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**RECEIVED**

**Nov 22 2024**

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

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November 22, 2024

**VIA EMAIL**

Emily T. Marsal  
Executive Director  
Alabama State Health Planning & Development  
Agency  
RSA Union Building  
100 N. Union Street, Suite 870  
Montgomery, AL 36104

**Re: South Haven Health and Rehabilitation - Change of Landlord and Certificate of Need Holder**

Dear Ms. Marsal:

We submit the attached Change of Ownership application pursuant to Ala. Admin. Code 410-1-7-.04. The Change of Ownership involves the sale and lease of that certain free-standing, 101-bed skilled nursing facility known as South Haven Health and Rehabilitation, located at 3141 Old Columbiana Road, Hoover, Jefferson County, Alabama (the "Facility"). The following is a summary of the transactions that will take place on or after December 16, 2024:

**I. Facts**

1. The Facility is currently owned by The South Haven Corporation ("Current Owner") and leased to South Haven Health and Rehabilitation, LLC (the "Operator"). Pursuant to the current lease, the Current Owner licenses to the Operator the right to operate under the Certificate of Need ("CON") held by the Current Owner.
2. Under the current lease, the Operator has the option to purchase the Facility from Current Owner. Operator, by and through an affiliated entity South Haven Health Realty, LLC ("New Owner"), will purchase the Facility and the rights to the Certificate of Need from Current Owner. Simultaneously with the sale of the Facility, New Owner will enter into a new lease with Operator, and this new lease will license the CON to the Operator for continued use and operation of the nursing facility.
3. The Operator and licensee of the Facility will not change.

AL • DE • FL • GA • MS • NC • SC • TN

II. Financial Scope of Project.

As outlined in the attached change of ownership form, this transaction does not involve the purchase of new equipment, new operating costs, or other capital expenditures in excess of the spending thresholds set forth in Section 22-21-263(a)(2) of the Code of Alabama. The specific costs related to the project are itemized.

III. Services to be Offered.

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

IV. Beds.

1. New Beds: The proposed transaction does not involve any addition or reduction of beds.

2. Conversion of Beds: The proposed transaction does not involve the conversion of beds.

V. Stock and Assets.

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 Ala. Admin. Code 410-1-7-.04(2) 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, the filing fee of \$2,500.00 will be paid via the electronic payment portal. I enclose the executed change of ownership form.

If you have any questions, please let us know.

Sincerely,

*s/Angie C. Smith*

Angie C. Smith

Attachments

**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: 073-N0037  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: South Haven Health and Rehabilitation  
(ADPH Licensure Name)

Physical Address: 3141 Old Columbiana Road  
Birmingham, AL 35226

County of Location: JEFFERSON

Number of Beds/ESRD Stations: 101

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. NA

**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: The South Haven Corporation

Mailing Address: P.O. Box 26214  
Birmingham, AL 35260-0214

Operator (Entity Name): South Haven Health and Rehabilitation, L.L.C.

**Part III: Acquiring Entity Information**

Name of Entity: South Haven Health Realty, L.L.C.

Mailing Address: 931 Fairfax Park  
Tuscaloosa, AL 35406

Operator (Entity Name): South Haven Health and Rehabilitation, L.L.C.

Proposed Date of Transaction is  
on or after: 12/16/2024

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ fair market value

Type of Beds: SNF

Number of Beds/ESRD Stations: 101

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

Projected Equipment Cost: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 8,600,000.00

Projected Total Cost: \$ 8,600,000.00

**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.

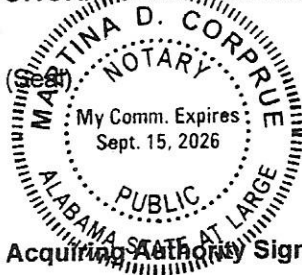
**Part V: Certification of Information****Current Authority Signature(s):**

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

Owner(s): Loree J. Stelton The South Haven Corporation

Operator(s): Phillip Lee King South Haven Health and Rehabilitation, LLC

Title/Date: Vice President 11/21/24 Operator

SWORN to and subscribed before me, this 22<sup>nd</sup> day of November, 2024.

Notary Public

My Commission Expires: 9/15/2026**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):

Phillip Cody Long

South Haven Health Realty, LLC

Operator(s):

South Haven Health and Rehabilitation

Phillip Cody Long

Title/Date:

Vice President 11/21/24Vice President 11/21/24SWORN to and subscribed before me, this 21<sup>st</sup> day of November, 2024.

Notary Public

My Commission Expires: 02/09/2028

Author: Alva M. Lambert

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

History: New Rule