

October 8, 2015

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6.776 \$ 2015

APPLE TO THE WAR AND THE PROPERTY.

## Via Federal Express

Mr. Alva M. Lambert
State Health Planning & Development Agency
RSA Union Building
100 North Union Street
Montgomery, AL 36104-3719

Re: Daniel Senior Living of Inverness, I, LLC

Dear Mr. Lambert:

Daniel Senior Living of Inverness, I, LLC, d/b/a Danberry at Inverness ("Danberry") hereby files its notice of a change of ownership regarding twelve (12) Specialty Care Assisted Living Facility ("SCALF") beds that Danberry has purchased from FSQC-AL, LLC, ("FSQC") formerly d/b/a Ashton Gables, located at 2184 Parkway Lake Drive, Birmingham, Alabama 35244. The financial scope of the project is a purchase price of \$100,000.00. The purchase of the bed rights for the twelve (12) SCALF beds will allow Danberry to convert twelve (12) of its existing Assisted Living Facility ("ALF") beds to SCALF beds. When combined with the other twelve (12) SCALF beds awarded to Danberry in project AL-2010-195, Danberry will convert a total of twenty-four (24) ALF beds to SCALF beds.

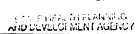
The purchase of the twelve (12) SCALF beds from FSQC-AL, LLC and the conversion of the corresponding twelve (12) ALF beds to SCALF beds will not involve any increase in equipment, construction, or increase in yearly operating costs above the costs approved in Project Al-2010-195. The SCALF services to be offered by Danberry are new services. In order to accommodate the SCALF beds purchased from FSQC-AL, LLC, and the SCALF beds awarded to Danberry in Project AL-2010-195, Danberry will remove twenty-four (24) ALF beds from service and convert the rooms housing those beds to SCALF service. Accordingly, the net number of beds at Danberry, when taking into account both SCALF and ALF beds, will remain the same as it is currently. This transaction involves an asset purchase. No stock will change hands.

Along with the attached Change of Ownership application, I enclose a check in the amount of \$2,500.00 made payable to the Alabama State Health Planning & Development Agency in order to cover the cost of this request. If you need anything additional, please contact me.

Sincerely,

James F. Henr

JFH/mgd Enclosures



State Health Planning And Development Agency

Alabama CON Rules & Regulations

## **CHANGE OF OWNERSHIP**

Part I: Purchasing Organization Information		
Name of Organization:	Daniel Senior Living of Inverness, I, LLC	
Facility Name: (ADPH Licensure name)	Danberry at Inverness	
SHPDA ID Number:	117-A5914	
Address (PO Box #):	235 Inverness Center Drive	
City, State, Zip, County:	Hoover, Alabama 36242, Shelby	
Number/Type Licensed Beds:	72 ALF	
Owner(s):	Daniel Senior Living of Inverness, I. LLC	
Operator(s):	Daniel Senior Living of Inverness, I, I,LC	
Part II: Selling Organization Information		
Name of Organization:	FSQC-AL, LLC, d/b/a Ashton Gables	
Address (PO Box #):	2184 Parkway Lake Orive	
City, State, Zlp, County:	Birmingham, Alabama 35244, Shelby	
Number/Type Licensed Beds:	48 SCALF (no longer in service)	
Owner(s):	FSQC-AL, LLC, d/b/a Ashton Gables	
Operator(s):	FSQC-AL, LLC. d/b/a Ashton Gables	
Part III: Value of Consideration		
Monetary Value of Purchase:	\$100,000 No./Type Beds:12 SCALF	
Terms of Purchase:	see attached (add more pages as necessary to describe the sale)	
Part IV: List of Certificate of Need Authority		
Number of Beds: 24		
Types of Institutional Health Services: SCALF		

List Service Area by County for Home Health Agencies: N/A

State Health Planning And Development Agency	Alaboma CON Rules & Regulation
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On an Attached Sheet Please Address the Follow	Ing:
<ol> <li>The financial scope of the project to include the p equipment, construction, and yearly operating costs.</li> </ol>	reliminary estimate of costs broken down b
*2.) The services to be offered by the proposal (the apoffered the service and whether the service is an extended the service is a new service).	oplicant will state whether he has previously nsion of a presently offered service, or
*3.) Whether the proposal will include the addition of a	any new beds.
4.) Whether the proposal will involve the conversion	of beds.
*5.) Whether the assets and stock (if any) will be acqu	ired.
Part V: Certification of Information	
I certify that I agree to provide the information necess beds, etc.) so the new owner can have the necessary necessary for the entire fiscal year. The purchaser ha	Information to complete reports as
Seller(s) Signature(s):	
Owner(s): White A	$\overline{\gamma}$
Title/Data: Procide A / 9/24/15	1
I certify that I will be responsible for retaining records for the entire fiscal year, and agree to these terms. I \$2,500 made payable to 'Alabama State Health Plaithe cost of the change of ownership.	have enclosed a check in the amount of
X YES NO The above Purchaser and Se	ler have fuffeed to these purchase terms.
( ) Cale	Sardner ector 9/25/15
Purchaser Signature:	7700,00