



NOLAND HEALTH
SERVICES, INC.

Since 1913

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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
MONTGOMERY, ALABAMA

VIA FEDERAL EXPRESS AND
EMAIL shpda.online@shpda.alabama.gov

August 16, 2016

Mr. Alva Lambert
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36106

RE: Change of Ownership (CHOW) for Beckwood Manor, Inc. -
Calhoun County

Dear Mr. Lambert:

The purpose of this letter is to inform your office that Noland Health Services, Inc. (Noland) subject to the completion and receipt of applicable regulatory approvals will finalize an asset purchase agreement ("APA") for the acquisition of Beckwood Manner, Inc. The effective date of the CHOW will be dependent upon the receipt of the necessary regulatory approvals; however, it is anticipated that the transaction will be completed in or around sixty (60) days from the date of this letter.

Beckwood Manor, Inc. is an 85 bed nursing home and is located at 500 Leighton Avenue, Anniston, AL 36202. Noland will acquire the facility pursuant to the APA and will subsequently assign the facility to a wholly owned subsidiary. The current owner and operator of the facility is Beckwood Manor, Inc..

Enclosed you will find:

- A Change of Ownership Application executed by both parties.
- A filing fee of \$2,500.

Please return one (1) date stamped copy of this filing using the enclosed envelope.

If you need additional information or have any questions, please contact me at (205) 783-8444. Thank you in advance for your assistance.

Sincerely,

Barbara Estep / jg

Barbara Estep
Director, Regulatory Affairs

cc: Beckwood Manor, Inc.
500 Leighton Avenue
Anniston, AL 36202
Attention: Ms. Carolyn Beck

Gary Goff
Noland Health Services, Inc.
600 Corporate Parkway, Suite 100
Birmingham, AL 35242

Carol Knight
Noland Health Services, Inc.
600 Corporate Parkway, Suite 100
Birmingham, AL 35242

CHANGE OF OWNERSHIP

AUG 17 2016

Part I: Purchasing Organization Information

Name of Organization: Noland Health Services, Inc.
 Facility Name:
 (ADPH Licensure name) Beckwood Manor, Inc.
 SHPDA ID Number: 015-N0001
 Address (PO Box #): 500 Leighton Avenue
 City, State, Zip, County: Anniston, AL 36207 Calhoun County
 Number/Type Licensed Beds: 85 Nursing Home Beds
 Owner(s): Noland Health Services, Inc.
 Operator(s): Same as owner

Part II: Selling Organization Information

Name of Organization: Beckwood Manor, Inc.
 Address (PO Box #): 500 Leighton Avenue
 City, State, Zip, County: Anniston, AL 36207 Calhoun County
 Number/Type Licensed Beds: 85 Nursing Home Beds
 Owner(s): Beckwood Manor, Inc.
 Operator(s): Same

Part III: Value of Consideration

Monetary Value of Purchase: \$ see attached No./Type Beds: 85 Nursing Home Beds
 Terms of Purchase: Asset Purchase
(add more pages as necessary to describe the sale)

Part IV: List of Certificate of Need Authority

Number of Beds: 85

Types of Institutional Health Services: Nursing Home Beds

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

On an Attached Sheet Please Address the Following: See Attached

- *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): Carolyn H Beck
 Owner(s): Carolyn H Beck Beckwood Manor, Inc _____
 Operator(s): Carolyn H Beck
 Title/Date: Carolyn H Beck, Owner 8/16/16

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: Gary M. Glascock, President/CFO _____
Date

Part IV: List of Certificate of Need Authority

Number of Beds: 85

Types of Institutional Health Services: Nursing Home Beds

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

On an Attached Sheet Please Address the Following: See Attached

- *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): _____ Beckwood Manor, Inc. _____

Operator(s): _____

Title/Date: Carolyn H. Beck, Owner _____

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: Gary M. Glasscock, President/CEO 8/16/16
Date

Noland Health Services, Inc.
Attachment to Change of Ownership Application
Facility to be Acquired: Beckwood Manor, Inc.
SHPDA ID: 015-N0001

***1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.**

The Asset Purchase is for Beckwood Manor, Inc. (85 nursing home beds) commonly referred to as Beckwood Manor, and the transaction will encompass a fair market value exchange of consideration between Beckwood Manor, Inc. and Noland Health Services, Inc. The transaction does not involve any construction. Existing equipment will be acquired through the asset purchase. The annual operating costs are estimated at approximately \$2,500,000 for the Facility.

***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).**

Nursing Home (SNF) services will continue to be offered; therefore, this is not a new service. Noland Health Services, Inc. is a nursing home provider and operates a number of SNF facilities throughout Alabama.

***3.) Whether the proposal will include the addition of any new beds.**

The proposed acquisition does not involve the addition of any new beds.

***4.) Whether the proposal will involve the conversion of beds.**

There will be no conversion of beds as a result of the proposed acquisition

***5.) Whether the assets and stock (if any) will be acquired.**

The proposed transaction is an asset purchase. The transaction does not involve any stock.