



James F. Henry  
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October 8, 2015

**Via Federal Express**

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

EX-100  
OCT 8 2015  
STATE HEALTH PLANNING AGENCY

***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. Henry

JFH/mgd  
Enclosures

OCT 09 2015

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

State Health Planning And Development Agency

Alabama CON Rules &amp; Regulations

**CHANGE OF OWNERSHIP****Part I: Purchasing Organization Information**Name of Organization: Daniel Senior Living of Inverness, I. LLCFacility Name:  
(ADPH Licensure name) Danberry at InvernessSHPDA ID Number: 117-A5914Address (PO Box #): 235 Inverness Center DriveCity, State, Zip, County: Hoover, Alabama 35242, ShelbyNumber/Type Licensed Beds: 72 ALFOwner(s): Daniel Senior Living of Inverness, I. LLCOperator(s): Daniel Senior Living of Inverness, I. LLC**Part II: Selling Organization Information**Name of Organization: FSQC-AL, LLC, d/b/a Ashton GablesAddress (PO Box #): 2184 Parkway Lake DriveCity, State, Zip, County: Birmingham, Alabama 35244, ShelbyNumber/Type Licensed Beds: 48 SCALF (no longer in service)Owner(s): FSQC-AL, LLC, d/b/a Ashton GablesOperator(s): FSQC-AL, LLC, d/b/a Ashton Gables**Part III: Value of Consideration**Monetary Value of Purchase: \$ 100,000 No./Type Beds: 12 SCALFTerms of Purchase: see attached  
(add more pages as necessary to describe the sale)**Part IV: List of Certificate of Need Authority**Number of Beds: 24Types of Institutional Health Services: SCALFList Service Area by County for Home Health Agencies: N/A

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On an Attached Sheet Please Address the Following:

- \*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
- \*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
- \*3.) Whether the proposal will include the addition of any new beds.
- \*4.) Whether the proposal will involve the conversion of beds.
- \*5.) Whether the assets and stock (if any) will be acquired.

Part V: Certification of Information

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

Seller(s) Signature(s):

Owner(s):

Operator(s):

Title/Date: President / 9/24/15

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

☒ YES    ☐ NO    The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature:

Title/Date:

Jaclyn C. Gardner  
Executive Director    9/25/15