

Nov 12 2024

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY



ArentFox Schiff LLP

1717 K Street, NW
Washington, DC 20006

202.857.6000 **MAIN**
202.857.6395 **FAX**

afslaw.com

November 11, 2024

VIA EMAIL (SHPDA.ONLINE@SHPDA.ALABAMA.GOV)

State Health Planning & Development Agency
RSA Union Building
100 N. Union Street - Suite 870
Montgomery, Alabama 36104

Kathryn Steffen

Partner

202.715.8480 **DIRECT**

Mkathryn.steffen@afslaw.com

Reference No.: 034745.00132

Re: UPDATE TO NOTICE OF CHANGE OF OWNERSHIP/CONTROL

Current CON Holder: Twenty Two Pack Management Corporation

Proposed CON Holder: 4801 Whitesport Cir SW Tenant LLC

SHPDA ID No.: 089-S4501

Dear Sir or Madam:

By letters dated May 24, 2024, and November 6, 2024, we notified the State Health Planning and Development Agency of an upcoming transaction involving the Specialty Care Assisted Living Facility known as Lynridge of Huntsville Memory Care, located at 4801 Whitesport Circle SW, Huntsville, AL 35801 (the "Facility"). Please consider this as an update to our November 6th letter. The licensed operator and Certificate of Need holder of the Facility is Twenty Two Pack Management Corporation (the "Current Licensee"). The Current Licensee contracts with Sagora Senior Living, Inc. ("Sagora") to manage the Facility.

On or about February 1, 2025 (the "Effective Date"), the Current Licensee will transfer the operations of the Facility to 4801 Whitesport Cir SW Tenant LLC (the "Proposed Licensee"), subject to the receipt of the necessary approvals. Accordingly, enclosed please find a completed Notice of Change of Ownership/Control on behalf of the parties. Note that this is the same enclosure that was included with our November 6th filing. This transaction is a transfer of operations from the Current Licensee to the Proposed Licensee. There will be no changes to the Facility's services, bed count, or bed types. The Proposed Licensee will continue to lease the real property comprising the Facility from EPC Guardian LLC. Sagora will continue to manage the Facility pursuant to a contract with the Proposed Licensee as of the Effective Date.

If you have any questions or would like to discuss the transaction in greater detail, please do not hesitate to contact me.

We look forward to working with you.

Sincerely,



Kathryn L. Steffen

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: 089-S4501
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Lynridge of Huntsville Memory Care
(ADPH Licensure Name)

Physical Address: 4801 Whitesport Circle SW
Huntsville, AL 35801

County of Location: MADISON

Number of Beds/ESRD Stations: 52

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: Twenty Two Pack Management Corporation

Mailing Address: 958 20th Place, 2nd Floor, Vero Beach, FL 32960
Attn: Harbor Retirement Associates

Operator (Entity Name): Twenty Two Pack Management Corporation

Part III: Acquiring Entity Information

Name of Entity: 4801 Whitesport Cir SW Tenant LLC

Mailing Address: 4500 Dorr Street
Toledo, OH 43615

Operator (Entity Name): 4801 Whitesport Cir SW Tenant LLC

Proposed Date of Transaction is on or after: 02/01/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ N/A

Type of Beds: Specialty Care ALF

Number of Beds/ESRD Stations: 52

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

Projected Equipment Cost: \$ N/A - No sale of equipment

Projected Construction Cost: \$ N/A - Facility is fully constructed

Projected Yearly Operating Cost: \$ 1,800,857.00

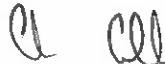
Projected Total Cost: \$ 1,800,857.00

On an Attached Sheet Please Address the Following: See attached.

- 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.

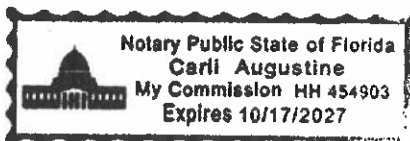
Owner(s): 

Operator(s): Twenty Two Pack Management Corporation

Title/Date: CFD / 5-15-24

SWORN to and subscribed before me, this 15 day of May, 2024.

(Seal)



Carl Augustine
Notary Public

My Commission Expires: 10/17/27

Acquiring Authority Signature(s): **See attached signature page.**

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): _____

Operator(s): _____

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

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): 4801 Whitesport Cir SW Tenant LLC

Operator(s): 4801 Whitesport Cir SW Tenant LLC

Title/Date: Authorized Representative

October 21, 2024

SWORN to and subscribed before me, this 21st day of October, 2024.

(Seal)



R. Dominguez
Notary Public

My Commission Expires: September 29, 2027

Author: Alva M. Lambert

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

History: New Rule

SCHEDULE 1

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).

The Applicant will offer the same services (specialty care assisted living services), which are currently being offered to residents of the facility.

2. Whether the proposal will include the addition of any new beds.

No, the transaction does not include the addition of any new beds.

3. Whether the proposal will involve the conversion of beds.

No, the transaction does not include the conversion of beds.

4. Whether the assets and stock (if any) will be acquired.

The transaction is a transfer of operations. The current operator will transfer to the proposed operator certain assets used by the current operator in connection with the operation of the facility as permitted by applicable law.



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November 11, 2024

VIA EMAIL (Cammie.Austin@ADPH.STATE.AL.US)

Cammie Austin
Alabama Department of Public Health
Division of Provider Services
Bureau of Health Provider Standards
The RSA Tower, Suite 700
201 Monroe Street
Montgomery, AL 36104

Kathryn Steffen

Partner
202.715.8480 **DIRECT**
Mkathryn.steffen@afslaw.com
Reference No.: 034745.00132

Re: REAL PROPERTY OWNERSHIP AND LEASING STRUCTURE UPDATE
Licensee: Twenty Two Pack Management Corporation
License No.: 30393

We are writing to notify the Department of Public Health of an update to the real property ownership and leasing structure for Lynridge of Huntsville Memory Care, the specialty care assisted living facility located at 4801 Whitesport Circle, Huntsville, AL 35801 (the “Facility”). The licensed operator of the Facility is Twenty Two Pack Management Corporation (the “Licensee”). The Licensee leases the real property comprising the Facility from 4801 Whitesport Cir SW Tenant LLC (the “Master Subtenant”), which leases the Facility from EPC Guardian LLC (the “Prior Real Property Owner”).

Effective September 27, 2024, the Prior Real Property Owner transferred the ownership of the real property to a related entity, 4801 Whitesport Circle SW PropCo LLC (the “New Real Property Owner”), via an intercompany deed. The New Real Property Owner then leased the Facility back to Prior Real Property Owner, which continues to lease the Facility to the Master Subtenant. In turn, the Master Subtenant continues to lease the Facility to the Licensee. The leases between the Prior Real Property Owner and the Master Subtenant and between the Master Subtenant and the Licensee remain unchanged. This was an internal transaction for business reasons, and there have been no changes to the licensed operations of the Facility in connection with this update.

If you have any questions, please do not hesitate to contact me. Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kathryn L. Steffen".

Kathryn L. Steffen

cc: Jen Magallon, Health Planner I, State Health Planning & Development Agency
(jelena.magallon@shpda.alabama.gov; shpda.online@shpda.alabama.gov)