

MATERIAL CHANGE NOTICE SUBMISSION DETAILS

MCN Number	2025-01-09-1299
OHCA Review Start Date	4/24/2025
Anticipated date (unless tolled per regulation) by which OHCA could waive cost and market impact review	6/09/2025
Anticipated date (unless tolled per regulation) by which OHCA could determine cost and market impact review required	6/23/2025

SUBMITTER

HEALTH CARE ENTITY CONTACT FOR PUBLIC INQUIRY

Title	Manager
First Name	Nichole
Last Name	Kisgen
Email Address	nikkitons@gmail.com

GENERAL

Business Name	CRESCENT CITY SKILLED NURSING, LLC
Ownership Type	Limited Liability Company
Tax Status	For-profit
Federal Tax ID	12-3456789
Description of Submitting Organization	<p>Health care entity is the licensed operator of that certain 99-bed skilled nursing facility commonly known as known as Crescent City Skilled Nursing located at 1280 Marshall Street, Crescent City, CA 95531</p> <p>Operational Structure - Infinite Healthcare, LLC (Profit Corp) owns 100% of Crescent City Skilled Nursing, LLC Ron Reggev Trust owns 50% of Infinite Healthcare, LLC Nichole Tons owns 50% of Infinite Healthcare, LLC</p> <p>Business Lines - 24/7 skilled nursing care, physical therapy, speech pathology, occupational therapy, dietary services</p>
Health Care Provider	Yes
For Providers: Desc. of Capacity or Patients served in California	<p>Provider type - skilled nursing facility Facility operated - Crescent City Skilled Nursing located at 1280 Marshall Street, Crescent City, CA 95531 Service lines - 24/7 skilled nursing care, physical therapy, speech pathology, occupational therapy, dietary services Number of staff - 85</p>

	Geographic service area - Del Norte County Capacity - 99 licensed beds
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LOCATIONS

Counties	Del Norte
California licenses and numbers	California Department of Health Services - Skilled Nursing Facility License - 010000009 Centers for Medicare & Medicaid Services - Medicare / Medi-Cal Certificate - 056296 California Secretary of State - Entity Number - 201625910068
Other States Served	None
Other state(s) licenses and numbers	None.
Primary Languages used when providing services	English
Other language if not listed above	Spanish

MATERIAL CHANGE

ADDITIONAL ENTITIES

Business Name	Description of the Organization	Ownership Type	Additional MCN Submission
THE ROLL PROP CO, LLC	Owns the real estate where Facility is located.	Limited Liability Company	No
1280 MARSHALL LLC	Real estate purchaser will be a new formed entity. It is not a health care entity. It has no annual revenue.	Limited Liability Company	No
CRESCENT CITY POST ACUTE, LLC	New Operator will be a newly formed entity. It is not a health care entity. It has no annual revenue.	Limited Liability Company	No

CRITERIA

A health care entity located in a designated primary care health professional shortage area in California, as defined in Part 5 of Subchapter A of Chapter 1 of Title 42 of the Code of Federal Regulations (commencing with section 5.1), available at data.hrsa.gov . To determine if you are located in a primary health care professional shortage area, please visit here	Yes
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CIRCUMSTANCES FOR FILING

The transaction involves the sale, transfer, lease, exchange, option, encumbrance, or other disposition of 25% or more of the total California assets of the submitter(s).	Yes
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TRANSACTION DETAILS

Anticipated Date of Transaction Closure	6/30/2025
Description of the Transaction	All real and personal property used in connection with the facility is being sold for \$11,400,000. In connection with the sale, operation of the facility is being transferred from Crescent City Skilled Nursing, LLC to Crescent City Post Acute, LLC, a newly formed single purpose entity created for the purpose of this transaction and which accordingly has no prior financial or health care service operational history. The transaction is necessary as the owners of the current operator no longer wish to operate a skilled nursing facility. We believe the transaction will greatly benefit the public by allowing for the continued care of patients after the current operators cease operation. We do not believe there will be any competitive impact of the transaction as there will be no change in the number of skilled nursing facilities or licensed beds in the region.
Submitted to US Department of Justice or Federal Trade Commission?	No
Submitted to Other Agency?	Yes
Date of Submission	1/15/2025
To Whom Submitted	California Department of Public Health
Description of Submission (Include Agency name(s) and State(s))	Change of Ownership application to the California Department of Public Health
Subject to court proceeding	No
Description of current services provided and expected post-transaction impacts on health care services	<p>Services are currently provided in Del Norte County.</p> <p>The following services are provided at the Facility: 24-hour skilled nursing care, physical therapy, speech pathology, occupational therapy and dietary services.</p> <p>24-hour nursing care is currently provided to 88 residents. The residents are primarily 50+ in age and have a primary payor source of</p>

	<p>Medi-Cal and Medicaid. English is the primary language spoken by the residents. Disability status of the residents varies as the Facility provides care for both aging and disabled residents.</p> <p>Medi-Cal and Medicare patients are both currently accepted.</p> <p>The Submitter is not aware of any expected post-transaction changes to the foregoing.</p>
<p>Prior mergers or acquisitions that: (A) involved the same or related health care services;</p> <p>(B) involved at least one of the entities, or their parents, subsidiaries, predecessors, or successors, in the proposed transaction; and</p> <p>(C) were closed in the last ten years.</p>	N/A
<p>Description of Potential Post Transaction Changes</p>	<p>The submitter will no longer provider health care services after the transaction. The submitter expects comparable services to be provided at the Facility by the New Operator after the transaction.</p>
<p>Description of the nature, scope, and dates of any pending or planned material changes occurring between the Submitter and any other entity, within the 12 months following the date of the notice</p>	N/A.