



CO2025-013
RECEIVED

Dec 02 2024

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

KRISTIN OSUNA-LARSON
LICENSING MANAGER
ENSIGN SERVICES, INC.

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kosunalarson@ensignservices.net

November 27, 2024

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

Re: Notice of Change of Ownership/Control for Millennium Nursing and Rehab Center LLC dba AHC Millennium, SHPDA ID No. 089-N0015 ("facility") located at 5275 Millennium Drive NW, Huntsville, AL 35806-2457 and Sand Creek Healthcare, Inc. dba The Health Center at Research Park. ("Buyer")

To Whom It Concerns:

Pursuant to the requirements established by the Alabama State Health Planning & Development Agency, this correspondence serves as formal notice of the pending change of ownership for the above-mentioned Facility. Please be advised that the operation at the facility is scheduled to transfer on January 1, 2025.

1. Services offered will remain the same and operates a skilled nursing facility;
2. No new beds will be added;
3. There will be no conversion of beds and
4. Under the OTA assets will be transferred at time of closing. No stocks will be transferred.

Should you have any questions or require further information, please do not hesitate to contact me at the phone number listed above or via e-mail at kosunalarson@ensignservices.net. Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kristin Osuna-Larson", written over a horizontal line.

Kristin Osuna-Larson
Licensing Manager
Sand Creek Healthcare, Inc. dba
The Health Center at Research Park



The Health Center
AT RESEARCH PARK

CO2025-013
RECEIVED
Jan 14 2025
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

January 6, 2025

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

Re: CO2025-013 SHPDA ID: 089-N0015

Notice of Change of Ownership/Control for Millennium Nursing and Rehab Center LLC dba AHC Millennium, SHPDA ID No. 089-N0015 ("facility") located at 5275 Millennium Drive NW, Huntsville, AL 35806-2457 and Sand Creek Healthcare, Inc. dba The Health Center at Research Park. ("Buyer")

To Whom It Concerns:

Per your letter dated December 16, 2024 requesting additional information on the change of ownership for the above facility, please see below.

Sand Creek Healthcare, Inc. dba The Health Center at Research Park will acquire AHC Millenium from Millennium Nursing and Rehab Center LLC the current authority/owner.

Current facility/provider: AHC Millenium

Name of operator of current authority: Millennium Nursing and Rehab Center LLC dba AHC Millenium

Should you have any questions or require further information, please do not hesitate to contact me at the phone number listed above or via e-mail at kosunalarson@ensignservices.net. Thank you for your time and attention to this matter.

Sincerely,

Kristin Osuna-Larson
Licensing Manager
Sand Creek Healthcare, Inc. dba
The Health Center at Research Park

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-N0015
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: AHC Millennium Nursing and Rehab Center LLC
(ADPH Licensure Name)

Physical Address: 5275 Millennium Drive
Huntsville, AL 35806-2457

County of Location: MADISON

Number of Beds/ESRD Stations: 91

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

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: Millennium Nursing and Rehab Center LLC dba AHC Millennium

Mailing Address: 5275 Millennium Drive NW
Huntsville, AL 35806-2457

Operator (Entity Name): Millennium Nursing and Rehab Center LLC dba AHC Millennium

Part III: Acquiring Entity Information

Name of Entity: Sand Creek Healthcare, Inc,

Mailing Address: 29222 Rancho Viejo Rd., Suite 127
San Juan Capistrano, CA 92675-1049

Operator (Entity Name): The Health Center at Research Park

Proposed Date of Transaction is on or after: 12/01/2024

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 0.00

Type of Beds: SNF/NF

Number of Beds/ESRD Stations: 91

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

Projected Equipment Cost: \$ 273,000.00

Projected Construction Cost: \$ 273,000.00

Projected Yearly Operating Cost: \$ 7,951,032.00

Projected Total Cost: \$ 8,497,032.00

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): Millennium Propro, LLC

Operator(s): AHC Millennium

Title/Date: secretary 11/12/24

SWORN to and subscribed before me, this 12th day of November.

(Seal)

Heidi Burnette
Notary PublicMy Commission Expires: February 8, 2025

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):

Operator(s):

Title/Date:

Secretary

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

CALIFORNIA JURAT WITH AFFIANT STATEMENT**GOVERNMENT CODE § 8202**☒ See Attached Document (Notary to cross out lines 1-6 below)☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Place Notary Seal Above

Subscribed and sworn to (or affirmed) before me

on this 22nd day of November, 2024,
by Date Month Year(1) Soon Burnam(and (2) _____),
Name(s) of Signer(s)proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature

A handwritten signature in blue ink that reads 'Justine Quintos'.

Signature of Notary Public

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____