

3MC
CONSULTING LLC

501 Walnut Street, Suite 200
Macon, Georgia 31201

RECEIVED

MAR 28 2017

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

March 23, 2017

Mr. Alva M. Lambert, Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

**Re: CRM of Meadowood, LLC d/b/a Meadowood Retirement Village
Change of Ownership Effective Date: May 1, 2017**

Dear Mr. Lambert:

Please find attached the SHPDA CHOW application and a check for the required fee for the above-referenced provider.

If you have any questions or need any additional information, please contact me at (478) 238-4820 or blamberth@3MCconsultingllc.com.

Sincerely,

Brandie P. Lamberth, CPA

Enclosures

RECEIVED
MAR 28 2017**NOTICE OF CHANGE OF OWNERSHIP/CONTROL**

The following notification of intent is provided pursuant to all applicable provisions of ALA. CODE § 22-21-270 (1975 as amended) and ALA. ADMIN. CODE r. 410-1-7-.04. This notice must be filed at least twenty (20) days prior to the transaction.

Change in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))

Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))

Change in Facility Management (Facility Operator)

Any transaction other than those above-described requires an application for a Certificate of Need.

Part I: Facility Information

SHPDA ID Number: 055-52802
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Meadowood Retirement Village, LLC
(ADPH Licensure Name)

Physical Address: 509 Pineview Avenue
Glencoe, AL 35905

County of Location: Etowah

Number of Beds/ESRD Stations: 51 SCALF

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. N/A

Part II: Current Authority (Note: If this transaction will result in a change in direct ownership or control, as defined under ALA. CODE § 22-20-271(e), please attach organizational charts outlining current and proposed structures.)

Owner (Entity Name) of Facility named in Part I: Meadowood Properties, LLC

Mailing Address: 509 Pineview Avenue
Glencoe, AL 35905

Operator (Entity Name): Meadowood Retirement Village, LLC SCALF

Part III: Acquiring Entity Information

Name of Entity: Adcare Health Systems, Inc.

Mailing Address: 454 Satellite Blvd., Suite 100
Suwanee, GA 30024

Operator (Entity Name): CRM of Meadowood LLC

Proposed Date of Transaction is on or after: 05/01/2017

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 5,500,000

Type of Beds: SCALF Beds

Number of Beds/ESRD Stations: 51

Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ 1,000,000

Projected Construction Cost: \$ 4,500,000

Projected Yearly Operating Cost: \$ 1,936,941

Projected Total Cost: \$ 7,436,941

On an Attached Sheet Please Address the Following:

- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 3.) Whether the proposal will involve the conversion of beds.
- 4.) Whether the assets and stock (if any) will be acquired.

Part V: Certification of Information

Current Authority Signature(s):

The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): ✓ W Bart Hall 03/21/2017

Operator(s): ✓ W Bart Hall 03/21/2017

Title/Date: Manager/Owner

SWORN to and subscribed before me, this 21st day of March, 2017.

(Seal)

Connie Grochala
Notary Public

My Commission Expires: 9-1-2020

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): _____

Operator(s): _____

Title/Date: Manager _____

SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal)

Notary Public

My Commission Expires: _____

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule

SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal)

Notary Public

My Commission Expires: _____

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): _____

Operator(s): ✓ [Signature] _____ 03/21/2017

Title/Date: Manager _____

SWORN to and subscribed before me, this 21 day of March, 2017.

(Seal)



[Signature]
Notary Public

My Commission Expires: 1-27-19

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule

SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal)

Notary Public

My Commission Expires: _____

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

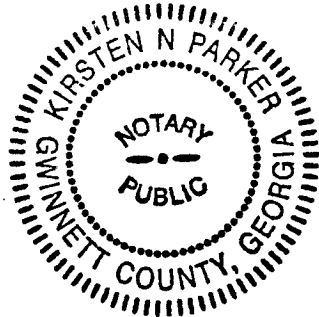
Purchaser(s): ✓ Alva M. Lambert 03/22/2017

Operator(s): _____

Title/Date: President _____

SWORN to and subscribed before me, this 22nd day of March, 2017.

(Seal)



Kirsten N. Parker
Notary Public

My Commission Expires: 4/16/2020

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule

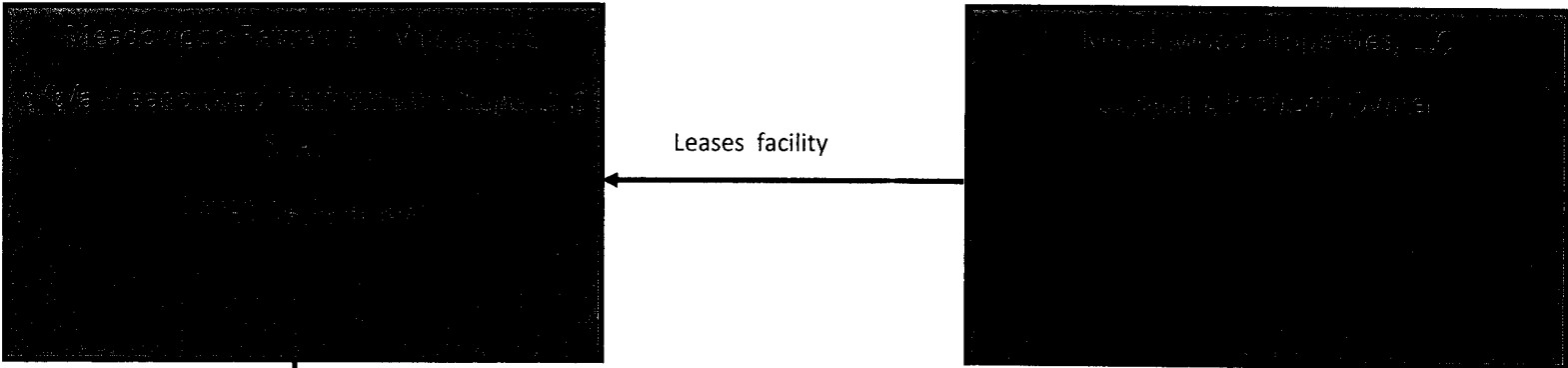
Alabama State Health Planning & Development Agency

CHANGE OF OWNER AND OPERATOR

Part IV: Terms of Purchase

1. The services provided by the incoming operator will be specialty care assisted living services as offered by the previous operator.
2. There will be no new beds added.
3. There will be no conversion of beds.
4. This transaction is both a change in operator and change in owner. The current operator, Meadowood Retirement Village, LLC, will transfer the operations of the SCALF to the new operator, CRM of Meadowood, LLC, on 05/01/2017. Meadowood Properties, LLC, the current owner, will sell the building to AdCare Health Systems, Inc. on 05/01/2017. Once these transactions are complete, CRM of Meadowood, LLC will enter into a lease agreement with AdCare Health Systems, Inc.

CURRENT STRUCTURE



PROPOSED STRUCTURE

