

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: 105-N0001
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Perry County Nursing Home
(ADPH Licensure Name)

Physical Address: 505 East Lafayette Street
Marion, AL 36756-2323

County of Location: PERRY

Number of Beds/ESRD Stations: 71

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: Skilled Partners, LLC

Mailing Address: Four Tower Bridge
200 Barr Harbor Drive, Suite 400

Operator (Entity Name): West Conshohocken, PA 19428

Part III: Acquiring Entity Information

Name of Entity: DAC of Marion, LLC

Mailing Address: 1621 Galleria Blvd.
Brentwood, TN 37027

Operator (Entity Name): Diversicare of Marion

Proposed Date of Transaction is on or after: 04/01/2022

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 7,810,000.00

Type of Beds: Skilled Nursing Facility

Number of Beds/ESRD Stations: 71

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

Projected Equipment Cost: \$ _____

Projected Construction Cost: \$ _____

Projected Yearly Operating Cost: \$ _____

Projected Total Cost: \$ 0.00

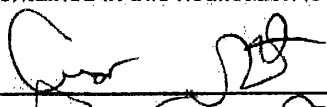
On an Attached Sheet Please Address the Following:


- 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):

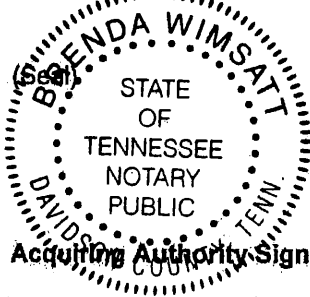
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s):  Skilled Partners LLC

Operator(s):  _____

Title/Date: 2/28/22 _____

SWORN to and subscribed before me, this 28th day of February, 2022.



Brenda Wimsatt
Notary Public

My Commission Expires: 09/02/2024

Acquiring Authority Signature(s):

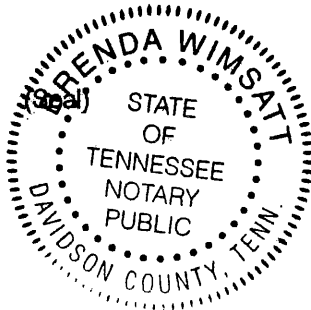
I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): Martha Hulse DAC of Marion, LLC

Operator(s): Martha Hulse Diversicare of Marion

Title/Date: CFO/Secretary 02/28/2022

SWORN to and subscribed before me, this 28th day of February, 2022.



Brenda Wimsatt
Notary Public

My Commission Expires: 09/02/2024

Author: Alva M. Lambert

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

History: New Rule

Alabama

Certificate # 24675

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
SKILLED PARTNERS, LLC

to operate

PERRY COUNTY NURSING HOME
as a
NURSING HOME

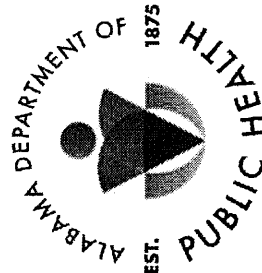
This license is valid for the following location

505 EAST LAFAYETTE STREET • MARION, AL 36756

Licensed Beds: **71**

N5301

Facility Identification



2022

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2022.

Mar 01 2022

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West Conshohocken, PA 19428

Operator (Entity Name): West Conshohocken, PA 19428

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Projected Construction Cost: \$ _____

Projected Yearly Operating Cost: \$ _____

Projected Total Cost: \$ 0.00

On an Attached Sheet Please Address the Following:

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- 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):

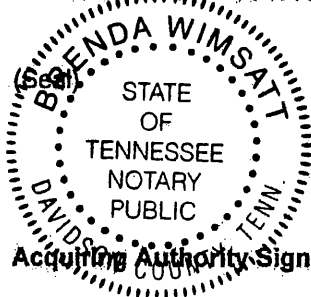
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): [Signature] Skilled Partners LLC

Operator(s): [Signature] _____

Title/Date: 2/28/22 _____

SWORN to and subscribed before me, this 28th day of February, 2022.



Brenda Wimsatt
Notary Public

My Commission Expires: 09/02/2024

Acquiring Authority Signature(s):

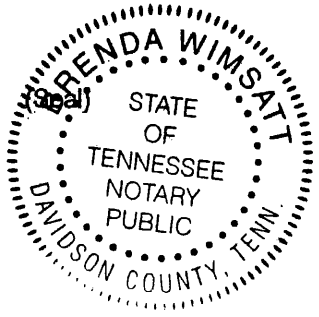
I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): Monte Hahn DAC of Marion, LLC

Operator(s): Monte Hahn Diversicare of Marion

Title/Date: CFO/Secretary 02/28/2022

SWORN to and subscribed before me, this 28th day of February, 2022.



Brenda Wimsatt
Notary Public

My Commission Expires: 09/02/2024

Author: Alva M. Lambert

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

History: New Rule

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

Perry County Nursing Home

PART IV

- 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). *Skilled nursing services will be provided by Diversicare, a current operator in the State of Alabama.*
- 2.) Whether the proposal will include the addition of any new beds. N/A
- 3.) Whether the proposal will involve the conversion of beds. N/A
- 4.) Whether the assets and stock (if any) will be acquired. N/A

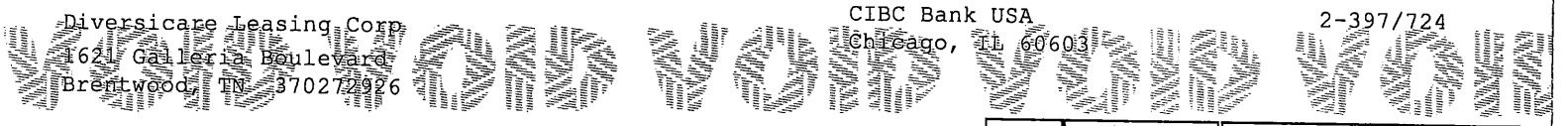
Date 02/28/2022 Check Number 1144685

Invoice Nbr	Inv Date	Description	Gross Amount	Discount	Net Amount
022822PERRY	2/28/2022	PERRY COUNTY	2500.00	0.00	2500.00

ACCOUNT	VENDOR #	PAY TO NAME	NET TOTAL
	014681	ALABAMA STATE HEALTH PLANNING &	2,500.00

By accepting this check, you acknowledge that you are not currently excluded from participation in any federal health care program and that if you become excluded you will immediately notify your supervisor and the Diversicare Chief Compliance Officer

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW



DATE	02/28/2022	CHECK NUMBER	1144685
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PAY Two Thousand Five Hundred Only*****

AMOUNT	\$2,500.00
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TO THE ORDER OF
 ALABAMA STATE HEALTH PLANNING &
 RSA UNION BUILDING
 100 N UNION ST, SUITE 870
 MONTGOMERY, AL 36104
 US

[Signature]

 Signature has a colored background - border contains microprinting

1144685 0724139710 7703683