

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870 MONTGOMERY, ALABAMA 36104

October 12, 2021

Ms. Carolina Green
Team Lead, Licensing & Credentialing
400 Interstate North Parkway Southeast, Suite 1600
Atlanta, Georgia 30339

RE: CO2022-016
Comfort Care Hospice, LLC,
d/b/a Comfort Care Hospice of
Sheffield

Dear Ms. Green:

On October 1, 2021, a Change of Ownership notification was filed on behalf of the referenced hospice provider whereby Aveanna Healthcare Senior Services, LLC will acquire one hundred percent (100%) of the membership interests of Comfort Care Hospice, LLC.

Agency records do not indicate the referenced provider is a parent provider. Only parent providers are authorized to hold Certificate of Need authority. All branch offices operating from the Certificate of Need authority issued to the parent provider should be identified in the filing on behalf of the parent provider.

Additional action on this filing is not possible pursuant to ALA. ADMIN. CODE r 410-1-5C-.02ER(3) in effect at the time Certificate of Need authority was issued to the parent provider.

Should you have any questions regarding the requested information please contact the Agency at (334) 242-4103.

Sincerely,

Emily T. Marsal

Executive Director

ETM/kwm

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 Certificate of Need HoldeChange in Facility Management (Fa	acility Operator)
Any transaction other than those above-	described requires an application for a Certificate of Need.
Part I: Facility Information	
SHPDA ID Number:	103-P2445
(This can be found at www.shpda.alabama.gov , H Name of Facility/Provider: (ADPH Licensure Name)	Comfort Care Hospice, LLC d/b/a Comfort Care Hospice of Sheffield
Physical Address:	311 North Raleigh Ave Ste. A, B & C
	Sheffield, AL 35660
County of Location:	COLBERT
Number of Beds/ESRD Stations:	
CON Authorized Service Area (Home He pages if necessary. <u>Colbert, Frankli Morgan and Winston County</u>	ealth and Hospice Providers Only). Attach additional in, Lauderdale, Lawrence, Limestone, Madison, Marion
Part II: Current Authority (Note ownership or control, as defined under charts outlining current and proposed str	e: If this transaction will result in a change in direct ALA. CODE § 22-20-271(e), please attach organizational ructures.)
Owner (Entity Name) of Facility named in Part I:	Comfort Care Hospice LLC
Mailing Address:	245 Cahaba Valley Parkway, Suite 200
	Pelham, AL 35124
Operator (Entity Name):	Comfort Care Hospice of Sheffield
Part III: Acquiring Entity Inform	ation
Name of Entity:	Aveanna Healthcare Senior Services, LLC
Mailing Address:	400 Interstate North Parkway SE, Suite 1600
	Atlanta, GA 30339

Title/Date:

Chief Executive Officer

Operator (Entity Name):	Comfort Care Hospice LLC
Proposed Date of Transaction is on or after:	11/01/2021
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ 6,582,460.00
Type of Beds:	N/A
Number of Beds/ESRD Stations:	
Financial Scope: to Include Prelimina Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment:
Projected Equipment Cost:	\$ 0.00
Projected Construction Cost:	\$ 0.00
Projected Yearly Operating Cost:	\$ 1,389,537.00
Projected Total Cost:	\$ <u>1,389,537.00</u>
On an Attached Sheet Please A 1.) The services to be offered by the prooffered the service, whether the service the service is a new service).	Address the Following: pposal (the applicant will state whether he has previousl is an extension of a presently offered service, or whether
2.) Whether the proposal will include the	addition of any new beds.
3.) Whether the proposal will involve the	• 0.000
4.) Whether the assets and stock (if any) will be acquired.
Part V: Certification of Informat	ion
Current Authority Signature(s):	
The information contained in this notificate belief.	ation is true and correct to the best of my knowledge and
Owner(s):	Alan G. Parker
Operator(s):	Alan G. Parker

9/28/2021

SWORN to and subscribed before me, this 28th day of Septen

(Seal)

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):

The I Shannon L. Drake

Operator(s):

Title/Date:

Chief Legal Officer 9/30/2021

SWORN to and subscribed before me, this 30th day of September, 2021.

(Seal)



My Commission Expires: $\frac{2}{9}/2024$

Author: Alva M. Lambert

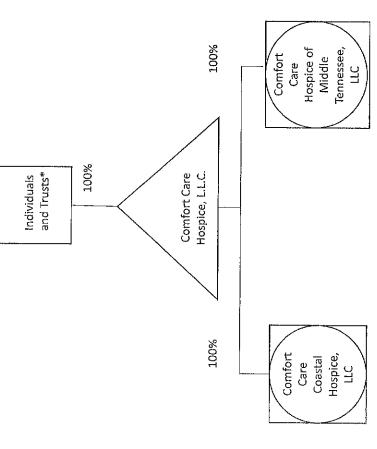
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule

Part IV: Term of Purchase

- 1. The services to be offered by the proposal (the applicant will state whether has previously offered 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).
 - The services held by the current CON holder will remain the same. The change in "Direct Ownership" will not affect any services being offered.
- 2. Whether the proposal will include the addition of any new beds.
 - Not Applicable
- 3. Whether the proposal will involve the conversion of beds.
 - Not Applicable
- 4. Whether the assets and stock (if any) will be acquired.
 - Aveanna Healthcare Senior Services, LLC will acquire 100% of the membership interests of Comfort Care Hospice, LLC.

Comfort Care Hospice, I.L.C. Organizational Chart Before the Proposed Transaction



* - Certain known individuals and trusts collectively hold 100% of the equity interests in Comfort Care Hospice, L.L.C.

Comfort Care Hospice, L.L.C. Organizational Chart After the Proposed Transaction

