



CO2025-028

RECEIVED

July 15, 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

July 15, 2025

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
CHOW effective date: September 1, 2025
SHPDA ID Number: 075-N0002
Generations of Vernon, LLC

Dear Ms. Marsal:

Please find enclosed the Notice of Change of Ownership/Control form for Generations of Vernon, LLC, a 158-bed skilled nursing facility located in Vernon, Alabama. This notice proposes the transfer of operational control from Generations of Vernon, LLC (outgoing operator/licensee) to **Cavalier Healthcare of Vernon LLC** (proposed facility operator/licensee and new lessee). There will be no change to the ownership of the skilled nursing facility real property. The details of this transaction are outlined in the Operations Transfer Agreement which will be provided upon request.

Upon approval of the change of ownership by the Alabama Department of Public Health and evidenced by the issuance of a new Nursing Home License, the contemplated transaction will become effective on or after September 1, 2025 (Commencement Date). Lamar Convalescent Center, Inc. (CON authority holder/lessor) and Cavalier Healthcare of Vernon LLC (lessee) will enter into a new lease agreement that will be effective on the Commencement Date.

The change of ownership application fee was paid online on May 12, 2025, REF ID: 133515958.

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

Aug 07 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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: 075-N0002
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Generations of Vernon, LLC
(ADPH Licensure Name)

Physical Address: 1050 Convalescent Rd
Vernon, AL 35592

County of Location: LAMAR

Number of Beds/ESRD Stations: 158

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: Generations of Vernon, LLC

Mailing Address: 1050 Convalescent Rd
Vernon, AL 35592

Operator (Entity Name): Generations of Vernon, LLC

Part III: Acquiring Entity Information

Name of Entity: Cavalier Healthcare of Vernon LLC

Mailing Address: 1050 Convalescent Rd
Vernon, AL 35592

Operator (Entity Name): Cavalier Healthcare of Vernon LLC

Proposed Date of Transaction is
on or after: 09/01/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: Cavalier Healthcare of Vernon LLC will lease the facility
\$ from the current property owner.

Type of Beds: Skilled Nursing Facility beds

Number of Beds/ESRD Stations: 158

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: \$ 10,000,000.00

Projected Total Cost: \$ 10,000,000.00

On an Attached Sheet Please Address the Following:

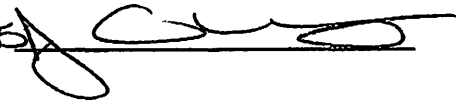
- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 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.

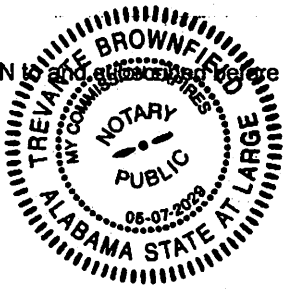
Owner(s): There will be no change in the real property ownership. Cavalier Healthcare of Vernon LLC
will enter into a Lease Agreement with the current property owner.

Operator(s): Generations of Vernon, LLC Eric Melton, CEO

Title/Date: Member/CEO 09/14/25 

SWORN to and subscribed before me, this 14th day of July, 2025.

(Seal)

Trevane Brownfield
Notary PublicMy Commission Expires: 5/7/29**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): There will be no change in the real property ownership. Cavalier Healthcare of Vernon LLC will enter into a Lease Agreement with the current property owner.

Operator(s): Cavalier Healthcare of Vernon LLC Brien B. Hubbard

Title/Date: Managing Member

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

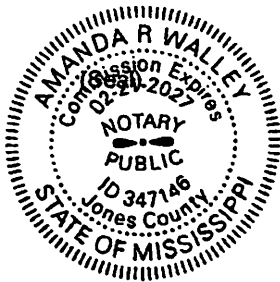
My Commission Expires: _____

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): ST - F - F /

There will be no change in the real property ownership.
Cavalier Healthcare of Vernon LLC will enter into a Lease
Agreement with the current property owner

Operator(s): Cavalier Healthcare of Vernon LLCBrien B. HubbardTitle/Date: Managing Member7/10/25SWORN to and subscribed before me, this 10 day of July, 2025.A R Walley
Notary PublicMy Commission Expires: 2/21/2027

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. The services provided will be skilled nursing care as offered by the previous operator.
2. There will be no new beds added.
3. There will be no conversion of beds.
4. The proposed transaction will be a change in operational control only, not a property or stock sale. The operations will be transferred from Generations of Vernon, LLC to Cavalier Healthcare of Vernon LLC. There will be a new lease agreement executed between Lamar Convalescent Center, Inc. and Cavalier Healthcare of Vernon LLC once the transfer or operations has occurred.

Note:

The projected yearly operating costs of \$10,000,000.00 represent amounts which are consistent with current operating costs and no substantial increases are expected.

Alabama State Health Planning & Development Agency

CHANGE OF OWNERSHIP

Part IV: Terms of Purchase - Attachment

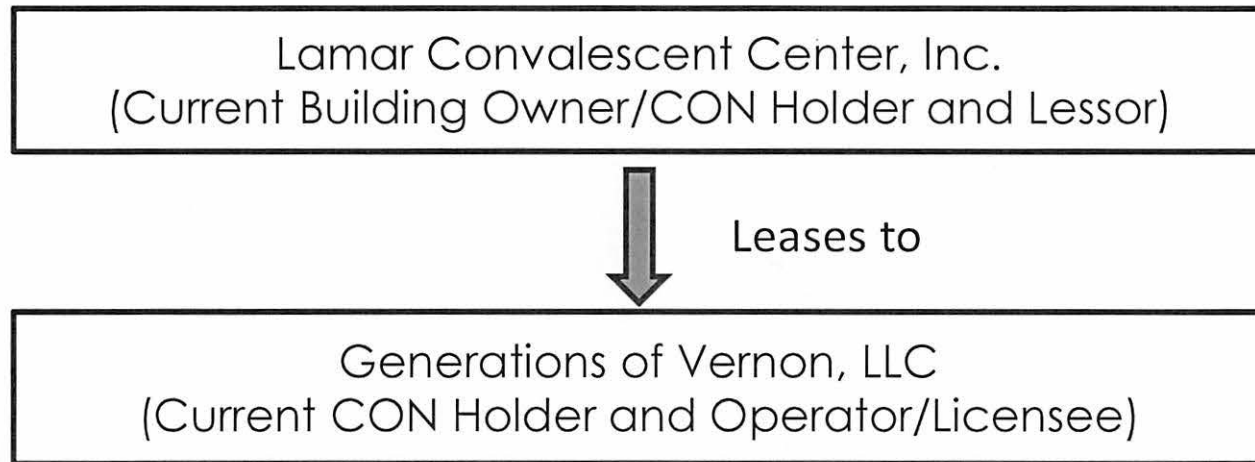
1. The services provided will be skilled nursing care as offered by the previous operator.
2. There will be no new beds added.
3. There will be no conversion of beds.
4. The proposed transaction will be a change in operational control only, not a property or stock sale. The operations will be transferred to Cavalier Healthcare of Vernon LLC. There will be a new lease agreement executed between the current property owner and Cavalier Healthcare of Vernon LLC once the transfer of operations has occurred.

Note:

The projected yearly operating costs of \$10,000,000.00 represent amounts which are consistent with current operating costs and no substantial increases are expected.

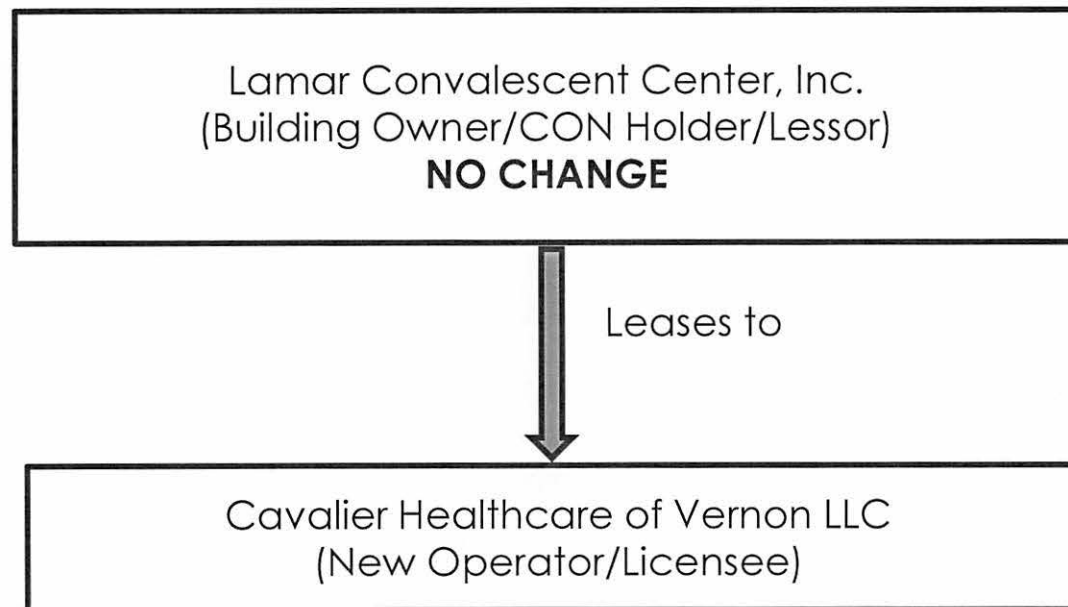
Part II: Current Authority

Generations of Vernon, LLC



Part III: Acquiring Entity Information

Cavalier Healthcare of Vernon LLC



Part III: Acquiring Entity Information

Cavalier Healthcare of Vernon LLC
d/b/a Cavalier Healthcare of Vernon
Organizational Structure

