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Nov 08 2018
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

November 8, 2018

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

RE: 2215 Northport Opco, LLC d/b/a Forest Manor Health and Rehab
SHPDA ID Number: 125-N0014
CHOW effective date: December 1, 2018

Dear Mr. Lambert:

This correspondence is being sent in response to the email request for additional information received from your agency on November 7, 2018 regarding the above-referenced entity.

The proposed transaction will be a sale of assets, not stock. The assets being purchased will be the bricks and mortar building that currently operates as a skilled nursing facility and all of the personal property and equipment contained therein. 2215 Northport Propco, LLC will be the entity acquiring the physical property from Holy Cow, LLC. The operations of the SNF will transfer from Forest Manor, Inc. to 2215 Northport Opco, LLC. There will be no assumption of liabilities by the new owner or operator.

If you have any questions or need additional information, please contact me at (478) 396-4777 or blamberth@newlegacypro.com.

Sincerely,

A handwritten signature in black ink that reads 'Brandie P. Lamberth'. The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Brandie P. Lamberth, CPA
President, New Legacy Professional Services, LLC

915 Main Street, Suite C, Perry, GA 31069
(478) 396-4777
www.newlegacypro.com



RECEIVED

Nov 06 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

November 6, 2018

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

RE: 2215 Northport Opco, LLC d/b/a Forest Manor Health and Rehab
SHPDA ID Number: 125-N0014
CHOW effective date: December 1, 2018

Dear Mr. Lambert:

This correspondence is being sent in response to the letter from your agency dated November 5, 2018 regarding the above-referenced entity (copy enclosed).

Our SHPDA Notice of Change of Ownership/Control application (filed on October 26, 2018) requests your review of the anticipated sale and transfer of operations for the skilled nursing facility currently known as Forest Manor and located in Northport, Alabama. Information regarding the outgoing and incoming parties to the transaction is below:

Outgoing Property Owner: Holy Cow, LLC
Outgoing Operating Entity: Forest Manor, Inc.

Incoming Property Owner: 2215 Northport Propco LLC
Incoming Operating Entity: 2215 Northport Opco LLC d/b/a Forest Manor Health and Rehab

The projected yearly operating costs of \$15,466,000.00 disclosed on the application represent amounts which are in line with current operating costs and no substantial increases are expected.

Mr. Alva Lambert
November 6, 2018
Page 2

If you have any questions or need additional information, please contact me at (478) 396-4777 or blamberth@newlegacypro.com.

Sincerely,

A handwritten signature in black ink that reads "Brandie P. Lamberth". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Brandie P. Lamberth, CPA
President, New Legacy Professional Services, LLC

Enclosures



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Nov 06 2018
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

November 5, 2018

Ms. Brandie P. Lamberth, CPA
New Legacy Professional Services, LLC
915 Main Street, Suite A
Perry, Georgia 31069

RE: CO2019-008
Forest Manor, Inc.
SHPDA ID: 125-N0014

Dear Ms. Lamberth:

This will acknowledge receipt of the referenced Change of Ownership/Control form received October 26, 2018. Additional information is required prior to final review of this proposal.

Please advise if the projected yearly operating cost is projected to be \$15,466,000.00 greater than the yearly operating costs of previous years, or if this amount is in line with current yearly operating costs, with no substantial increase in operating costs expected.

Please also provide additional information regarding the acquisition of assets and/or stock so that the conditions of this proposal are fully understood.

Pursuant to ALA. ADMIN. CODE r 410-1-3-.09, all documents to be filed with SHPDA must be submitted electronically to shpda.online@shpda.alabama.gov in text searchable, PDF format.

Should you have any questions please contact Kristin Norman at kristin.norman@shpda.alabama.gov, (334) 242-4103.

Sincerely,

Alva M. Lambert
Executive Director

AML/kwm

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: 125-N0014
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Forest Manor, Inc.
(ADPH Licensure Name)

Physical Address: 2215 32nd Street
Northport, AL 35476

County of Location: Tuscaloosa

Number of Beds/ESRD Stations: 182 - certified skilled nursing

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: Holy Cow, LLC

Mailing Address: 2215 32nd Street
Northport, AL 35476

Operator (Entity Name): Forest Manor, Inc.

Part III: Acquiring Entity Information

Name of Entity: 2215 Northport Propco, LLC






Mailing Address: 2215 32nd Street
Northport, AL 35476

Operator (Entity Name): 2215 Northport Opco, LLCProposed Date of Transaction is
on or after: 12/01/2018**Part IV: Terms of Purchase**Monetary Value of Purchase: \$ 15,500,000Type of Beds: Skilled Nursing Facility bedsNumber of Beds/ESRD Stations: 182**Financial Scope:** to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:Projected Equipment Cost: \$ NoneProjected Construction Cost: \$ NoneProjected Yearly Operating Cost: \$ 15,466,000Projected Total Cost: \$ 15,466,000**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):  William W. Peak  Richard A. PeakOperator(s):  William W. Peak _____Title/Date: Member/President  10-23-18 Member  10-23-18
(Date) (Date)

SWORN to and subscribed before me, this 23rd day of October, 2018.

(Seal)

Cathy P. Eup
Notary Public

My Commission Expires: 10/13/2019

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): ✓ Shalom Lerner

Operator(s): ✓ Shalom Lerner

Title/Date: Manager ✓
(Date)

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): ☒ _____ Shalom Lerner _____Operator(s): ☒ _____ Shalom Lerner _____Title/Date: Manager ☒ _____ 10/24/18
(Date)SWORN to and subscribed before me, this 24 day of October, 2018.

(Seal)



Notary Public

My Commission Expires: 2-24-23

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 OPERATOR

Part IV: Terms of Purchase - Attachment

1. The services provided will be skilled nursing care as offered by the previous operator.
2. There will be no new beds added.
3. There will be no conversion of beds.
4. Yes.