

May 06 2024

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY



May 6, 2024

Emily T. Marsal, Executive Director
Alabama State Health Planning & Development Agency
100 N. Union St.
Ste. 870
Montgomery, AL 36104

Re: Notice of Change of Ownership/Control
SHPDA ID: 113-N0004
Arabella Health & Wellness of Phenix City

Dear Ms. Marsal:

Please find enclosed the Notice of Change of Ownership/Control form for Arabella Health & Wellness of Phenix City, an 86-bed skilled nursing facility located in Phenix City, Alabama. This notice is being sent to correct information and to update indirect ownership information for **Arabella Health and Wellness of Phenix City PropCo LLC** (real property owner/CON holder). On August 25, 2023, Arabella Health AL Holdings LP, the 100% direct member of Arabella Health and Wellness of Phenix City PropCo LLC, transferred its membership interest to Arabella AL 600 PropCo LP. An organizational chart describing the new structure effective August 25, 2023 is also enclosed (Attachment 1).

On March 4, 2024, some additional restructuring occurred at the ownership level above Arabella AL 600 PropCo LP, the parent ownership level.

The provider is also notifying SHPDA of changes to the ownership interest in **Arabella Health and Wellness of Phenix City LLC** (facility operator/licensee), which were made on August 25, 2023. An organizational chart describing the ownership structure as previously reported to the Agency is enclosed as well as a chart describing the new ownership structure (Attachments 2 & 3).

We are providing this information to the Agency so that the provider's information on file will be current and accurate. Please note, the provider is not proposing a change from the current legal entities of record but is proposing changes to the indirect ownership of the current and approved real property owner/CON holder and facility operator/licensee.

The change of ownership application fee was paid online on May 3, 2024 and a copy of the receipt is enclosed.

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

Sincerely,

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

Enclosures

State Health Planning and Development Agency

Alabama CON Rules & Regulations

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: 113-N0004
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider:
(ADPH Licensure Name) Arabella Health & Wellness of Phenix City

Physical Address: 3900 Lakewood Dr
Phenix City, AL 36867

County of Location: Russell

Number of Beds/ESRD Stations: 86

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: Arabella Health and Wellness of Phenix City PropCo LLC

Mailing Address: 3900 Lakewood Dr
Phenix City, AL 36867

Operator (Entity Name): Arabella Health and Wellness of Phenix City LLC

Part III: Acquiring Entity Information

Name of Entity: Arabella Health and Wellness of Phenix City PropCo LLC

Mailing Address: 3440 Hollywood Blvd, Ste. 415
Hollywood, FL 33021

Operator (Entity Name): Arabella Health and Wellness of Phenix City LLC

Proposed Date of Transaction Is on or after: 03/04/2024

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ N/A

Type of Beds: Skilled Nursing Facility Beds

Number of Beds/ESRD Stations: 86

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: \$ _____

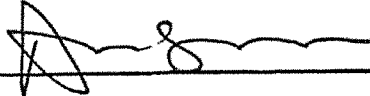
On an Attached Sheet Please Address the Following:

- 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):	<u>Adam Sasouness</u>	X	
Operator(s):	<u>Chaim N. Hertzal</u>	X	_____
Title/Date:	<u>Authorized Signatory</u>	X	_____

SWORN to and subscribed before me, this 3 day of May, 2024

(Seal)



Yana Lipis
Comm.: HH 370635
Expires: March 7, 2027
Notary Public - State of Florida


Notary Public

My Commission Expires: 3/7/2027

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): Adam Sasouness X 

Operator(s): Chaim. N. Hertzal X

Title/Date: Authorized Signatory X

SWORN to and subscribed before me, this 3 day of May, 2024

(Seal)



Yana Lipis
Comm.: HH 370635
Expires: March 7, 2027
Notary Public - State of Florida


Notary Public

My Commission Expires: 3/7/2027

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

SWORN to and subscribed before me, this 3 day of May 2024

(Seal)

TAMALA S BRIGGINS
Notary Public
Alabama State at Large

Jamie S. B.
Notary Public

My Commission Expires: 5.22.27

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): Adam Sasouness x

Operator(s): Chaim N. Hertz x CHN

Title/Date: Authorized Signatory x

SWORN to and subscribed before me, this 3 day of May 2024

(Seal)

TAMALA S BRIGGINS
Notary Public
Alabama State at Large

Jamie S. B.
Notary Public

My Commission Expires: 5.22.27

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

Alabama State Health Planning & Development Agency

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

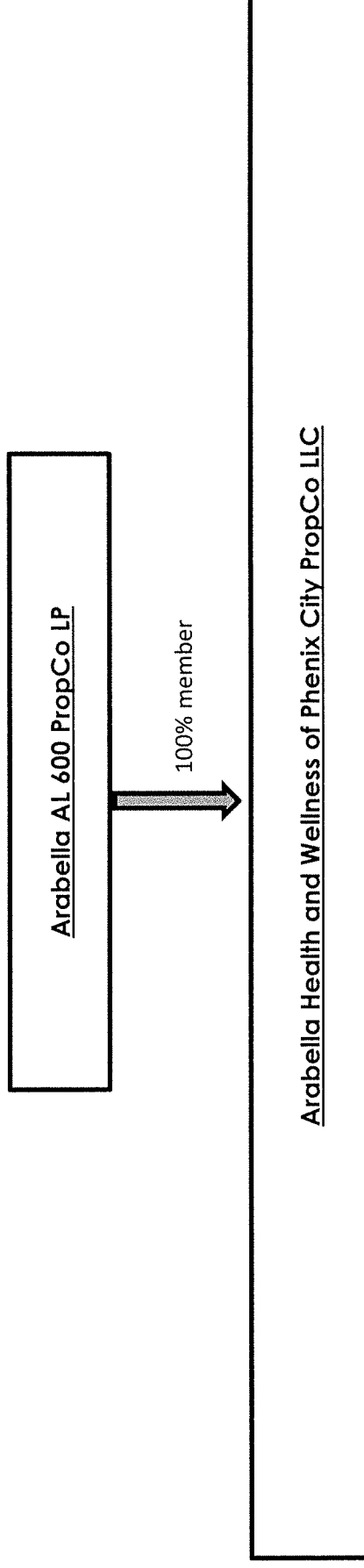
Part IV: Terms of Purchase - Attachment

1. There will be no change to the services currently provided by the facility, which are skilled nursing services.
2. There will be no addition of beds.
3. There will be no conversion of beds.
4. The transaction will be a transfer of indirect ownership interest in Arabella Health and Wellness of Phenix City PropCo LLC, the current real property owner and Certificate of Need holder. The transfer of membership interest occurred on August 25, 2023 with additional indirect changes occurring on March 4, 2024.

Note: This notice is being submitted to correct and update the information on file with SHPDA in order to ensure that the information is current and accurate. There is no change in the entities that are the current licensee/lessee or property owner/lessor/CON holder. The change is only an indirect change to the property owner entity's parent organizational structure.

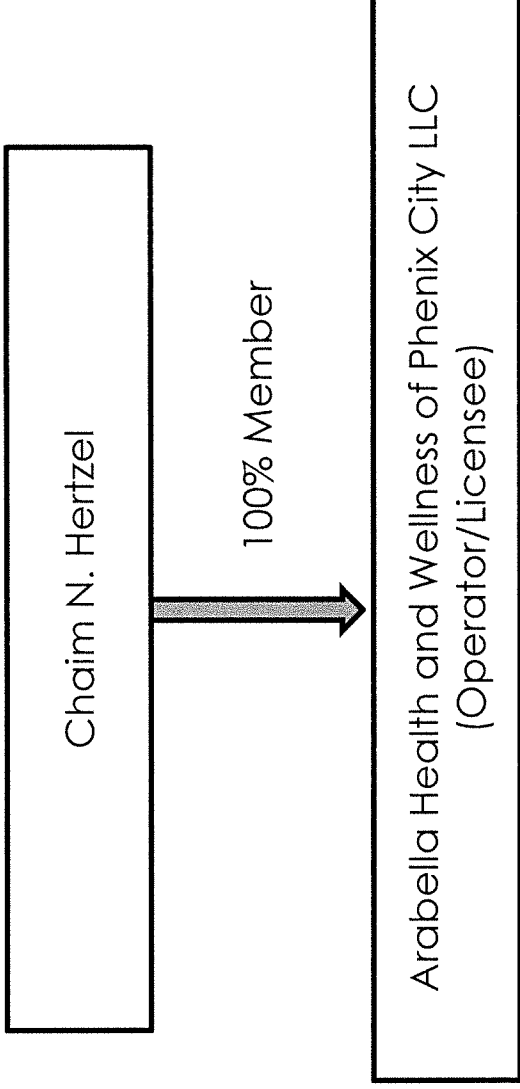
Attachment 1

Arabella Health and Wellness of Phenix City PropCo LLC Effective 8/25/23 Organizational Chart



Attachment 2

Arabella Health and Wellness of Phenix City LLC
d/b/a Arabella Health & Wellness of Phenix City
PRIOR to 8/25/23 Organizational Chart



Attachment 3

Arabella Health and Wellness of Phenix City LLC
d/b/a Arabella Health & Wellness of Phenix City
NEW Organizational Chart effective 8/25/23

Arabella AL 600 OpCo LP
Chaim N. Hertzal – Authorized Signatory



100% member

Arabella Health and Wellness of Phenix City LLC
Chaim N. Hertzal – Authorized Signatory