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MAY 27 2016

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY



May 26, 2016

Alva M. Lambert
Executive Director
SHPDA
P.O. Box 303025
Montgomery, AL 36130-3025

RE: ALICEVILLE MANOR NURSING HOME CHANGE OF OWNERSHIP
EFFECTIVE JULY 1, 2016

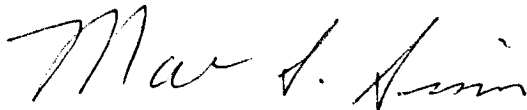
Please find enclosed the two-page application for change of ownership for Aliceville Manor Nursing Home. I am hoping for an effective date of July 1, 2016.

Also, find enclosed a check in the amount of two thousand five hundred dollars (\$2,500.00) payable to the State Health Planning and Development Agency, in payment of the requisite change in ownership fee.

Please issue your approval letter at your earliest convenience to 111 1st Avenue East, Oneonta, AL 35121.

Should you have questions or need additional information, please do not hesitate to contact me at (205) 625-5049 or (205) 353-5290.

Sincerely,



Mark S. Sims, President
Trinity Management, Inc.

111 1st Avenue East
Oneonta, AL 35121
(205) 625-5049

RECEIVED

CHANGE OF OWNERSHIP

MAY 27 2009

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**Part I: Purchasing Organization Information**

Name of Organization: Aliceville Manor Nursing Home, Inc.

Facility Name:
(ADPH Licensure name) Aliceville Manor Nursing Home

SHPDA ID Number: 107-N0003

Address (PO Box #): 703 17th Street North West

City, State, Zip, County: Aliceville, Alabama 35442, Pickens County

Number/Type Licensed Beds: 100

Owner(s): Aliceville Manor Properties, LLC

Operator(s): Aliceville Manor Nursing Home, Inc.

Part II: Selling Organization Information

Name of Organization: Wheat Nursing Home, Inc.

Address (PO Box #): 703 17th Street North West

City, State, Zip, County: Aliceville, Alabama 35442, Pickens County

Number/Type Licensed Beds: 100 Skilled Nursing - Dual Certified

Owner(s): Wheat Nursing Home, Inc.

Operator(s): Wheat Nursing Home, Inc.

Part III: Value of Consideration

Monetary Value of Purchase: \$6,000,000.00 No./Type Beds: 100 Skilled

Terms of Purchase: Asset purchase of all land, building and CON
(add more pages as necessary to describe the sale)

Part IV: List of Certificate of Need Authority

Number of Beds: 100

Types of Institutional Health Services: Skilled Nursing Home

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

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):

Mark E. Wheat

Operator(s):

Mark E. Wheat

Title/Date:

President/Administrator May 26, 2016

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:Mark A. Simon

Title/Date:

PRESIDENT5/26/16

IV. **ATTACHMENT DETAILFOR SHPDA CHANGE OF OWNERSHIP**
ALICEVILLE MANOR NURSING HOME, LLC

1. The financial scope of the project is as follows:

The purchase of an existing 100 bed skilled nursing home in Aliceville, Alabama.

Purchase price for land, building and equipment is \$6,000,000.00

The estimate for allocation for land, building and equipment is as follows:

Land.....	\$ 100,000.00
Building.....	\$5,400,000.00
Equipment....	<u>\$ 500,000.00</u>
	\$6,000,000.00

The annual operating estimated cost is \$6,680,000.00

There will be no new construction for this project.

2. The services to be offered by the proposal are a continuation of presently offered services.

3. There will be no new additional beds.

4. There will no conversion of any beds.

5.This will be an asset purchase, not a stock purchase