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Feb 17 2026

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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February 16, 2026

VIA EMAIL ONLY

Ms. Emily Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
Suite 870
Montgomery, AL 36104

**Re: Skilled Nursing Facility Change of Ownership – Arabella Health & Wellness of
Birmingham; SHPDA ID 073-N0012**

Dear Ms. Marsal:

Pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the “Rules”), we respectfully submit the attached Notice of Change of Ownership. The Change of Ownership involves the purchase and lease of the 163-bed skilled nursing facility located in Bessemer, Jefferson County, Alabama, and currently known as Arabella Health & Wellness of Birmingham (the “Facility”). Following is a summary of the proposed transaction:

I. Facts.

1. The Facility is currently owned by Arabella Health & Wellness of Bessemer Propco LLC (the “Seller”) and is licensed to and operated under an operating lease by Arabella Health & Wellness of Bessemer OpCo, LLC (the “Current Operator”). Seller owns the real property on which the Facility is located at 1028 Bessemer Road, Bessemer, AL 35228, and leases the building to the Current Operator, who holds the license from the Alabama Department of Public Health.
2. Seller has negotiated an agreement (the “Purchase Agreement”) with Redmont Property LLC (“Buyer”), for the sale of the real and personal property comprising the Facility, including the Certificate of Need rights required to be a licensed 163-bed nursing facility at the current location in Jefferson County Alabama.

Contemporaneously with the closing on the real property, Buyer will execute a new lease with Redmont Health and Rehabilitation Center LLC, (“New Operator”). New Operator will become the licensee of Facility, pending approval by all necessary regulatory agencies.

3. Under certain documents to be negotiated and entered into in order to effectuate the above described transaction (the “Transaction”), subject to approval by the Alabama Department of Public Health (“ADPH”) and the issuance of a license by ADPH to New Operator to operate the Facility as an 163-bed nursing facility, the Transaction is expected to close at 11:59 pm on March 31, 2026, with the New Operator taking over effective as 12:00:01 on April 1, 2026 (the “Commencement”).
4. The resulting “change in ownership and control” requires notification to your agency pursuant to ALA. ADMIN. CODE §410-1-7-.04(1).
5. The change in control of the Facility is documented by the enclosed executed change of ownership form.

II. Financial Scope of Project.

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 on the attached change of ownership application.

III. Services to be Offered.

1. 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.

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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 Chapter 410-1-7-.04(2) of the Rules 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 \$3,000.00 has been paid via the electronic payment portal. Reference is hereby made to the executed change of ownership form that was submitted electronically on February 16, 2026.

Should you have any questions or need further information, please contact me at 205-458-5209.

Sincerely,

s/**Angie Smith**

Angie C. Smith

ACS

Enclosures

Feb 17 2026

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY**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-N0012
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

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

Physical Address: 1028 BESSEMER RD
Bessemer, AL 35228

County of Location: JEFFERSON

Number of Beds/ESRD Stations: 163

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: Arabella Health & Wellness of Bessemer PropCo LLC

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

Operator (Entity Name): Arabella Health & Wellness of Bessemer OpCo LLC

Part III: Acquiring Entity Information

Name of Entity: Redmont Property LLC

Mailing Address: 165 N. Village Ave, Suite 126
Rockville Centre, NY 11570

Operator (Entity Name): Redmont Health and Rehabilitation Center LLC

Proposed Date of Transaction is on or after: 04/01/2026

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Fair Market Value

Type of Beds: SNF

Number of Beds/ESRD Stations: 163

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

Projected Equipment Cost: \$ n/a

Projected Construction Cost: \$ n/a

Projected Yearly Operating Cost: \$ \$10,700,000

Projected Total Cost: \$ \$10,700,000

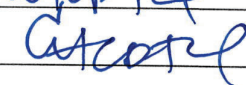
On an Attached Sheet Please Address the Following:

- 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): Nathan Hertzel 

Operator(s): Nathan Hertzel 

Title/Date: _____

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

(Seal)



Notary Public

My Commission Expires: 07/31/29**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): Menachem Ruvel
Operator(s): Menachem Ruvel
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)

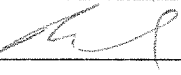
Notary Public

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.

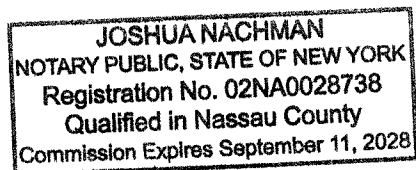
Purchaser(s): Menachem Ruvel 

Operator(s): Menachem Ruvel 

Title/Date: Managing Member _____

SWORN to and subscribed before me, this 14th day of February, 2026.

(Seal)



Notary Public

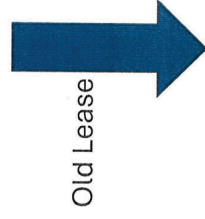
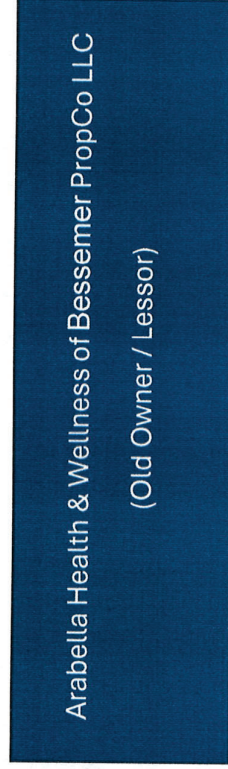
My Commission Expires: _____

Author: Alva M. Lambert

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

History: New Rule

Pre-Transaction Org Chart



Post-Transaction Org Chart

