

Blue Ridge Healthcare Camellia  
1300 E. South Boulevard  
Montgomery, Alabama 36116

RECEIVED

Mar 01 2019

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

February 21, 2019

**Via E-Mail**

Mr. Alva M. Lambert  
Executive Director  
Alabama State Health Planning and Development Agency  
RSA Tower  
100 North Union Street, Suite 870  
Montgomery, Alabama 36104

RE: Skilled Nursing Facility Change of Ownership – South Haven Health and Rehabilitation Center

Dr. Mr. Lambert:

Pursuant to Chapter 410-1-7-.04, Rule and Regulations of the Alabama Certificate of Need Program (the “Rules”), we respectfully submit the attached Notice of Change of Ownership. The Change of Ownership involves the lease of the 102-bed skilled nursing facility located in the Montgomery County, Montgomery, Alabama, and previously known as South Haven Health and Rehabilitation Center (the “Facility”). The Facility was owned by SMV Montgomery South Haven LLC (the “Landlord”) and operated by SSC Montgomery South Haven Operating Company LLC. Operator closed effective March 12, 2018. Immediately after the completion of the transaction described below, the Facility will be renamed Blue Ridge Healthcare Camellia. Following is a summary of the proposed transaction:

I. Facts.

- a. Landlord owned the real property on which the Facility is located.
- b. Landlord, under an operating lease, leased the facility to SSC Montgomery South Haven Operating Company LLC as the current licensed provider of the facility (“Current Operator”).
- c. On April 1, 2018 current Landlord sold the property to a new entity, South Montgomery AL SNF Realty LLC (“New Landlord”). New Landlord will in turn enter into an operating lease with Blue Ridge Healthcare Camellia LLC (“New Operator”) to operate the skilled nursing facility as Blue Ridge Healthcare Camellia. The term of the lease between New Landlord and New Operator will exceed two (2) years (the “New Operator Lease”).
- d. Under certain transaction documents by and among Current Landlord, Current Operator, New Landlord and New Operator, subject to approval by the Alabama Department of Public Health (“ADPH”) of the license application to be filed by New Operator and the issuance of a license by ADPH to New Operator to operate the Facility as a 102-bed

nursing facility, the current lease will be terminated, and the new Operator Lease will become effective (the "Commencement").

- e. The resulting "change in control" requires notification to your agency pursuant to ALA.ADMIN. CODE §410-1-7-.04(1).
- f. The Change in control of the Facility will be documented by the enclosed executed Notice of Change of Ownership/Control form.

II. Financial Scope of Project.

- a. For a fair market price, Current Landlord sold the land, building fixtures, and equipment comprising the Facility to New Owner.
- b. For fair market rental, New Operator will lease the Facility from the New Owner under and operating lease with a term exceeding two (2) years. Other than entering into the New Lease and the licensing of the Facility, this transaction does not involve any activities described in Alabama Code § 22-21-263-(a) (1), (2), (3), or (4) as requiring a certificate of need.

III. Services to be Offered.

- a. No New Services: The transaction does not involve the offering of any new services by the Facility.

IV. Beds.

- a. New Beds: The proposed transaction does not involve any addition or reduction of beds.
- b. Conversion of Beds: The proposed transaction does not involve the conversion of beds.

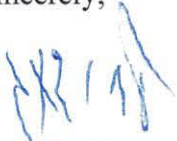
V. Stock and Assets.

- a. Other than described above, the transaction does not involve the acquisition of stock or assets relating to the operation of the Facility.

Based on the above showing that there has been no (i) change in health service, (ii) spending in excess of the spending thresholds, (iii) conversion of beds or (iv) increase in bed capacity we respectfully ask that you exercise your authority under Chapter 410-1-7-.04 (2) of the Rules and determine that a CON or other action by SHPDA is not required for the consummation of the above-described proposed transaction. In accordance with the Rules, I attach an executed change of ownership form, and the required fee in the amount of \$ 2,500.00 will be sent via overnight mail. The transaction closed on March 28, 2018. We will continue to provide similar services starting the beginning of March 2019.

Should you have any questions or need further information, please contact me at (786) 358-5216.

Sincerely,



Levi Rudd  
Chief Executive Officer



Mar 01 2019

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: 101-N0017  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: SSC Montgomery South Haven Operating Company LLC  
(ADPH Licensure Name) d/b/a South Haven Health and Rehabilitation Center

Physical Address: 1300 E. South Boulevard  
Montgomery, Alabama 36116-2318

County of Location: Montgomery

Number of Beds/ESRD Stations: 102

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: SMV Montgomery South Haven LLC (landlord)

Mailing Address: One Ravinia Drive, Suite 1500  
Atlanta, Georgia 30346

Operator (Entity Name): SSC Montgomery South Haven Operating Company LLC  
d/b/a/ South Haven Health and Rehabilitation Center

**Part III: Acquiring Entity Information**

Name of Entity: \_\_\_\_\_South Montgomery AL SNF Realty LLC (Landlord)\_\_\_\_

Mailing Address: \_\_\_\_\_1351 Sawgrass Corporate Parkway, Suite 100\_\_\_\_  
\_\_\_\_\_Sunrise, Florida 33323-2831\_\_\_\_\_

Operator (Entity Name): \_\_\_\_\_Blue Ridge Healthcare Camellia LLC\_\_\_\_\_

Proposed Date of Transaction is on or after: \_\_\_\_\_April 1, 2018\_\_\_\_\_

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ \_\_\_\_\_see attached letter \_\_\_\_\_

Type of Beds: \_\_\_\_\_skilled nursing facility \_\_\_\_\_

Number of Beds/ESRD Stations: \_\_\_\_\_102\_\_\_\_\_

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

Projected Equipment Cost: \$ \_\_\_\_\_see attached \_\_\_\_\_

Projected Construction Cost: \$ \_\_\_\_\_see attached \_\_\_\_\_

Projected Yearly Operating Cost: \$ \_\_\_\_\_see attached \_\_\_\_\_

Projected Total Cost: \$ \_\_\_\_\_see attached \_\_\_\_\_

**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): SMV Montgomery South Haven LLC

Operator(s): SSC Montgomery South Haven Operating Company LLC

Title/Date: \_\_\_\_\_

**Wayne Craig, CFO**

SWORN to and subscribed before me, this 27 day of February, 2019.

(Seal)



Notary Public

My Commission Expires: 10/24/20

**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): South Montgomery AL SNF Realty LLC

Operator(s): Blue Ridge Healthcare Camellia LLC

Title/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



**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): SMV Montgomery South Haven LLC

Operator(s): SSC Montgomery South Haven Operating Company LLC

Title/Date: VPa Secretary 2/22/19

SWORN to and subscribed before me, this 22 day of February, 2019.

(Seal)



Lynethia N. Holley  
Notary Public

My Commission Expires: 9-17-22

**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): South Montgomery AL SNF Realty LLC

Operator(s): Blue Ridge Healthcare Camellia LLC

Title/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

**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): SMV Montgomery South Haven LLC

Operator(s): SSC Montgomery South Haven Operating Company LLC

Title/Date: \_\_\_\_\_

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): South Montgomery AL SNF Realty LLC

Operator(s): Blue Ridge Healthcare Camellia LLC

Title/Date: Manager February 26, 2019

SWORN to and subscribed before me, this 26 day of February, 2019.

(Seal)



Wendy Stenhouse  
Notary Public Commissioner For Oaths

My Commission Expires: September 3, 2020

Author: Alva M. Lambert

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

History: New Rule

**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): SMV Montgomery South Haven LLC

Operator(s): SSC Montgomery South Haven Operating Company LLC

Title/Date: \_\_\_\_\_

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): South Montgomery AL SNF Realty LLC

Operator(s): Blue Ridge Healthcare Camellia LLC

Title/Date: Ceo 2/25/2019

SWORN to and subscribed before me, this 25<sup>th</sup> day of February, 2019.

(Seal)



Leyda Alaniz  
Commission # GG094564  
Expires: April 16, 2021  
Bonded thru Aaron Notary

Leyda Alaniz  
Notary Public

My Commission Expires: 4-16-2021

Author: Alva M. Lambert

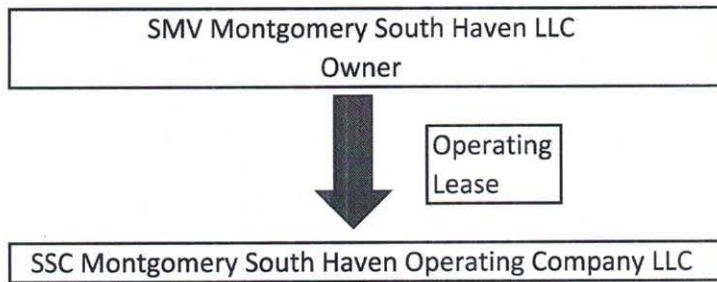
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule



## Ownership Structure

### Current Structure



### Proposed Structure

