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State Health Planning and Development Agency

Sep 19 2017

Alabama CON Rules &amp; Regulations

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY**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: 015-S8001  
 (This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Autumn Cove Memory Care  
 (ADPH Licensure Name)

Physical Address: 4425 Greenbrier Dear Road  
Anniston, AL 36207

County of Location: CALHOUN

Number of Beds/ESRD Stations: 27

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. \_\_\_\_\_

**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: Autumn Ventures, LLC

Mailing Address: 50 Sunset Drive  
Anniston, AL 36207

Operator (Entity Name): Autumn Ventures, LLC dba/ Autumn Cove

**Part III: Acquiring Entity Information**

Name of Entity: 4425 Greenbrier Dear, LLC

Mailing Address: P.O. Box 4209  
Pawleys Island, SC 29585

Operator (Entity Name): Anniston Assisted Living, LLC

Proposed Date of Transaction is on or after: 10/31/2017

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 3,267,666.00

Type of Beds: Special Care Assisted Living Facility

Number of Beds/ESRD Stations: 27

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

Projected Equipment Cost: \$ 15,300.00

Projected Construction Cost: \$ 135,000.00

Projected Yearly Operating Cost: \$ 927,955.00

Projected Total Cost: \$ 1,078,255.00

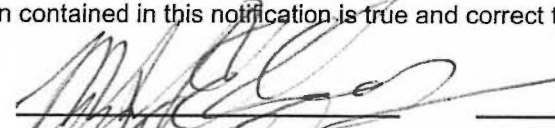
**On an Attached Sheet Please Address the Following:**


- 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):**

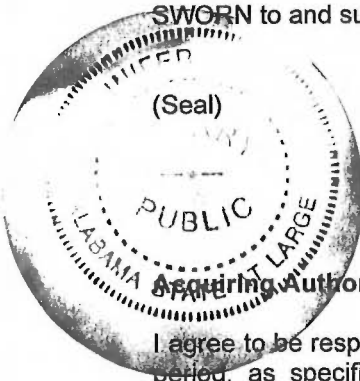
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): 

Operator(s): 

Title/Date: PRESIDENT 9/19/17

SWORN to and subscribed before me, this 18 day of September, 2017.



Jennifer Ball  
Notary Public

My Commission Expires December 03, 2017

**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): [Signature] \_\_\_\_\_

Operator(s): [Signature] \_\_\_\_\_

Title/Date: Member/President 9/15/2017 \_\_\_\_\_

SWORN to and subscribed before me, this 15 day of September, 2017.

(Seal)

[Signature]  
Notary Public

My Commission Expires: 08/16/2017

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

Attachment to Notice of Change of Ownership/Control

015-S8001

Autumn Cove Memory Care  
Special Care Assisted Living (27 beds)

August 26, 2017

1. The services to be offered by the proposal:
  - a. The services are special care assisted living and will remain the same as existing.
  - b. The services are not an extension of previously offered services.
  - c. The services are not new.
2. The proposal does not include the addition of any new beds.
3. The proposal does not include the conversion of any beds.
4. The assets will be acquired.