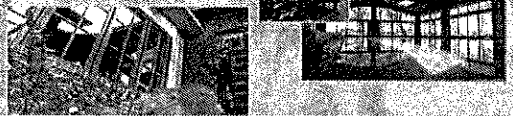
**CHART 8 Ages of Residents of Oak Grove Inn Compared to SCALFs In Montgomery County**





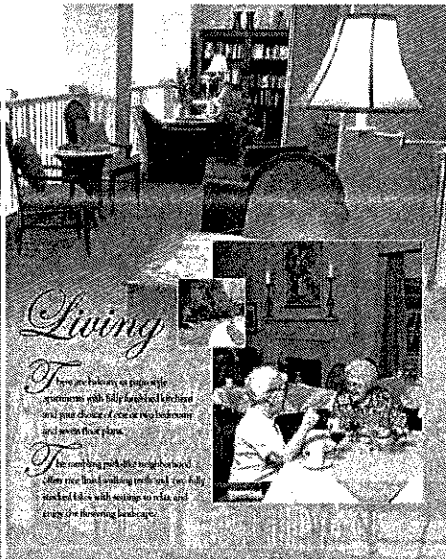
## Timeless Beauty

The inviting English style architecture of the Inn stretches across the lush landscape of buildings and provides a relaxing style of comfort and hospitality that you enjoy each day more than the last. The meticulously landscaped and landscaped grounds are truly the view and value of these great amenities.



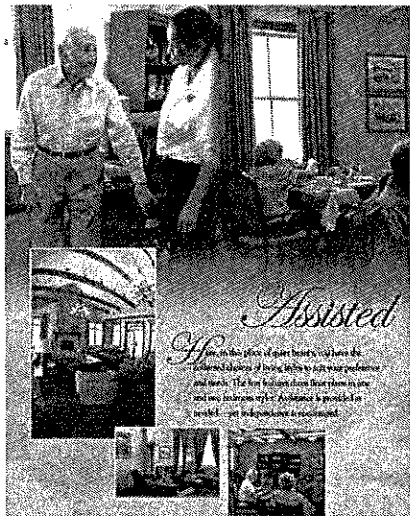
## Independent Living

At Oak Grove Inn you can easily develop your own lifestyle. How you want to spend your days. For instance, if you choose, you could easily be served in the dining room or in your apartment. Whether you're in a kitchen, an activity room and game room for you to enjoy with friends. The complete package of services includes the finest of home care, emergency care and more. An excellent, limited selection of food and beverage.



## Living

How you live in your apartment. The apartment with fully furnished kitchen and your choice of one or two bedrooms and seven floor plans. The complete package of services includes the finest of home care, emergency care and more. An excellent, limited selection of food and beverage.



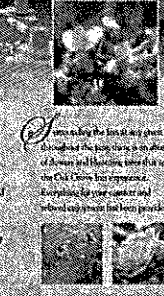
## Assisted Living

At Oak Grove Inn you can easily develop your own lifestyle. How you want to spend your days. For instance, if you choose, you could easily be served in the dining room or in your apartment. Whether you're in a kitchen, an activity room and game room for you to enjoy with friends. The complete package of services includes the finest of home care, emergency care and more. An excellent, limited selection of food and beverage.



## Living

How you live in your apartment. The apartment with fully furnished kitchen and your choice of one or two bedrooms and seven floor plans. The complete package of services includes the finest of home care, emergency care and more. An excellent, limited selection of food and beverage.



24-Hour Monitored Emergency Response System  
~ *Independent Living*

Gated Community with Controlled Building Access

Complimentary Transportation Services  
Monday through Friday

Beauty/Barber Shop, Wellness Center  
& Social Activities

Fully Furnished Kitchens ~ *Independent Living*

Washing Machine and Dryer provided  
~ *Independent Living*

Selective Menus Offered Daily

Cable TV and Telephone Connections

Housekeeping Services

# Amenities

Community Clubhouse, Indoor Pool, Jacuzzi  
and Fitness Center

Walking Paths and Stocked Lakes

Concierge Services

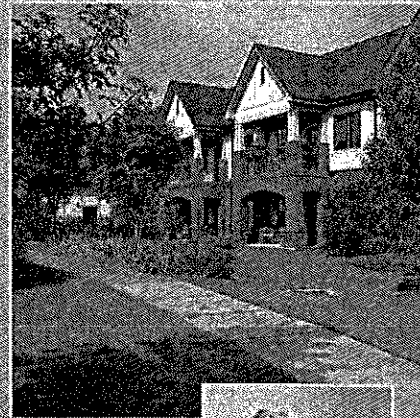
Convenient to Shopping, Restaurants and  
Medical Facilities / Offices

Individually Controlled Heating  
& Air Conditioning

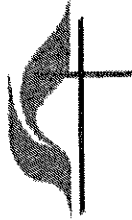
Special Event Catering for  
Resident Hosted Functions

Private Dining for Special Occasions

Planned Activities to Strengthen Mind & Body



**ATTACHMENT 5 - LETTERS and STATEMENTS OF SUPPORT**



**First United Methodist Church**

*First United Methodist Church, a caring community  
faithfully sharing the transforming love of Jesus Christ.*

Daphne Johnston  
Director of the Respite Ministry  
First United Methodist Church  
[djohnston@fumcmontgomery.org](mailto:djohnston@fumcmontgomery.org)  
October 21, 2015

Dear Mr. Goodwyn,

My name is Daphne Johnston, and I have been an assisted living administrator in Montgomery for close to ten years at the former Caravita Village. I am also the founder and director of the Adult Respite Ministry at First United Methodist Church which was developed three years ago to serve Montgomery's Alzheimer's community. Our ministry began with two Alzheimer's clients coming weekly for four hours a day so the caregiver could take respite and the participant could be stimulated emotionally, physically and cognitively. The program has served over 180 participants and their families in three years.

We have had many clients come through who have needed long term solutions and quality Alzheimer's care. There are only a few quality facilities in town, and in almost every situation I have helped with, they are typically full. Two of the top three communities only have 15 SCALF beds, and they fill them internally. My participants have to turn to expensive home care to make sure their loved one is cared for properly.

I was thrilled to learn that Oak Grove Inn was seeking SCALF beds for their community. We have no full continuum of care community in Montgomery that takes a person from independent living, assisted living to memory care allowing them to stay with the same people they entered the program.

There are no modern, state of the art memory care units in Montgomery, and I feel that the Oak Grove Inn would develop a memory care unit to match their stellar reputation in retirement living. Montgomery is desperate for a first class option and my program has the numbers to prove it. I have worked with so many families that have had to move their loved ones out of town to be with other siblings because Montgomery just could not provide adequate, quality care.

On another note, there are few units that will even accept men into their memory care units. This is a population that is totally underserved and in need of quality care. The nursing homes are full and almost all the SCALF units are as well, Montgomery needs another option!

Sincerely,

*Daphne Johnston*  
Daphne Johnston

*David R. Thrasher, M.D.  
1440 Narrow Lane Parkway  
Montgomery, Alabama 36111-2665  
(334) 281-4140*

October 22, 2015

Oak Grove Inn, LLC  
C/O George Goodwyn, Jr.  
3801 Oak Grove Inn Drive  
Montgomery, Alabama 36116

RE: Support for 32 SCALF beds for Montgomery County

Dear Mr. Goodwyn,

I understand that Oak Grove Inn is seeking an adjustment to the State Health Plan to obtain 32 specialty care assisted living facility ("SCALF") beds for Montgomery County. It is my hope that the beds will be located at the Oak Grove Inn community. I am writing this letter to offer my strong support for Oak Grove Inn.

I am a member of the Grove Park community, and a physician. As such, I am in a position to not only know the need for additional specialty care facilities in Montgomery, but, I am also familiar with Grove Park and the facilities at Oak Grove Inn.

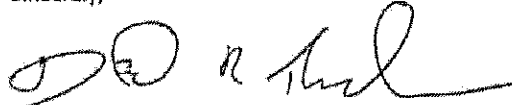
Oak Grove Inn is a Montgomery, Alabama community that provides independent living and assisted living services to the aging population. Oak Grove Inn is known for its excellent quality of care and I know they sincerely care for their residents. My mother lived there but had to move when she developed dementia.

I believe it is important for Oak Grove Inn to obtain SCALF beds to better serve the aging population. The addition of SCALF beds will allow existing residents and others to receive the appropriate level of care as needed. This additional level of care will also alleviate the stress of companions being separated geographically.

It is also my understanding that dementia is rising faster than the aging population and thus more skilled care is required. Therefore, in my opinion the need for SCALF beds is in great demand.

I hope that Oak Grove Inn will be permitted to open a SCALF unit in order to better serve the community and increase access to specialty care in Montgomery County

Sincerely,

A handwritten signature in cursive script, appearing to read "D R Thrasher". The signature is written in black ink on a white background.

David R. Thrasher, M.D.



October 27, 2015

Dear Mr. George Goodwyn,

I have been the Medical Director of Oak Grove Inn for the past ten (10) years. Oak Grove Inn is recognized as one of the leading providers of independent and assisted living in Montgomery County. It has long enjoyed an excellent reputation for providing quality resident care.

Over the years I have discharged many residents from Oak Grove Inn because of their cognitive status. I have witnessed personally the effects on the residents and their families having to be discharged to another health care setting.

I support the efforts of Oak Grove Inn to provide a SCALF level of care to their health care community. Montgomery needs a continuum of care community.

Sincerely,



Donald Marshall, MD

October 23, 2015

Oak Grove Inn, LLC  
c/o George Goodwyn  
3801 Oak Grove Drive  
Montgomery AL 36116

Re: SCALF beds for Montgomery

Dear Mr. Goodwyn,

I understand that Oak Grove Inn is seeking an adjustment to the State Health Plan to obtain 32 specialty care assisted living beds for Montgomery County. It is my hope that the beds will be located at Oak Grove Inn in the Grove Park community.

I am a member of the Grove Park Residential Association and a retired physician, and as such, I know that Oak Grove Inn has a reputation of providing excellent quality of care to the aging population. It is also my understanding that dementia is rising faster than the aging population and thus more skilled care is needed. Because of this, SCALF beds would be in great demand.

The addition of these beds at Oak Grove Inn would allow existing residents and others to receive the appropriate level of care as needed and would also alleviate the stress of companions being separated geographically.

I hope that Oak Grove Inn will be permitted to open a SCALF unit in order to better serve the community and increase access to specialty care in Montgomery County.

Sincerely,

  
Dr. William Hughes

# Primary Care For Adults, PC



Bryan D. Strickland, MD  
Phone 277-1115  
Fax 277-0515

300 Taylor Road  
Suite 700  
Montgomery, AL 36117

September 11, 2015

Re: CON for a dementia care residential facility

To Whom It May Concern:

I have been practicing primary care in Montgomery, Alabama since 1997. I perceive that dementia and other illnesses requiring residential care are on the rise. Our current facilities do a good job, but are too few to address the needs of the community. A facility in Grove Park would be ideally located to serve this side of town. Thank you for considering the need for more residential care beds / facilities in this area.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bryan D. Strickland'.

Bryan D. Strickland MD

Put on letterhead and fax to Mr. Goodwyn

MONTGOMERY  
AREA CHAMBER OF COMMERCE

October 21, 2015

Oak Grove Inn, LLC  
C/O George Goodwyn, Jr.  
3801 Oak Grove Inn Drive  
Montgomery, AL 36116

RE: Support for 32 SCALF beds for Montgomery County

Dear Mr. Goodwyn:

I understand that Oak Grove Inn is seeking an adjustment to the State Health Plan to obtain 32 specialty care assisted living facility (SCALF) beds for Montgomery County. It is my hope that beds will be located at the Oak Grove Inn community. I am writing this letter to offer my strong support for Oak Grove Inn.

By virtue of my professional community role and having served on the Boards of entities engaged in addressing the needs of the region's aging populations, I can appreciate the challenges faced by Montgomery meeting the needs for additional specialty care facilities. Actually, I have personal experience dealing with this challenge through my Mother who in fact was a resident at Oak Grove Inn in both independent and assisted living care for a number of years prior to the severity of dementia requiring her relocation.

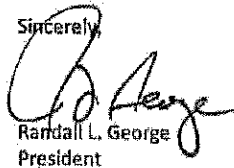
Through my experience, I certainly can attest to exceptional quality of care offered in both the independent living and assisted living services provided at Oak Grove Inn. It does not take long to recognize that the professionals employed at Oak Grove sincerely care for their residents.

I believe it is important for Oak Grove Inn to obtain SCALF beds to better serve the aging population. The addition of SCALF beds will allow existing residents and others to receive the appropriate level of care as needed. This additional level of care will also alleviate the stress of companions being separated geographically.

It is also my understanding that dementia is rising faster than the aging population and thus more skilled care is required. Therefore, in my opinion the need for SCALF beds is in great demand.

I hope that Oak Grove Inn will be permitted to open a SCALF unit in order to better serve the community and increase access to specialty care in Montgomery County.

Sincerely,

  
Randall L. George  
President

POST OFFICE BOX 79 41 COMMERCE STREET MONTGOMERY, AL 36101  
TEL 334 834 5200 FAX 334 362 4745 MACC@MONTGOMERYCHAMBER.COM WWW.MONTGOMERYCHAMBER.COM



BUILDING BUSINESS BUILDING MONTGOMERY AND THE FOUR REGION



City of **Montgomery**, Alabama

OFFICE OF THE MAYOR  
Todd Strange, Mayor

Post Office Box 1111  
Montgomery, Alabama  
36101-1111

PH 334.625.4000  
FX 334.625.4600

October 20, 2015

Oak Grove Inn, LLC  
c/o George Goodwyn, Jr.  
3801 Oak Grove Inn Drive  
Montgomery, AL 36116

RE: Support for 32 SCALF Beds for Montgomery County

Dear Mr. Goodwyn,

I understand that Oak Grove Inn is seeking an adjustment to the State Health Plan to obtain 32 specialty care assisted living facility ("SCALF") beds for Montgomery County. It is my hope that the beds will be located at the Oak Grove Inn community. I am writing this letter to offer my strong support for Oak Grove Inn.

As the Mayor of Montgomery, I am in a position to not only know the need for additional specialty care facilities in Montgomery, but I am also familiar with Grove Park and the facilities at Oak Grove Inn.

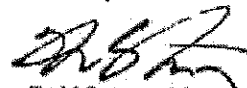
Oak Grove Inn is a Montgomery, Alabama community that provides independent living and assisted living services to the aging population. Oak Grove Inn is known for its excellent quality of care and I know they sincerely care for their residents.

I believe it is important for Oak Grove Inn to obtain SCALF beds to better serve the aging population. The addition of SCALF beds will allow existing residents and others to receive the appropriate level of care as needed. This additional level of care will also alleviate the stress of companions being separated geographically.

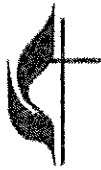
It is also my understanding that dementia is rising faster than the aging population and thus more skilled care is required. Therefore, in my opinion the need for SCALF beds is in great demand.

I hope that Oak Grove Inn will be permitted to open a SCALF unit in order to better serve the community and increase access to specialty care in Montgomery County.

Sincerely,



Todd Strange, Mayor  
City of Montgomery



DR. R. LAWSON BRYAN  
SENIOR MINISTER

## First United Methodist Church

2418 WEST CLOVERDALE PARK  
Montgomery, Alabama 36106

OFFICE: (334) 834-8690  
FAX: (334) 834-4333

October 22, 2015.

Oak Grove Inn, LLC  
C/O George Goodwyn, Jr.  
3801 Oak Grove Inn Drive  
Montgomery, AL 36116

**RE: Support for 32 SCALF beds for Montgomery County**

Dear Mr. Goodwyn,

I understand that Oak Grove Inn is seeking an adjustment to the State Health Plan to obtain 32 specialty care assisted living facility ("SCALF") beds for Montgomery County. It is my hope that the beds will be located at the Oak Grove Inn community. I am writing this letter to offer my strong support for Oak Grove Inn.

I am the Senior Minister at First United Methodist Church, Montgomery, Alabama. As such, I am in a position to not only know the need for additional specialty care facilities in Montgomery, but I am also familiar with Grove Park and the facilities at Oak Grove Inn.

Oak Grove Inn is a Montgomery, Alabama community that provides independent living and assisted living services to the aging population. Oak Grove Inn is known for its excellent quality of care and I know they sincerely care for their residents.

I believe it is important for Oak Grove Inn to obtain SCALF beds to better serve the aging population. The addition of SCALF beds will allow existing residents and others to receive the appropriate level of care as needed. This additional level of care will also alleviate the stress of companions being separated geographically.

It is also my understanding that dementia is rising faster than the aging population and thus more specialty care is required. Therefore, in my opinion the need for SCALF beds is in great demand.

I hope that Oak Grove Inn will be permitted to open a SCALF unit in order to better serve the community and increase access to specialty care in Montgomery County.

Sincerely,

R. Lawson Bryan

648 Towne Lake Drive

Montgomery, Alabama 36117

September 18, 2015

City Hall, Room 206

103 North Perry Street

Montgomery, Alabama 36104

Dear Mayor Strange:

Once yet again, I have bid farewell to a couple who left Montgomery for a move to another city that has a continuing care community—a facility that offers *on one campus* living options ranging from independent living through long-term, skilled nursing care to people 60 and older. Montgomery has no such offering.

The closest Montgomery comes is Grove Park, which offers independent living through assisted living. However, because Grove Park is not able to add the additional units for skilled nursing and long-term care, two Grove Park residents, a retired military couple, active in their church and their community, moved early this month to San Antonio, Texas, where a lovely continuing care community does exist.

Last year, a long-time member of our Arrowhead Garden Club moved with her husband to Huntsville, Alabama which offers two continuing care communities, one of which my husband and I have visited as prospective residents. We have also visited Westminster Village in Spanish Fort, Alabama. On each visit, we have wondered why our own city doesn't offer such a place for its citizens. We desperately wish it did.

Several years ago, my own parents moved to Lanier Village Estates in Gainesville, Georgia, an ACTS continuing care community; and I have seen first-hand how beneficial such a community is, not only to the elderly themselves, but to the larger community of Gainesville as well. They and their fellow residents contribute to their churches, to volunteer organizations, and to the economy of the area. Montgomery needs to keep such active and involved seniors right here.

Having a continuing care community also prevents such hardships as this: in Montgomery, my 90-year-old former neighbor has to drive from his assisted living apartment in East Montgomery to a rehabilitation facility across town in order to visit his wife—a situation not good, even in the best of weather and traffic conditions. On the other hand, in Gainesville, when my father needed skilled nursing care after an accident, my mother was able to see him without ever having to get in the car. His friends there at Lanier Village were easily able to visit, too. Everyone benefited—patient, family, friends.

Having a continuing care community in Montgomery like Lanier Village Estates in Gainesville, Georgia; or Magnolia Trace in Huntsville or Westminster Village in Spanish Fort, would be an asset to the city, keeping senior citizens here instead of driving them away, and drawing others to move to our city who otherwise would look to other places. Such a facility would add jobs to Montgomery and increase tax revenues from monies spent by visiting families on the city's restaurants, shopping, and entertainment attractions.

My husband and I do not want to leave our family, our church, our doctors, our friends, and all that this city offers. But soon, unless Montgomery also offers a continuing care community, we will make the difficult decision to do so.

I would encourage you to investigate the communities that I have referenced —Lanier Village Estates in Gainesville, Georgia and Magnolia Trace in Huntsville (both ACTS communities) and Westminster Village in Spanish Fort. There are others as well, but these are three I know well.

Please, Mayor Strange, see what you can do, in the interest of Montgomery's economy and of the people who live here, to bring about a continuing care community right here, the sooner the better. Truly, the need is great.

Best regards,

Marilyn E. Bloch

271-0836





City of **Montgomery**, Alabama

Office of the  
**CITY COUNCIL**

October 20, 2015

Todd Strange, Mayor  
City Council Members  
Charles W. Jirright, President  
Tracy Larkin - Pres. Pro Tem  
Richard N. Bollinger  
David M. Buricette  
Cornelius "C.C." Calhoun  
Jon Dow  
Arch M. Lee  
Glen O. Pruitt, Jr.  
Charles W. Smith

Oak Grove Inn, LLC  
c/o George Goodwyn, Jr.  
3801 Oak Grove Inn Drive  
Montgomery, AL 36116

**RE: Support for 32 SCALF beds for Montgomery County**

Dear Mr. Goodwyn:

I understand that Oak Grove Inn is requesting an adjustment to the State Health Plan to add 32 specialty care assisted living facility ("SCALF") beds to Montgomery County. I also understand that Oak Grove Inn proposes to locate these 32 beds on their campus at Oak Grove Inn. I am writing this letter to offer my support for the addition of 32 specialty care assisted living beds to Montgomery County and hopefully to be located at Oak Grove Inn.

I firmly believe that the need for assisted care services is on the rise and that the demand for these services will only increase. My opinion is based on both the population demographics and the drastic increase of dementia and other memory related illnesses. In order to better serve the aging population of Montgomery, we need additional assisted living services.

Oak Grove Inn is known for providing high quality of care in both their independent living facility and assisted living facility. It is my understanding that there are no multilevel senior living communities in Montgomery County that offer independent living and assisted living on one campus. I believe that if Oak Grove Inn were permitted to include a specialty care assisted living facility on the same campus it would be a great asset for the aging community.

I hope that Oak Grove Inn will be permitted to open this new facility in order to better serve the aging population of Montgomery County and surrounding areas.

Sincerely,

Arch Lee, Councillor  
District 7

P. O. Box 1111 • Montgomery, Alabama 36101-1111 • Phone (334) 625-2096 • Fax (334) 625-2050

3536 Oak Grove Circle  
Montgomery, AL 36116  
October 22, 2015

George Goodwyn  
Oak Grove Inn, LLC  
3801 Oak Grove Drive  
Montgomery, AL 36116

RE Expanding Oak Grove Inn for SCALF beds

Dear Mr. Goodwyn,

I am writing this letter to give support for Oak Grove Inn to obtain 32 skilled care assisted living facility (SCALF) beds for Montgomery County. I strongly hope that the beds will be located inside the Grove Park neighborhood, as part of the Oak Grove Inn community.

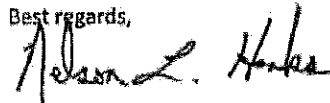
As you know, my wife and I built our home inside Grove Park, near the Oak Grove Inn. My wife also purchased a home for her elderly father just several hundred yards down the street. I welcome the addition of such a skilled care facility to the already outstanding quality care facilities present at Oak Grove Inn.

Because we have already evaluated many such providers, I know their independent living and assisted living services to the aging population are second to none. When the time comes, my wife's father (and eventually ourselves) plan to utilize the Oak Grove Inn. It is very important to us, and, I think, to other citizens of Montgomery County, that Oak Grove Inn obtain these beds. The addition of SCALF beds will allow existing residents and others to receive the appropriate level of care as needed. This additional level of care will also remedy the stress of my wife and I being separated geographically, should one of us require such care.

I believe that because we are living longer, dementia care is increasingly important. And quality dementia care, in an environment provided by Oak Grove Inn and the Grove Park neighborhood, is the SCALF facility I want for me and my family.

I sincerely hope that Oak Grove Inn will be allowed to open a SCALF unit. It will provide a much needed and high-quality access to skilled care in the area. Please let me know if there is anything I can do to help in this very, very important effort.

Best regards,



Nelson L. Hanks

October 20, 2015

Oak Grove Inn, LLC  
c/o George Goodwyn, Jr.  
3801 Oak Grove Inn Drive  
Montgomery, AL 36116

RE: Support for 32 SCALF Beds for Montgomery County

Dear Mr. Goodwyn,

I understand that Oak Grove Inn is seeking an adjustment to the State Health Plan to obtain 32 specialty care assisted living facility ("SCALF) beds for Montgomery County. It is my hope that the beds will be located at the Oak Grove Inn community. I am writing this letter to offer my strong support for Oak Grove Inn.

I am a lifelong citizen of Montgomery, a business owner and serve on the Chamber of Commerce Executive Committee. I have also been a caregiver for a victim of Alzheimer's. As such, I am in a position to not only know the need for additional specialty care facilities in Montgomery, but I am also familiar with Grove Park and the facilities at Oak Grove Inn.

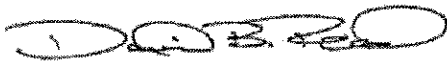
Oak Grove Inn is a Montgomery, Alabama community that provides independent living and assisted living services to the aging population. Oak Grove Inn is known for its excellent quality of care and I know they sincerely care for their residents.

I believe it is important for Oak Grove Inn to obtain SCALF beds to better serve the aging population. The addition of SCALF beds will allow existing residents and others to receive the appropriate level of care as needed. This additional level of care will also alleviate the stress of companions being separated geographically.

It is also my understanding that dementia is rising faster than the aging population and thus more skilled care is required. Therefore, in my opinion the need for SCALF beds is in great demand.

I hope that Oak Grove Inn will be permitted to open a SCALF unit in order to better serve the community and increase access to specialty care in Montgomery County.

Sincerely,



GOODWYN, MILLS AND CAWOOD, INC.  
7600 East Chase Lane Suite 200  
Montgomery, AL 36117  
Tel 334.271.3200 Fax 334.272.4506  
GMCNETWORK.COM

ARCHITECTURE ENGINEERING ENVIRONMENTAL GEOSCIENCE INFRASTRUCTURE INTERIOR DESIGN LANDSCAPE PLANNING CURATIVE REGENERATION

I am a resident of Oak Grove Inn's Assisted Living Facility located in Grove Park in East Montgomery. I am signing this petition to show my strong support for 32 additional specialty care assisted living beds in Montgomery County. It is my hope that the beds will be placed at Oak Grove Inn. I believe that an additional level of care is important to maintain the continuity of care for the residents of the Oak Grove Inn community. Oak Grove Inn currently has a wonderful independent living and assisted living facility and the addition of another level of care on the same campus will benefit not only the current residents, but also their families.

1. Mrs. Jany M. Edwards
2. Beverly L. Dadler
3. Patricia Stewart
4. Dorothy J. Risdalburger
5. Norman H. Rahn
6. Barbara M. Emerson
7. Betty Bridgman
8. Ann Remy
9. Jane Morrison
10. J. Willard
11. Betty L. Hudson
12. Eugene Carter
13. Thomas R. Wilcox
14. Barbara G. Pyram
15. Elizabeth W. Rost
16. Edwina D. Walker
17. Elizabeth Engelbert
18. Betty Jo B. Cantrell
19. Ruth Zeim

20. Maurson Park
21. Saphia Zida
22. Jaylin Cross Law
23. Leticia Hall
24. Christie M Hall
25. Anthony M. Brown Jr
26. Im
27. Dorothy King
28. Verison Walker
29. Made Spain
30. Hanso Green
31. Johanna Golden
32. John E. Rod
33. Margaret F. Horn
34. Paul Horn
35. Jane O'Neal
36. B. Hugh Dardley
37. Billy Mark Rodriguez
38. W. A. J.
39. Betty Baggett
40. Daniel N. Shofar
41. \_\_\_\_\_
42. \_\_\_\_\_

# Oak Grove Inn FIRST DEMAND STUDY

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#### DEMOGRAPHIC ANALYSIS

Oak Grove Inn - Memory Care Demand Analysis  
3801 Oak Grove Drive  
Montgomery, Montgomery County, Alabama 36116  
Heron File No: 15-01-131

As of: July 20, 2015

Prepared For:  
Mr. O'Neal Green  
Oak Grove Inn  
3801 Oak Grove Drive  
Montgomery, Alabama 36116  
Client File No.: N/A

7801 Highway 59, Suite B | Foley, Alabama 36535  
251-968-9555 (p) 251-955-2241 (f) heronvaluation.com



July 20, 2015

Mr. O'Neal Green  
Oak Grove Inn  
3801 Oak Grove Drive  
Montgomery, Alabama 36116

Re: Oak Grove Inn Memory Care Demand Analysis  
Heron File No: 15-01-131

Dear Mr. Green:

At your request, we have prepared a demographic analysis for the above referenced market. Per the letter of engagement, the scope of the demand analysis was to:

- Determine Primary Market Area (PMA)
- Review senior demographics within PMA.
- Interview local competition in regards occupancy and resident draw.
- Estimate demand for assisted living.

We have defined the subject's primary market area (PMA) to be an approximate ten-mile area surrounding the proposed site. Our analysis is based on the subject property with a proposed 35-bed addition for memory care patients.

We have estimated that 80% of demand would emanate from the defined PMA with the remaining 20% being derived from outside the market area. In most markets, the percentage of residents moving into a PMA for senior care are either relocating to be closer to adult children or relatives or were previously living in an area that did not have a facility with the level of care required. There are a total of 356 licensed beds located within the PMA. Of the 356 beds, there are an equal number of assisted living beds and memory care beds, each having 178 licensed beds. Facilities offering memory care services are licensed as a specialty care assisted living facility (SCALF).

There is currently an estimated 87,000 people age 65 and over in the State of Alabama with a form of dementia. This number is projected to increase by 26.4% to an estimated 110,000 seniors 65 and over by the year 2025. This equates to an estimated 1 in 9 of the current 65+ population that has a form of dementia, with same population growing to 1 in 3 by the year 2025. Based on 2014 demographics, there was an estimated 13.5% of the 65+ population with a form of dementia in Montgomery County, Alabama.



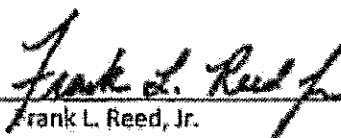
Mr. Green  
Oak Grove Inn  
July 27, 2015  
Page 2

As illustrated in the Senior Housing Market Analysis section of this report, we find that the current estimate of the 65+ population of the PMA is 13.1%, and is projected to increase by 2020 to 14.8%. The current estimate of the 75+ population of the PMA is 5.5%, and is projected to slightly increase by 2020 to 5.9%. Of the portion of the 65+ population of the PMA in 2015, we have estimated that 39.9% are income qualified for a specialty care assisted living facility with an annual income of at least \$45,000.

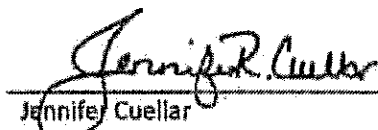
While the overall population has gradually been declining in the PMA over the last 15 years, the percentage of 65+ populations is expected to grow 2.5 percent over the next five years and the percentage of 75+ population in the PMA is expected to grow 2.7 percent during the same time while the adult children population remains relatively unchanged. The growth in the aging population sector is significant to our analysis, as is the stable adult children population, since seniors often relocate to be near family once assistance is needed for daily living.

The demographics indicate within the PMA there is a substantial demand of additional memory care beds with a total potential qualified population of 543 seniors in 2015 and an estimated 635 seniors in 2020. Given this analysis, we feel that overall there is a substantial demand for additional memory care senior housing, and the PMA can withstand an additional 35 memory beds within the PMA as proposed by the subject property. Our analysis is detailed in the following sections of this report.

Respectfully submitted,  
Heron Valuation Group, LLC

  
Frank L. Reed, Jr.

Analyst

  
Jennifer Cuellar

Analyst

**SENIOR HOUSING MARKET ANALYSIS**

The following Senior Housing Market Analysis reviews senior demographic trends, the subject's competitive area, competitive supply, indirect competition, industry trends, and demand estimates. Our analysis is summarized with a conclusion as the strength and health of the senior housing market in which the subject competes. The primary factors considered when analyzing a seniors housing market include:

- The determination of the subject's primary market area (PMA).
- Competitive Supply within the PMA (Existing & Proposed)
- Age qualification
- Income qualification
- Need qualification

**PRIMARY MARKET AREA**

One of the most important aspects of the analysis is to determine from what area the majority of the residents reside prior to relocating to the subject or other local competitors. While many residents may relocate from another state to be near their adult children, senior housing facilities draw a large portion of their resident base from a local area. Operators of senior housing assets typically refer to this as their PMA. In some cases this may be the subject's city limits, county, a five-mile radius from the subject, or zip codes.

In order to delineate the subject's PMA, our analysis evaluated industry trends, an interview with the subject's management, as well as representatives at some of the competitive properties we used in our analysis.

A study in 2000 by the Assisted Living Federation of America indicated the following statistics regarding relocation trends for senior housing properties.

RELOCATION TRENDS					
Geographic Area	Less Than 5 Miles	5-10 Miles	10-15 Miles	15-25 Miles	Over 25 Miles
Independent Living	22%	18%	16%	20%	24%
Assisted Living	29%	24%	17%	14%	16%

*Source: Assisted Living Federation of America (2000)*

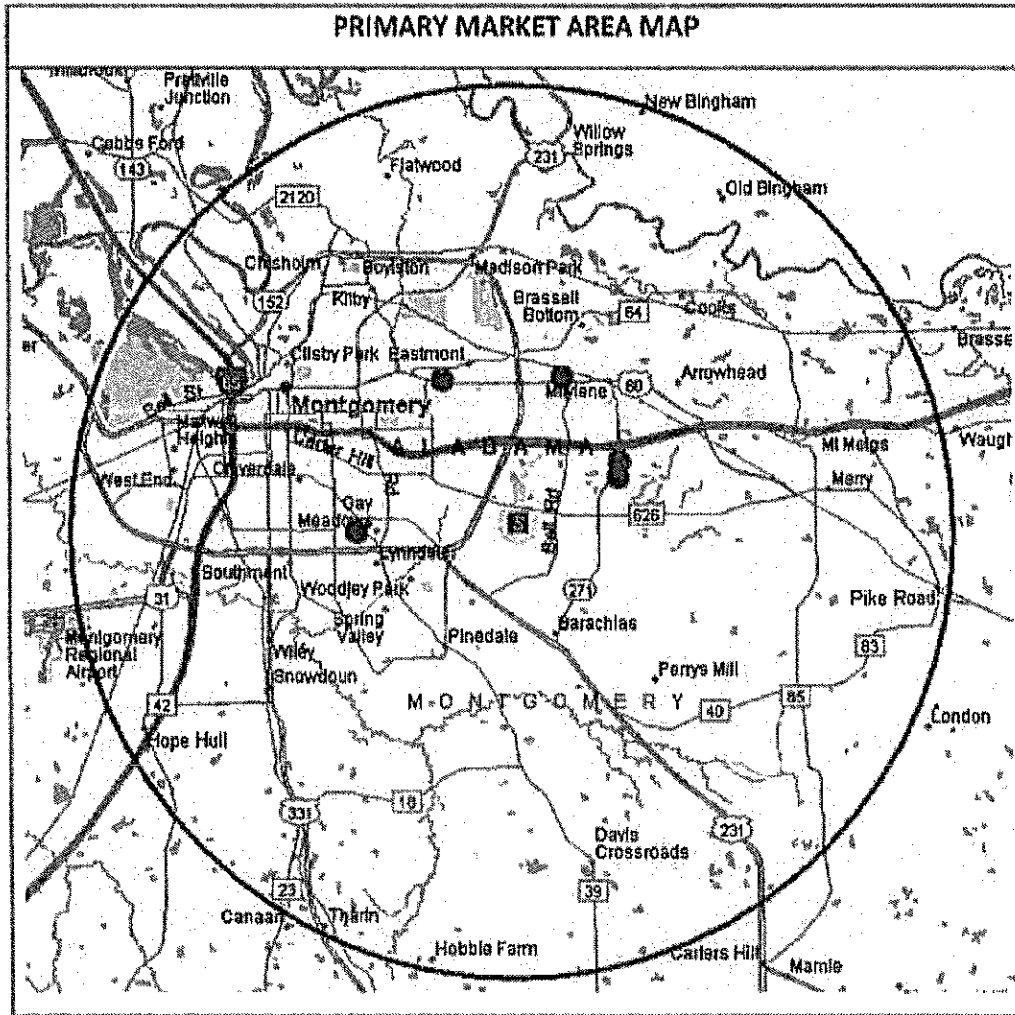
As seen from the data, assisted living residents tend to relocate from within a smaller area than independent living residents. This is understandable due to the need driven basis for assisted living and memory care residents versus the desire driven basis for those relocating or moving into an independent living facility.



SENIOR HOUSING MARKET ANALYSIS

Based on the data presented, as well as from our investigation, it would appear that the PMA for the subject property would generally encompass the areas contained within a ten-mile radius. This should not be construed as representing an exact boundary but rather signifies that the typical resident draw would be from within this area.

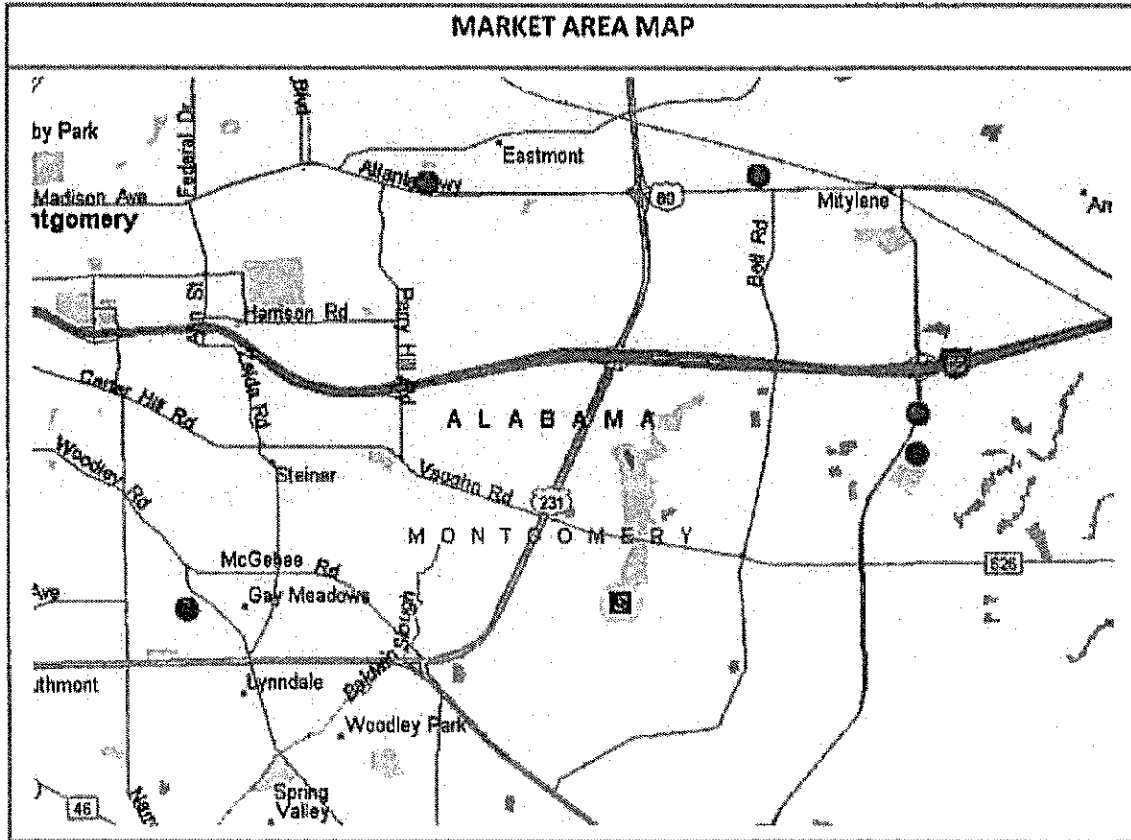
The following map provides a visual depiction of the defined subject's PMA.



**COMPETITIVE SUPPLY**

**Current Supply**

The following map provides locations of the existing supply of specialty care assisted living facilities containing memory care units within close proximity to subject's defined PMA.



As indicated above, there are five SCALF facilities in the market that are currently offering memory care services that would be considered direct competition to the subject.

The following chart lists the current assisted living and memory care facilities located within ten miles of the subject property.



MARKET AREA SUPPLY						
Facility Name	Total Units	Total AL/MC Beds	Assisted Units	Assisted Beds	Memory Care Units	Memory Care Beds
Angels for the Elderly	64	64			64	64
Country Cottage	71	74	39	42	32	32
Elmcroft of Halcyon	64	64	48	48	16	16
Oxton Court at Waterford Place	50	50			50	50
Wesley Gardens Retirement Center	72	72	56	56	16	16
The Belmont	32	32	32	32		
<b>Total</b>	<b>353</b>	<b>356</b>	<b>175</b>	<b>178</b>	<b>178</b>	<b>178</b>

The current supply for the PMA includes a mix of assisted living and memory care units. There are a total of 356 licensed beds located within the PMA. Of the 356 beds, there are an equal number of assisted living beds and memory care beds, each having 178 licensed beds.

A former SCALF facility, The Cedars, which was also located within the PMA and contained 61 licensed SCALF beds, was closed by the State of Alabama in June, 2013. Oxton Senior Living has recently acquired the property and is preparing to re-open the facility as an assisted living facility. As of the time of this report, we have been unable to confirm the number of licensed beds that will be used for the facility.

#### PMA Draw

In most markets, a percentage of a community's population previously lived outside the area of the defined PMA. Also, we have estimated that 80% of demand would emanate from the defined PMA with the remaining 20% being derived from outside the market area. We have reduced the supply accordingly to reflect the 20% demand outside of the market area.

#### SENIOR DEMOGRAPHICS

We evaluated the current and future market potential by analyzing demographic trends and the supply of senior housing in the facility's market area. The PMA for the subject was estimated to encompass the land area within ten miles.

#### Senior Population/Growth Rates

Population and growth statistics for the subject's PMA is shown in the following chart.



POPULATION CHARACTERISTICS				
PRIMARY MARKET AREA				
		Population	% of Total	Annual Growth (%)
	Total *	217,452	---	---
2010 (Census)	65+	25,463	11.7%	---
	65 - 74	13,656	6.3%	---
	75 - 84	8,431	3.9%	---
	85+	3,376	1.6%	---
	Total *	219,347	---	0.2%
2015 (Estimate)	65+	28,844	13.1%	2.5%
	65 - 74	16,803	7.7%	4.2%
	75 - 84	8,458	3.9%	0.1%
	85+	3,589	1.6%	1.2%
	Total *	221,455	---	0.2%
2020 (Forecast)	65+	32,692	14.8%	2.5%
	65 - 74	19,619	8.9%	3.1%
	75 - 84	9,374	4.2%	2.1%
	85+	3,699	1.7%	0.6%

\* Total population figures based on all age groups

Source: ESRI Age 50+ Profile

In reviewing the population trends for the subject's PMA, the 65+ population group is growing moderately at an annual rate of 2.5% per year between 2010 and 2015, which would indicate a potentially moderate level of demand for senior housing. Nationally, 16.5% of the population in 2015 was over the age of 65 years old. Comparatively, the 65+ age group in the subject's PMA indicates a lower percentage of elderly population as compared to the national average at the present time (13.1%). Going forward, the senior population is expected to increase with the most growth, 14.8% of the overall population.

#### Adult Children Population/Growth Rates

This segment of the population generally plays a significant role in the placement of a senior in a senior housing facility. This is especially true as many seniors or elderly will relocate to be near their adult children or relatives. This fact is widely recognized by senior housing operators who indicate that market areas exhibiting a higher concentration of adults between the age of 45 and 65 can generally support a much larger supply of senior housing than would be shown through analyzing only the percentage of seniors currently residing in the market area. This situation is more prevalent with regard to higher levels of care such as assisted living and skilled nursing.



ADULT CHILDREN POPULATION CHARACTERISTICS				
PRIMARY MARKET AREA				
		Population	% of Total	Annual Growth (%)
	Total *	217,452	---	---
2010 (Census)	45 - 64	53,493	24.6%	---
	45 - 54	29,573	13.6%	---
	55 - 64	23,920	11.0%	---
	Total *	219,347	---	0.2%
2015 (Estimate)	45 - 64	53,521	24.4%	0.0%
	45 - 54	27,199	12.4%	-1.7%
	55 - 64	26,322	12.0%	1.9%
	Total *	221,455	---	0.2%
2020 (Forecast)	45 - 64	52,485	23.7%	-0.4%
	45 - 54	26,132	11.8%	-0.8%
	55 - 64	26,353	11.9%	0.0%

\* Total population figures based on all age groups

Source: ESRI Community Profile

As presented by the data, the 45 to 64 age group reflected similar growth between 2010 and 2015 in the PMA relative to the senior population. Over the next five years, the 45-64 population is expected to decrease slightly.

### Health Needs

Within the industry, the most common method of measuring personal care needs is through the use of Activities of Daily Living, or ADLs. According to the National Center for Assisted Living, assisted living residents require assistance with an average 1.6 ADLs. More than 50 percent of residents residing within assisted living facilities require help with preparing meals, managing their medications, and bathing. Per NIC, the average number of ADLs provided by an ALF is 2.0, as of fourth quarter 2011.

Facilities are compensated for care services through these use of additional care fees based on an assessment of each resident. These daily tasks are commonly used as benchmarks to gauge the time and resources needed by a facility to provide adequate care. Revenue from care services can be provided as a point system, a level or care program, or simply providing an all-inclusive rate that includes all care services.

The following chart details the needs of residents.



Utilization of ADLs	
Activity of Daily Living (ADL)	Percent of Residents Needing Help
Meal Preparation	87%
Medication Management	81%
Bathing	64%
Dressing	39%
Toileting	26%
Transferring	19%
Eating	12%

Source: National Center for Assisted Living

As residents age, their personal care needs become greater, evident by the following chart.

Proportion in Age Cohort with Given Number of ADLs			
(as of 2005)			
	Age 65-74	Age 75-84	Age 85+
Nondisabled	91.1%	78.1%	50.3%
One to two ADLs	3.1%	6.7%	12.1%
Three or four ADLs	1.6%	4.5%	10.2%
Five or six ADLs	1.5%	4.0%	7.6%
Other	2.7%	6.6%	19.8%

\* Columns may not sum to 100% due to rounding

Source: Manton, Kenneth, "Changes in chronic disability from 1982-2004/2005 as measured by long-term changes in function and health in the U.S. elderly population." *Proceeding of the National Academy of Sciences of the United States of America (PNAS)*, Vol. 103, No. 48, November 28, 2006.

Given the information provided, it is reasonable that most ALF resident require assistance with one to four ADLs. We find that residents needing assistance with more than four ADLs likely require the care services associated with a nursing home rather than an assisted living facility.

The following charts detail the proportion in age cohort with given number of ADLs located within the PMA.

Proportion in Age Cohort with Given Number of ADLs in PMA- 2015				
	Age 65-74	Age 75-84	Age 85+	Total 65+
Nondisabled	15,308	6,585	1,802	23,694
One to two ADLs	521	565	434	1,519
Three or four ADLs	269	379	365	1,014
Five or six ADLs	252	337	272	862
Other	454	556	709	1,720

\* Columns may not sum to 100% due to rounding





Proportion in Age Cohort with Given Number of ADLs in PMA- 2020				
	Age 65-74	Age 75-84	Age 85+	Total 65+
Nondisabled	17,873	7,321	1,861	27,055
One to two ADLs	608	628	448	1,684
Three or four ADLs	314	422	377	1,113
Five or six ADLs	294	375	281	950
Other	530	619	732	1,881

\* Columns may not sum to 100% due to rounding

### Alternative Solutions to ALFs

Alternative solutions to providing care to seniors are a consideration when determining the demand for a senior community. These alternative solutions for care compete for the age and health qualified residents. Alternative solutions to care include Home & Community-Based Services (HCBS), Cohousing, Villages, and Informal Care. Examples of these care options include the following:

- Home Health Services
- Adult Day Care
- Informal Care provided by Family Members
- Nursing home care that overlaps with assisted living services

Home Health Services provide the most competitive alternative to assisted living facilities. The home health care industry currently consists of approximately 20,000 service operators nationally. The number of providers grew rapidly between 2000 and 2005 at an average annual rate of 13 percent. By 2015, the home health industry is expected to stabilize at 10.9 percent growth annually. Per the NIC Investment Guide, there are currently 5.2 million recipients of home health services over the age of 65, of which 62.3 percent are women. Given the 2015 national 65+ population, this equates to a market penetration of approximately 11.5 percent. Seniors who obtain care from home health providers lack the other benefits associated with institutional care settings such as socialization and supervision from numerous care givers. Also, the costs associated with home health care for seniors who need assistance with numerous ADLs can well surpass the costs associated with an assisted living facility. In our following demand analysis, we have reduced the 65+ population by 11.5 percent to account for the impact of home health.

The following charts detail the number of ADLs located within the PMA After Home Health Deduction is applied.



## SENIOR HOUSING MARKET ANALYSIS

Proportion in Age Cohort with Given Number of ADLs in PMA- 2015- After Home Health Deduction (11.5%)				
	Age 65-74	Age 75-84	Age 85+	Total 65+
Nondisabled	13,547	5,827	1,595	20,970
One to two ADLs	461	500	384	1,345
Three or four ADLs	238	336	323	897
Five or six ADLs	223	298	241	763
Other	402	492	628	1,522

\* Columns may not sum to 100% due to rounding

Proportion in Age Cohort with Given Number of ADLs in PMA- 2020- After Home Health Deduction (11.5%)				
	Age 65-74	Age 75-84	Age 85+	Total 65+
Nondisabled	15,818	6,479	1,647	23,943
One to two ADLs	538	556	396	1,490
Three or four ADLs	278	373	334	985
Five or six ADLs	260	332	249	841
Other	469	548	648	1,665

\* Columns may not sum to 100% due to rounding

### Income Trends

The next variable relates to delineating the income qualifying percentage of the age and health-qualified population in the PMA. Understanding the economic characteristics of residents in senior housing communities is important to understanding the demand for this product type.

Required income levels have been debated within the senior housing industry for many years as the income source used to pay the resident fees can be derived from a variety of sources other than the actual income of the resident. For example, family assistance from adult children and other relatives could be a consideration, the proceeds from the sale of the resident's home could be used, and personal investments such as pensions, stock portfolios, etc. could be used with these assets not being considered by demographic providers such as Nielson ESRI, Inc., ESRI, or Site to Do Business.

Based on the *National Long-Term Care Survey (NLTC)*, a survey that initiated in 1982 and occurs approximately every five years, the average income of an ALF resident is \$17,500 with a total household income of \$22,903 annually according to the most recent survey. The NLTC survey is administered by the US Census Bureau and sponsored by Duke University. The sample size for the survey is 20,000 seniors with approximately 65% of this population living outside of a residence.

For ILFs, the income levels reported by studies are significantly higher than the ALF population. Per the *Independent Living Report*, issued in 2009 by the American Seniors Housing Association (ASHA), the average age of recent new residents was 82 years old. Almost 2/3<sup>rd</sup> of this population of recent new residents lived by themselves, while almost all of the remaining individuals lived with another person. The oldest and least wealthy were the most likely to live alone, as were those in independent living



SENIOR HOUSING MARKET ANALYSIS

residences. Approximately 1/5<sup>th</sup> of the population reported incomes of less than \$25,000 annually. Approximately 37% of this population had long-term care insurance. In comparison, income levels of the new CCRC resident population reported incomes of \$50,000 or more as compared to 1/3<sup>rd</sup> of the ILF population. Almost 1/3<sup>rd</sup> of the CCRC residents reported a net worth of over \$1 million, compared to only 9% of the residents in free standing ILFs.

Due to the means of which the income and population data is presented, we have concluded to an average minimum income qualifying basis for the subject property at \$45,000 per year and higher for specialty care assisted living.

We have to use a lower income qualifier as the income data presented by ESRI, Inc. does not account for investment income or the proceeds generated from the sale of a home. Utilizing this data, we present in the following table the percentage of qualified households with income levels required for a SCALF facility. Again, we note that ESRI, Inc. reports income levels only by households and the following analysis will be based on this reporting means unless noted otherwise.

PERCENT INCOME QUALIFIED HOUSEHOLDS - MEMORY CARE								
Incomes					65-74	75+	Total	
<\$15,000	0.0%	x	3,612	=	-	1,823	1,789	3,612
\$15,000-\$24,999	0.0%	x	3,273	=	-	1,437	1,836	3,273
\$25,000-\$34,999	0.0%	x	2,473	=	-	1,208	1,265	2,473
\$35,000-\$49,999	33.3%	x	3,419	=	1,140	1,968	1,451	3,419
\$50,000-\$74,999	100.0%	x	3,057	=	3,057	1,946	1,111	3,057
\$75,000-\$99,999	100.0%	x	1,397	=	1,397	1,006	391	1,397
\$100,000-\$149,999	100.0%	x	1,184	=	1,184	873	311	1,184
\$150,000-\$199,999	100.0%	x	395	=	395	307	88	395
\$200,000+	100.0%	x	547	=	547	427	120	547
TOTALS					7,720	10,995	8,362	19,357
% INCOME QUALIFIED								39.9%

As shown in the demand analysis below, on the 65+ population is analyzed for memory care demand. As indicated, approximately 39.9% of the 65+ households in the PMA have incomes over \$45,000 per year. We have also concluded that any income growth in households will effectively be offset by facility rate increases. As such, we consider the calculated factors of 39.9% to be reasonable for our analysis. This income qualification factor is applied to our health and age qualified population within our demand calculations.



**DEMAND ANALYSIS – MEMORY CARE**

In the following analysis, current demand for SCALF units in the subject's PMA will be presented. This will include an analysis of the demographic trends for the local area (delineated from the demographic data presented earlier), as well as projected demand for the subject within its PMA.

In the following table, we have summarized the demographic data for the subject's primary market area. Some of this data was presented earlier.

<b>Demographic Analysis - Primary Market Area</b>			
	<b>2015</b>	<b>2020</b>	<b>% Change</b>
Total Population	219,347	221,455	1.0%
Total Households (unadjusted for age)	86,280	87,172	1.0%
Median Housing Value	\$152,861	\$170,076	11.3%
Median Household Income	\$43,917	\$49,157	11.9%
65+ Householders	28,844	32,692	13.3%
% of Total Households	33.4%	37.5%	
65 - 74 Population	16,803	19,619	16.8%
% of Total Population	7.7%	8.9%	
75 - 84 Population	8,458	9,374	10.8%
% of Total Population	3.9%	4.2%	
85+ Population	3,583	3,699	3.2%
% of Total Population	1.6%	1.7%	

*Source: ESRI Age 50+ Profile*

ESRI, Inc., Inc. compiled the demographic data used in our analysis. The data includes figures for the most recent 2015 estimates and projections for the year 2020. For purposes of this analysis, we relied upon the 2015 estimates for current demographic information.



### Overview of Alzheimer's and Dementia

Alzheimer's disease is the most common cause of dementia. Dementia is a clinical syndrome of loss or decline in memory and other cognitive abilities. It is caused by various diseases and conditions that result in damaged brain cells. To be classified as dementia, the syndrome must meet the following criteria:

- It must include decline in memory and in at least one of the following cognitive abilities:
  1. Ability to generate coherent speech and understand spoken or written language;
  2. Ability to recognize or identify objects, assuming intact sensory function;
  3. Ability to execute motor activities, assuming intact motor abilities, sensory function and comprehension of the required task; and
  4. Ability to think abstractly, make sound judgments and plan and carry out complex tasks.
- The decline in cognitive abilities must be severe enough to interfere with daily life.

Different types of dementia have been associated with distinct symptom patterns and distinguishing microscopic brain abnormalities. Increasing evidence from long-term epidemiological observation and autopsy studies suggests that many people have microscopic brain abnormalities associated with more than one type of dementia. The symptoms of different types of dementia also overlap and can be further complicated by coexisting medical conditions.

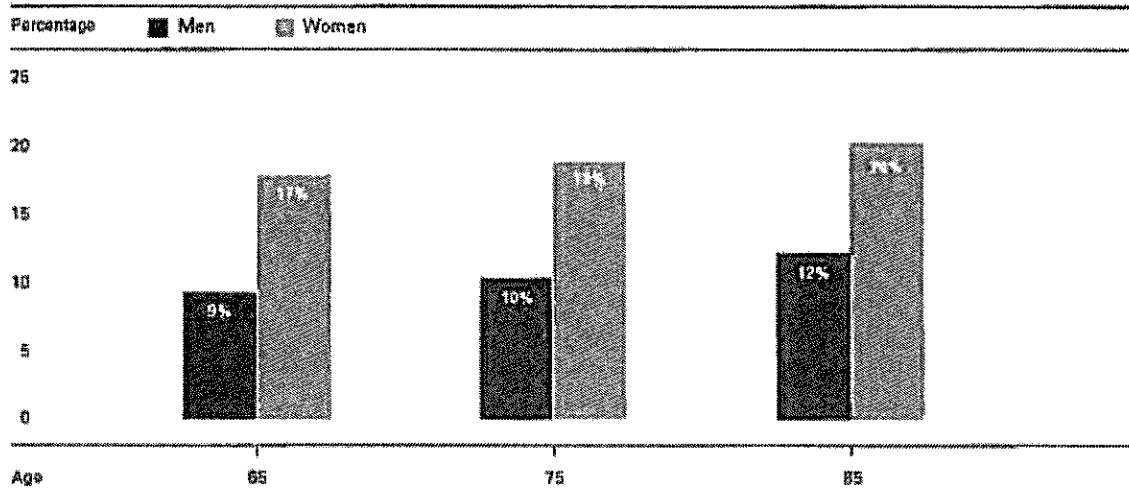
### DEMENTIA DEMAND ANALYSIS

As described, we have assembled various statistics regarding the prevalence of dementia. We have chosen to apply the prevalence figure provided in the article "Prevalence of Dementia in the United States: The Aging, Demographics, and Memory Study" which was released in *Neuroepidemiology 2007*. This study found that 16% of women and 11% of men over 71 years old has dementia. Further, it suggested that 14% of the 71 and over population has dementia. The study revealed that 70% of the dementia was estimated to be Alzheimer's, 17% was considered to be vascular dementia, and the remaining 13% was some other sort of dementia.

According to the 2015 Alzheimer's Disease Facts and Figures, published by the Alzheimer's Association, there are an estimated 5.3 million people that have a form of dementia with 5.1 million people over the age of 65. Approximately 200,000 people are less than 65 years old with some form of early on-set dementia. The 2015 Facts and Figures report also uses information from the Framington Study which has estimated the lifetime risk associated with dementia based on gender and age. We applied these risk factors in our analysis of the demographics for the subject's PMA. These estimated risk factors are shown in the chart below.



Estimated Lifetime Risk for Alzheimer's, by Age and Sex, from the Framingham Study



We have chosen to apply the above gender figures since the ratio of males and females might vary by area. Previous studies focused primarily on the 75+ age population; however, recent studies show the 65+ population with dementia increasing and there is an estimated 11% of the 65+ population with a form of dementia. As such, we have applied these figures to the demographics from the subject's PMA. We expect that prevalence of dementia will increase with older populations.

There is currently an estimated 87,000 people age 65 and over in the State of Alabama with a form of dementia. This number is projected to increase by 26.4% to an estimated 110,000 seniors 65 and over by the year 2025. Based on 2014 demographics, there was an estimated 13.5% of the 65+ population with a form of dementia in Montgomery County, Alabama. However, it is estimated that over half of the total 5.3 million population with Alzheimer's or dementia may not have been told that they have the disease.

The charts below represent the estimated 2015 demographics and 2020 projections for the PMA previously discussed and represented by gender.

2015 Estimated 65+ Population				
	65-74	75-84	85+	Total
Female	9,269	5,120	2,459	16,848
Male	7,534	3,338	1,124	11,996
Total	16,803	8,458	3,583	28,844



SENIOR HOUSING MARKET ANALYSIS

2020 Estimated 65+ Population				
	65-74	75-84	85+	Total
Female	10,968	5,555	2,457	18,980
Male	8,652	3,819	1,242	13,713
Total	19,620	9,374	3,699	32,693

The following charts represent the estimated 2015 population and the 2020 population projections in the PMA with the applied estimated lifetime risk factors as previously discussed. The totals reflected below were applied in our demand analysis.

Estimated Lifetime Risk - 2015 Population				
	65-74	75-84	85+	Total
Female	1,576	973	492	3,040
Male	678	334	135	1,147
Total	2,254	1,307	627	4,187

Estimated Lifetime Risk - 2020 Population				
	65-74	75-84	85+	Total
Female	1,865	1,055	491	3,411
Male	779	382	149	1,310
Total	2,643	1,437	640	4,721

In addition to need, we have also considered income qualifications. As noted previously, our analysis revealed that 39.9% of the household population would be income qualified. We recognize that we have applied a household income figure to a population figure. Unfortunately, STDB does not provide specific income levels on a per capita basis. By applying the 39.9% figure of households to the 65 and over population, our estimates become less conservative than if a figure was available for population incomes.

Per HUD guidelines, we have only considered non-married households. Per STDB data, approximately 43.2% of seniors aged 65 and over live alone.

Once we calculated the single, health, and income qualified persons, we then considered the impact of existing supply and competition. For the purposes of our analysis, we considered a market penetration rate for our analysis.

Per the HUD LEAN guidelines, the demand analysis should account for all other residential care and housing facilities that cater to seniors who need ADLs including CCRCs, retirement service centers, independent living facilities, SNFs, etc. We note that we have not considered any independent living units within our supply count since these units are not legally capable of providing care for residents



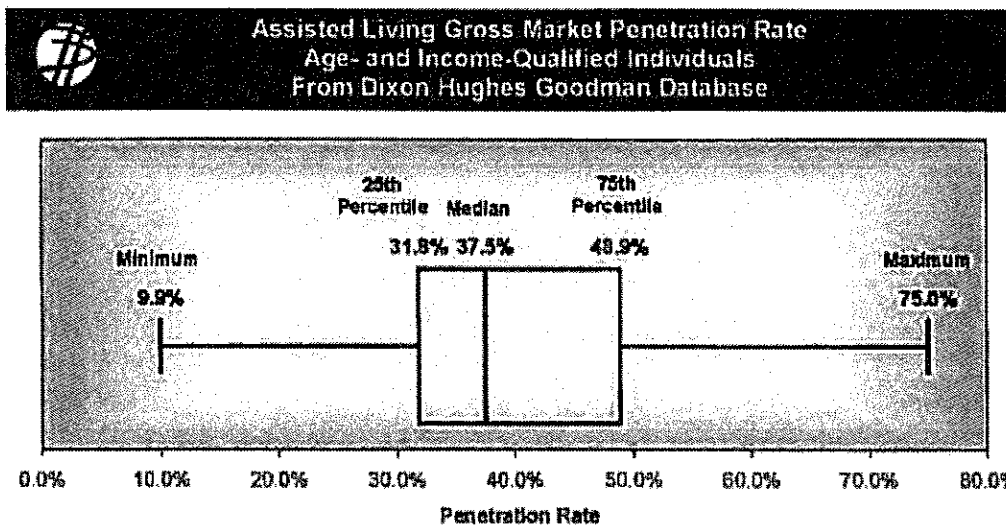
who require three or more ADLs. Therefore, we find that any congregate living arrangement is not competitive. In addition, the ESRI figures only reflect non-institutionalized seniors. In other words, the demographics used within our study do not account for seniors who are currently residing in a skilled nursing facility. Since these seniors are not accounted in our population, there is no need to consider the supply of skilled nursing beds within our demand analysis.

**MARKET CAPTURE RATES- ALZHEIMER'S**

There are numerous studies and/or factors utilized by various analysts to forecast demand after determining the age, income and health qualified population. These include generalized factors used in determining demand, as well as additional qualifiers that further delineate the population for those requiring assistance with activities of daily living (ADL's), those living alone, those requiring institutional care, etc. Like any statistical data, these factors are generally based on the analyst's personal analysis/studies and can vary.

In our analysis, we analyzed the market through the use of a penetration rate. A penetration rate is calculated by dividing the total number of competitive beds expected to be filled from the PMA by the number of qualified individuals in the PMA.

There are many opinions and surveys regarding what are acceptable penetration rates within the assisted living sector. For the purposes of this study, we have considered the information reported by Dixon Hughes Goodman, a leading accounting firm with expertise in the seniors housing industry. Dixon Hughes Goodman has developed thresholds for penetration rates based on their database of 60 senior housing projects. Their study is contained within the following chart.



The lesser the penetration rate, the more accepting a market would be of new product. As seen in the previous chart, the average market exhibits a median percentile penetration rate of 37.5%. We note that this is based on an age and income qualified market.





## SENIOR HOUSING MARKET ANALYSIS

The PMA data that has been presented is summarized in the following table, including the number of existing units and/or beds dedicated to SCALF residents.

We note that these thresholds were established for assisted living, which included memory care. Given that memory care is more demand driven than standard assisted living care, we expect that the thresholds would be greater than those seen in the previous chart.

Dementia Demand Analysis					
Age, Need, and Income Qualified Population Calculation					
Year	2015		2020		
65+ Total Population	28,844		32,692		
65+ Male Population	11,996		13,713		
65+ Female Population	16,848		18,980		
<b>Health Qualifier:</b>					
Males (65+ with Estimated Risk Factor)	*	1,347	Males (65+ with Estimated Risk Factor)	*	1,310
Females (65+ with Estimated Risk Factor)	*	3,040	Females (65+ with Estimated Risk Factor)	*	3,411
Health Qualified	4,187		4,721		
<small>Age 65+ and Female has been adjusted to age 74, 75-84, and 85+ population.</small>					
Percent with Income above \$45,000	39.9%		39.9%		
Health and Income Qualified	1,670		1,893		
Non Married Households	43.2%		43.2%		
Single, Health and Income Qualified Persons	721		813		
Less Competitive Dementia Supply	178		178		
<b>Total Potential Qualified Population</b>	<b>543</b>		<b>635</b>		
Subject Stabilized Beds	35		35		
Penetration Rate	29.53%		26.19%		
Market Capture Rate	8.44%		5.51%		

The above chart reflects the analysis of the current population estimated dementia population, current bed supply, and the proposed memory care beds to be provided by the subject property. The above demographics indicate within the PMA there is a substantial demand of additional memory care beds with a total potential qualified population of 543 seniors in 2015 and an estimated 635 seniors in 2020. Given this analysis, the PMA can withstand an additional 35 memory beds within the PMA as proposed by the subject property. The addition of 35 memory care beds indicates a penetration rate falling within the minimum percentile of the information previously shown. Based on the calculations, the indicated penetration rate for the PMA in 2015 is 29.53%. Over the next five years, the penetration rate would fall to 26.19% in 2020. As such, if the subject property were to add an additional 35 SCALF beds to the market, the subject would need to capture 6.44% of the total potential qualified population in order to stabilize.

Investors seek properties with a secured memory care unit as the property allows a slight variation in services allowing slight diversification. Also, memory care units allow assisted living facilities to lengthen the average stay of a resident as properties without memory care units must support the movement of a resident who has significant memory impairments to a nursing home or other facility or program that is properly licensed.



**SUMMARY OF FINDINGS**

We have defined the subject's primary market area (PMA) as an approximately ten-mile radius. In most markets, a percentage of a community's population previously lived outside the area of the defined PMA. We have estimated that 80% of demand would emanate from the defined PMA with the remaining 20% being derived from outside the market area. Our analysis considered an additional 35-specialty care assisted living beds as proposed by the subject property. Based the supply and demand analysis, and projected growth in the dementia population, we find there is a substantial demand which could support the current supply of beds with an additional 35 beds for memory care residents.



ADDENDA



DEMOGRAPHICS





# Community Profile

3801 Oak Grove Dr, Montgomery, Alabama, 36116  
Rings: 10 mile radii

Prepared by Esri  
Latitude: 32.33259  
Longitude: -86.21452

	10 miles
<b>Population Summary</b>	
2000 Total Population	210,620
2010 Total Population	217,452
2015 Total Population	219,347
2015 Group Quarters	8,557
2020 Total Population	221,455
2015-2020 Annual Rate	0.19%
<b>Household Summary</b>	
2000 Households	81,035
2000 Average Household Size	2.45
2010 Households	85,113
2010 Average Household Size	2.45
2015 Households	86,280
2015 Average Household Size	2.44
2020 Households	87,172
2020 Average Household Size	2.44
2015-2020 Annual Rate	0.21%
2010 Families	54,531
2010 Average Family Size	3.07
2015 Families	54,454
2015 Average Family Size	3.09
2020 Families	54,526
2020 Average Family Size	3.11
2015-2020 Annual Rate	0.03%
<b>Housing Unit Summary</b>	
2000 Housing Units	89,572
Owner Occupied Housing Units	56.9%
Renter Occupied Housing Units	33.6%
Vacant Housing Units	9.5%
2010 Housing Units	95,941
Owner Occupied Housing Units	53.5%
Renter Occupied Housing Units	35.2%
Vacant Housing Units	11.3%
2015 Housing Units	98,406
Owner Occupied Housing Units	51.5%
Renter Occupied Housing Units	36.2%
Vacant Housing Units	12.3%
2020 Housing Units	99,652
Owner Occupied Housing Units	51.4%
Renter Occupied Housing Units	36.1%
Vacant Housing Units	12.5%
<b>Median Household Income</b>	
2015	\$43,917
2020	\$49,157
<b>Median Home Value</b>	
2015	\$152,861
2020	\$170,076
<b>Per Capita Income</b>	
2015	\$25,232
2020	\$28,165
<b>Median Age</b>	
2010	34.4
2015	35.3
2020	36.3

**Data Note:** Household population includes persons not residing in group quarters. Average Household Size is the household population divided by total households. Persons in families include the householder and persons related to the householder by birth, marriage, or adoption. Per Capita Income represents the income received by all persons aged 15 years and over divided by the total population.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2015 and 2020. Esri converted Census 2000 data into 2010 geography.

July 10, 2015



# Community Profile

3801 Oak Grove Dr, Montgomery, Alabama, 36116  
Rings: 10 mile radii

Prepared by Esri  
Latitude: 32.33259  
Longitude: -86.21452

	10 miles
<b>2015 Households by Income</b>	
Household Income Base	86,273
<\$15,000	16.5%
\$15,000 - \$24,999	12.1%
\$25,000 - \$34,999	10.7%
\$35,000 - \$49,999	16.1%
\$50,000 - \$74,999	17.3%
\$75,000 - \$99,999	10.5%
\$100,000 - \$149,999	9.5%
\$150,000 - \$199,999	4.0%
\$200,000+	3.5%
Average Household Income	\$63,181
<b>2020 Households by Income</b>	
Household Income Base	87,165
<\$15,000	15.5%
\$15,000 - \$24,999	9.0%
\$25,000 - \$34,999	9.8%
\$35,000 - \$49,999	16.4%
\$50,000 - \$74,999	18.6%
\$75,000 - \$99,999	11.3%
\$100,000 - \$149,999	10.7%
\$150,000 - \$199,999	4.8%
\$200,000+	4.0%
Average Household Income	\$70,579
<b>2015 Owner Occupied Housing Units by Value</b>	
Total	50,613
<\$50,000	3.8%
\$50,000 - \$99,999	20.5%
\$100,000 - \$149,999	24.7%
\$150,000 - \$199,999	18.4%
\$200,000 - \$249,999	10.4%
\$250,000 - \$299,999	6.2%
\$300,000 - \$399,999	8.7%
\$400,000 - \$499,999	4.0%
\$500,000 - \$749,999	2.6%
\$750,000 - \$999,999	0.4%
\$1,000,000 +	0.3%
Average Home Value	\$191,585
<b>2020 Owner Occupied Housing Units by Value</b>	
Total	51,146
<\$50,000	3.6%
\$50,000 - \$99,999	17.0%
\$100,000 - \$149,999	21.7%
\$150,000 - \$199,999	19.2%
\$200,000 - \$249,999	12.0%
\$250,000 - \$299,999	7.6%
\$300,000 - \$399,999	9.3%
\$400,000 - \$499,999	4.5%
\$500,000 - \$749,999	3.9%
\$750,000 - \$999,999	0.8%
\$1,000,000 +	0.3%
Average Home Value	\$210,899

Data Note: Income represents the preceding year, expressed in current dollars. Household income includes wage and salary earnings, interest dividends, net rents, pensions, SSI and welfare payments, child support, and alimony.  
Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2015 and 2020. Esri converted Census 2000 data into 2010 geography.

July 10, 2015



# Community Profile

3801 Oak Grove Dr, Montgomery, Alabama, 36116  
Rings: 10 mile radii

Prepared by Esri  
Latitude: 32.33259  
Longitude: -86.21452

2010 Population by Age	10 miles
Total	217,450
0 - 4	7.0%
5 - 9	6.8%
10 - 14	6.7%
15 - 24	15.7%
25 - 34	14.5%
35 - 44	12.9%
45 - 54	13.6%
55 - 64	11.0%
65 - 74	6.3%
75 - 84	3.9%
85 +	1.6%
18 +	75.3%

2015 Population by Age	10 miles
Total	219,350
0 - 4	6.7%
5 - 9	6.7%
10 - 14	6.6%
15 - 24	14.6%
25 - 34	15.0%
35 - 44	12.9%
45 - 54	12.4%
55 - 64	12.0%
65 - 74	7.7%
75 - 84	3.9%
85 +	1.6%
18 +	76.2%

2020 Population by Age	10 miles
Total	221,453
0 - 4	6.7%
5 - 9	6.5%
10 - 14	6.7%
15 - 24	13.9%
25 - 34	14.5%
35 - 44	13.4%
45 - 54	11.8%
55 - 64	11.9%
65 - 74	8.9%
75 - 84	4.2%
85 +	1.7%
18 +	76.5%

2010 Population by Sex	10 miles
Males	103,246
Females	114,206

2015 Population by Sex	10 miles
Males	104,742
Females	114,605

2020 Population by Sex	10 miles
Males	106,255
Females	115,201

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2015 and 2020. Esri converted Census 2000 data into 2010 geography.

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10 miles

### 2010 Population by Race/Ethnicity

Total	217,451
White Alone	38.8%
Black Alone	55.4%
American Indian Alone	0.2%
Asian Alone	2.2%
Pacific Islander Alone	0.1%
Some Other Race Alone	2.0%
Two or More Races	1.3%
Hispanic Origin	3.6%
Diversity Index	57.4

### 2015 Population by Race/Ethnicity

Total	219,347
White Alone	36.5%
Black Alone	57.1%
American Indian Alone	0.2%
Asian Alone	2.7%
Pacific Islander Alone	0.1%
Some Other Race Alone	2.0%
Two or More Races	1.5%
Hispanic Origin	3.5%
Diversity Index	57.2

### 2020 Population by Race/Ethnicity

Total	221,456
White Alone	33.9%
Black Alone	58.8%
American Indian Alone	0.2%
Asian Alone	3.3%
Pacific Islander Alone	0.1%
Some Other Race Alone	1.9%
Two or More Races	1.8%
Hispanic Origin	3.5%
Diversity Index	57.0

### 2010 Population by Relationship and Household Type

Total	217,452
In Households	95.8%
In Family Households	79.1%
Householder	25.1%
Spouse	14.9%
Child	32.4%
Other relative	4.6%
Nonrelative	2.1%
In Nonfamily Households	16.7%
In Group Quarters	4.2%
Institutionalized Population	2.4%
Noninstitutionalized Population	1.8%

Data Note: Persons of Hispanic Origin may be of any race. The Diversity Index measures the probability that two people from the same area will be from different race/ethnic groups.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2015 and 2020. Esri converted Census 2000 data into 2010 geography.

July 10, 2015





	10 miles
<b>2015 Population 25+ by Educational Attainment</b>	
Total	143,415
Less than 9th Grade	3.8%
9th - 12th Grade, No Diploma	8.5%
High School Graduate	20.6%
GED/Alternative Credential	5.2%
Some College, No Degree	22.2%
Associate Degree	6.3%
Bachelor's Degree	20.4%
Graduate/Professional Degree	13.1%
<b>2015 Population 15+ by Marital Status</b>	
Total	175,341
Never Married	39.8%
Married	40.7%
Widowed	6.5%
Divorced	13.0%
<b>2015 Civilian Population 16+ in Labor Force</b>	
Civilian Employed	92.7%
Civilian Unemployed	7.3%
<b>2015 Employed Population 16+ by Industry</b>	
Total	92,618
Agriculture/Mining	0.4%
Construction	4.5%
Manufacturing	10.4%
Wholesale Trade	1.8%
Retail Trade	11.9%
Transportation/Utilities	3.3%
Information	1.2%
Finance/Insurance/Real Estate	6.5%
Services	48.1%
Public Administration	11.9%
<b>2015 Employed Population 16+ by Occupation</b>	
Total	92,618
White Collar	62.1%
Management/Business/Financial	15.1%
Professional	21.8%
Sales	11.3%
Administrative Support	14.0%
Services	19.7%
Blue Collar	18.2%
Farming/Forestry/Fishing	0.1%
Construction/Extraction	3.7%
Installation/Maintenance/Repair	2.6%
Production	6.1%
Transportation/Material Moving	5.5%

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2015 and 2020. Esri converted Census 2000 data into 2010 geography.



# Community Profile

3801 Oak Grove Dr, Montgomery, Alabama, 36116  
Rings: 10 mile radii

Prepared by Esri  
Latitude: 32.33259  
Longitude: -86.21452

## 2010 Households by Type

10 miles

Total	85,113
Households with 1 Person	30.5%
Households with 2+ People	69.5%
Family Households	64.1%
Husband-wife Families	38.1%
With Related Children	16.6%
Other Family (No Spouse Present)	26.0%
Other Family with Male Householder	4.8%
With Related Children	2.5%
Other Family with Female Householder	21.2%
With Related Children	14.7%
Nonfamily Households	5.4%
All Households with Children	34.0%
Multigenerational Households	5.1%
Unmarried Partner Households	5.4%
Male-female	4.8%
Same-sex	0.6%

## 2010 Households by Size

Total	85,112
1 Person Household	30.5%
2 Person Household	30.9%
3 Person Household	16.9%
4 Person Household	12.6%
5 Person Household	5.5%
6 Person Household	2.1%
7 + Person Household	1.4%

## 2010 Households by Tenure and Mortgage Status

Total	85,113
Owner Occupied	60.3%
Owned with a Mortgage/Loan	44.8%
Owned Free and Clear	15.5%
Renter Occupied	39.7%

**Data Note:** Households with children include any households with people under age 18, related or not. Multigenerational households are families with 3 or more parent-child relationships. Unmarried partner households are usually classified as nonfamily households unless there is another member of the household related to the householder. Multigenerational and unmarried partner households are reported only to the tract level. Esri estimated block group data, which is used to estimate polygons or non-standard geography.

**Source:** U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2015 and 2020. Esri converted Census 2000 data into 2010 geography.

July 10, 2015



# Age 50+ Profile

3801 Oak Grove Dr, Montgomery, Alabama, 36116  
 Ring: 10 mile radius

Prepared by Esri  
 Latitude: 32.33259  
 Longitude: -86.21452

Demographic Summary	Census 2010			2015-2020	
	2010	2015	2020	Change	Annual Rate
Total Population	217,452	219,347	221,455	2,108	0.19%
Population 50+	64,219	69,300	71,578	2,278	0.65%
Median Age	34.4	35.3	36.3	1.0	0.56%
Households	85,113	86,280	87,172	892	0.21%
% Householders 55+	37.8%	40.8%	42.6%	1.8	0.87%
Owner/Renter Ratio	1.5	1.4	1.4	0.0	0.00%
Median Home Value	-	\$152,861	\$170,076	\$17,215	2.16%
Average Home Value	-	\$191,585	\$210,899	\$19,314	1.94%
Median Household Income	-	\$43,917	\$49,157	\$5,240	2.28%
Median Household Income for Householder 55+	-	\$39,844	\$44,889	\$5,045	2.41%

Male Population	Population by Age and Sex					
	Census 2010		2015		2020	
	Number	% of 50+	Number	% of 50+	Number	% of 50+
Total (50+)	28,005	100.0%	30,459	100.0%	31,705	100.0%
50-54	6,875	24.5%	6,641	21.8%	6,001	18.9%
55-59	5,903	21.1%	6,337	20.8%	6,091	19.2%
60-64	5,034	18.0%	5,485	18.0%	5,900	18.6%
65-69	3,514	12.5%	4,478	14.7%	4,838	15.3%
70-74	2,441	8.7%	3,056	10.0%	3,814	12.0%
75-79	1,969	7.0%	1,959	6.4%	2,441	7.7%
80-84	1,290	4.6%	1,379	4.5%	1,378	4.3%
85+	979	3.5%	1,124	3.7%	1,242	3.9%

Female Population	Population by Age and Sex					
	Census 2010		2015		2020	
	Number	% of 50+	Number	% of 50+	Number	% of 50+
Total (50+)	36,214	100.0%	38,840	100.0%	39,875	100.0%
50-54	7,962	22.0%	7,601	19.6%	6,561	16.5%
55-59	7,236	20.0%	7,612	19.6%	7,221	18.1%
60-64	5,745	15.9%	6,779	17.5%	7,113	17.8%
65-69	4,293	11.9%	5,373	13.8%	6,199	15.5%
70-74	3,408	9.4%	3,896	10.0%	4,769	12.0%
75-79	2,900	8.0%	2,895	7.5%	3,326	8.3%
80-84	2,272	6.3%	2,225	5.7%	2,229	5.6%
85+	2,398	6.6%	2,459	6.3%	2,457	6.2%

Total Population	Population by Age and Sex					
	Census 2010		2015		2020	
	Number	% of Total Pop	Number	% of Total Pop	Number	% of Total Pop
Total (50+)	64,219	29.5%	69,300	31.6%	71,578	32.3%
50-54	14,837	6.8%	14,243	6.5%	12,562	5.7%
55-59	13,139	6.0%	13,949	6.4%	13,312	6.0%
60-64	10,780	5.0%	12,264	5.6%	13,012	5.9%
65-69	7,807	3.6%	9,851	4.5%	11,037	5.0%
70-74	5,849	2.7%	6,952	3.2%	8,582	3.9%
75-79	4,869	2.2%	4,853	2.2%	5,767	2.6%
80-84	3,562	1.6%	3,605	1.6%	3,607	1.6%
85+	3,376	1.6%	3,583	1.6%	3,699	1.7%
65+	25,463	11.7%	28,844	13.1%	32,692	14.8%
75+	11,807	5.4%	12,041	5.5%	13,073	5.9%

Data Note - A "\*" indicates that the variable was not collected in the 2010 Census.  
 Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2015 and 2020.



# Age 50+ Profile

3801 Oak Grove Dr, Montgomery, Alabama, 36116  
 Ring: 10 mile radius

Prepared by Esri  
 Latitude: 32.33259  
 Longitude: -86.21452

## 2015 Households by Income and Age of Householder 55+

	55-64	Percent	65-74	Percent	75+	Percent	Total	Percent
<b>Total</b>	<b>15,880</b>	<b>100%</b>	<b>10,993</b>	<b>100%</b>	<b>8,363</b>	<b>100%</b>	<b>35,236</b>	<b>100%</b>
<\$15,000	2,739	17.2%	1,823	16.6%	1,789	21.4%	6,351	18.0%
\$15,000-\$24,999	1,759	11.1%	1,437	13.1%	1,836	22.0%	5,032	14.3%
\$25,000-\$34,999	1,496	9.4%	1,208	11.0%	1,265	15.1%	3,969	11.3%
\$35,000-\$49,999	2,213	13.9%	1,968	17.9%	1,451	17.4%	5,632	16.0%
\$50,000-\$74,999	2,600	16.4%	1,946	17.7%	1,111	13.3%	5,657	16.1%
\$75,000-\$99,999	1,699	10.7%	1,006	9.2%	391	4.7%	3,096	8.8%
\$100,000-\$149,999	1,743	11.0%	873	7.9%	311	3.7%	2,927	8.3%
\$150,000-\$199,999	853	5.4%	307	2.8%	88	1.1%	1,248	3.5%
\$200,000+	778	4.9%	427	3.9%	120	1.4%	1,325	3.8%
Median HH Income	\$47,850		\$41,511		\$28,620		\$39,844	
Average HH Income	\$70,539		\$61,009		\$41,364		\$60,640	

## 2020 Households by Income and Age of Householder 55+

	55-64	Percent	65-74	Percent	75+	Percent	Total	Percent
<b>Total</b>	<b>15,663</b>	<b>100%</b>	<b>12,588</b>	<b>100%</b>	<b>8,877</b>	<b>100%</b>	<b>37,128</b>	<b>100%</b>
<\$15,000	2,495	15.9%	1,936	15.4%	1,859	20.9%	6,290	16.9%
\$15,000-\$24,999	1,156	7.4%	1,247	9.9%	1,492	16.8%	3,895	10.5%
\$25,000-\$34,999	1,296	8.3%	1,276	10.1%	1,274	14.4%	3,846	10.4%
\$35,000-\$49,999	2,203	14.1%	2,343	18.6%	1,664	18.7%	6,210	16.7%
\$50,000-\$74,999	2,809	17.9%	2,394	19.0%	1,372	15.5%	6,575	17.7%
\$75,000-\$99,999	1,860	11.9%	1,280	10.2%	485	5.5%	3,625	9.8%
\$100,000-\$149,999	1,954	12.5%	1,149	9.1%	442	5.0%	3,545	9.5%
\$150,000-\$199,999	1,009	6.4%	427	3.4%	133	1.5%	1,569	4.2%
\$200,000+	881	5.6%	536	4.3%	156	1.8%	1,573	4.2%
Median HH Income	\$54,408		\$45,775		\$33,123		\$44,889	
Average HH Income	\$80,235		\$68,135		\$47,675		\$68,348	

**Data Note:** Income is reported for July 1, 2015 and represents annual income for the preceding year, expressed in current (2014) dollars, including an adjustment for inflation. Income is reported for July 1, 2020 and represents annual income for the preceding year, expressed in current (2019) dollars, including an adjustment for inflation.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2015 and 2020.



# Age 50+ Profile

3801 Oak Grove Dr, Montgomery, Alabama, 36116  
Ring: 10 mile radius

Prepared by Esri  
Latitude: 32.33259  
Longitude: -86.21452

### 2015 Population 50+ by Race

	Number	Percent	% Pop
Total	69,297	100.0%	31.6%
White Alone	35,516	51.3%	44.4%
Black Alone	31,694	45.7%	25.3%
American Indian Alone	151	0.2%	30.3%
Asian Alone	1,195	1.7%	20.2%
Pacific Islander Alone	18	0.0%	11.0%
Some Other Race Alone	236	0.3%	5.5%
Two or More Races	487	0.7%	14.7%
Hispanic Origin (Any Race)	700	1.0%	9.1%

### Census 2010 Households and Age of Householder

	Number	Percent	% Total HHs
Total	32,181	100.0%	37.8%
Family Households	18,507	57.5%	21.7%
Householder Age 55-64	9,301	28.9%	10.9%
Householder Age 65-74	5,397	16.8%	6.3%
Householder Age 75-84	2,998	9.3%	3.5%
Householder Age 85+	811	2.5%	1.0%
Nonfamily Households	13,674	42.5%	16.1%
Householder Age 55-64	5,427	16.9%	6.4%
Householder Age 65-74	3,712	11.5%	4.4%
Householder Age 75-84	2,992	9.3%	3.5%
Householder Age 85+	1,543	4.8%	1.8%

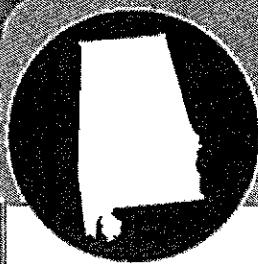
### Census 2010 Occupied Housing Units by Age of Householder

	Number	Percent	% Total HHs
Total	32,179	100.0%	37.8%
Owner Occupied Housing Units	25,117	78.1%	29.5%
Householder Age 55-64	11,248	35.0%	13.2%
Householder Age 65-74	7,346	22.8%	8.6%
Householder Age 75-84	4,815	15.0%	5.7%
Householder Age 85+	1,708	5.3%	2.0%
Renter Occupied Housing Units	7,062	21.9%	8.3%
Householder Age 55-64	3,479	10.8%	4.1%
Householder Age 65-74	1,763	5.5%	2.1%
Householder Age 75-84	1,174	3.6%	1.4%
Householder Age 85+	646	2.0%	0.8%

**Data Note:** A family is defined as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. Nonfamily households consist of people living alone and households that do not contain any members who are related to the householder. The base for "% Pop" is specific to the row. A Nonrelative is not related to the householder by birth, marriage, or adoption.

**Source:** U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2015 and 2020.

July 10, 2015



# Alabama Alzheimer's Statistics

alzheimer's  association®  
THE BRAINS BEHIND SAVING YOURS™

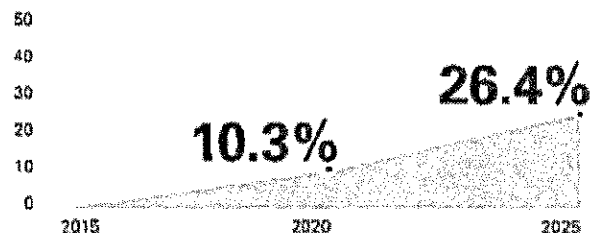
Over **5 million Americans** are living with Alzheimer's, and as many as **16 million** will have the disease in 2050. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$226 billion** in 2015, increasing to **\$1.1 trillion** (in today's dollars) by mid-century. Nearly **one in every three seniors** who dies each year has Alzheimer's or another dementia.

## 65+ Number of people aged 65 and older with Alzheimer's by age

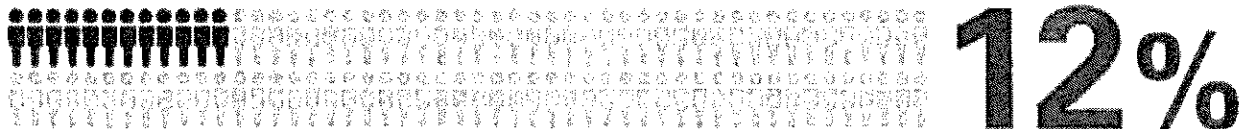
Totals may not add due to rounding

Year	65-74	75-84	85+	TOTAL
2015	13,000	39,000	35,000	87,000
2020	16,000	43,000	37,000	96,000
2025	18,000	52,000	41,000	110,000

## Percentage change from 2015



## % Percentage of seniors with Alzheimer's disease



## # Number of deaths from Alzheimer's disease in 2012

# 1,398

• 6<sup>th</sup> leading cause of deaths since 2000

## \$\$ Number of Alzheimer's and dementia caregivers, hours of unpaid care, and costs of caregiving

Year	# of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care	Higher Health Costs of Caregivers
2012	297,000	338,000,000	\$4,171,000,000	\$161,000,000
2013	299,000	341,000,000	\$4,240,000,000	\$164,000,000
2014	301,000	342,000,000	\$4,166,000,000	\$171,000,000

For more information, view the **2015 Alzheimer's Disease Facts and Figures** report at [alz.org/facts](http://alz.org/facts).

**ANALYST QUALIFICATIONS**



# State of Alabama



This is to certify that

**Franklin Lamar Reed, Jr.**

*having given satisfactory evidence of the necessary  
qualifications required by the laws of the State of Alabama  
is licensed to transact business in Alabama as a*

**Certified General Real Property Appraiser**

*With all rights, privileges and obligations  
appurtenant thereto.*

LICENSE NUMBER: G00633

EXPIRATION DATE: 09/30/2015

*Shirley Brooks*

Executive Director  
ALABAMA REAL ESTATE APPRAISERS BOARD



# PROFESSIONAL QUALIFICATIONS



**FRANKLIN L. REED, JR.**

**Principal**

**Heron Valuation Group, LLC**

## **SCOPE OF APPRAISAL EXPERIENCE**

Appraisal experience consists of a wide variety of valuation and consulting assignments, including major income-producing commercial properties, industrial and special-use properties, subdivision development valuations, vacant tracts of land, litigation valuation assignments, and condemnation or eminent domain appraisal engagements.

Specialized experience consists of valuation and consulting assignments focused in the healthcare industry. Performed over 1,000 healthcare appraisals nationally, including independent living, assisted living, and skilled nursing facilities. Experienced in providing HUD approved appraisals and market studies as well as other non-traditional appraisal formats.

## **EDUCATION**

The University of Alabama, Tuscaloosa, AL

DEGREE: Bachelor of Arts

MAJOR: Real Estate Finance; Minors – Economics, Spanish (1997)

## **APPRAISAL EDUCATION**

Course 120, Appraisal Procedures

Course 310, Basic Capitalization

Course 410, Uniform Standards of Professional Appraisal Practice (USPAP)

Course 510, Advanced Income Capitalization

Course 520, Highest and Best Use and Market Analysis

Course 530, Advanced Sales Comparison & Cost Approaches

Course 540, Report Writing & Valuation Analysis

Course 550, Advance Applications

\*Passed General AI Exam- August 2003

## **MEMBERSHIPS, LICENSES & PROFESSIONAL AFFILIATIONS**

State of Alabama Certified General Real Estate Appraiser, License No. G00633

State of Florida Certified General Real Estate Appraiser, License No. RZ3624

State of Mississippi Certified General Real Estate Appraiser, License No. GA 993

State of Texas Certified General Real Estate Appraiser, License No. 1380006

State of Tennessee Certified General Real Estate Appraiser, License No. 4309

State of Louisiana Certified General Real Estate Appraiser, License No. 2175

State of Georgia Certified General Real Estate Appraiser, License No. CG328984

State of South Carolina Certified General Real Estate Appraiser, License No. 6809

State of North Carolina Certified General Real Estate Appraiser, License No. A7454

State of Virginia Certified General Real Estate Appraiser, License No. 4001015506

# PROFESSIONAL QUALIFICATIONS



**FRANKLIN L. REED, JR.**  
**Principal**  
**Heron Valuation Group, LLC**

**MEMBERSHIPS, LICENSES & PROFESSIONAL AFFILIATIONS (cont.)**

**State of New York Certified General Real Estate Appraiser, License No. 46000049981**  
**Licensed Real Estate Salesman, State of Alabama, License No. 058079 (Inactive)**  
**Associate Member, Alabama Chapter, Appraisal Institute**  
**Advanced Candidate for the MAI designation**

**PERSONAL AFFILIATIONS**

**St. Paul's Episcopal Church, Foley, Alabama – Vestry Member**  
**Habitat for Humanity Baldwin County Board Member**  
**Leadership Baldwin – Candidate 2014/2015**