

### 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:

CO2022-017

Comfort Care Hospice, LLC, d/b/a Comfort Care Hospice of

Tuscaloosa

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.

<ul><li>Change in Certificate of Need Hold</li><li>Change in Facility Management (Fa</li></ul>	ntrol (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e)) er (ALA. CODE § 22-20-271(f)) acility Operator) -described requires an application for a Certificate of Need.		
Part I: Facility Information			
SHPDA ID Number: (This can be found at <a href="https://www.shpda.alabama.gov">www.shpda.alabama.gov</a> , H	117-P2315A  Health Care Data, ID Codes) Comfort Care Hospice, LLC d/b/a Comfort Care Hospice		
Name of Facility/Provider: (ADPH Licensure Name)	of Tuscaloosa		
Physical Address:	2314 11th Street		
	Tuscaloosa, AL 35401		
County of Location:	TUSCALOOSA		
Number of Beds/ESRD Stations:			
CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary.  Tuscaloosa, Bibb, Shelby, Chilton and Jefferson County			
Part II: Current Authority (Not ownership or control, as defined under charts outlining current and proposed st	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 Tuscaloosa		
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		

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:	\$ 5,001,936.00	)
Type of Beds:	N/A	
Number of Beds/ESRD Stations:		
Financial Scope: to Include Prelimina Construction, and Yearly Operating Cos		the Cost Broken Down by Equipment
Projected Equipment Cost:	\$ 0.00	
Projected Construction Cost:	\$ 0.00	
Projected Yearly Operating Cost:	\$_1,182,695.00	)
Projected Total Cost:	\$ <u>1,182,695.00</u>	)
On an Attached Sheet Please	Address the F	following:
1.) The services to be offered by the pr offered the service, whether the service the service is a new service).		
2.) Whether the proposal will include the	addition of any r	new beds.
3.) Whether the proposal will involve the	conversion of be	eds.
4.) Whether the assets and stock (if any	) will be acquired	
Part V: Certification of Information	tion	
Current Authority Signature(s):		
The information contained in this notificatelief.	ation is true and o	correct to the best of my knowledge and
Owner(s):	ber	Alan G. Parker
Operator(s):	arber	Alan G. Parker
Title/Date: Chief Executive Officer		9/28/2021

SWORN to and subscribed before me, this Athday of

(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):

Shannon L. Drake

Operator(s):

Title/Date:

Chief Legal Officer 9/30/2021

SWORN to and subscribed before me, this  $35^{\frac{11}{100}}$  day of  $5^{\frac{1}{100}}$  day of  $5^{\frac{1}{100}}$ .

(Seal)



My Commission Expires:  $\frac{2/9}{3024}$ 

Author: Alva M. Lambert

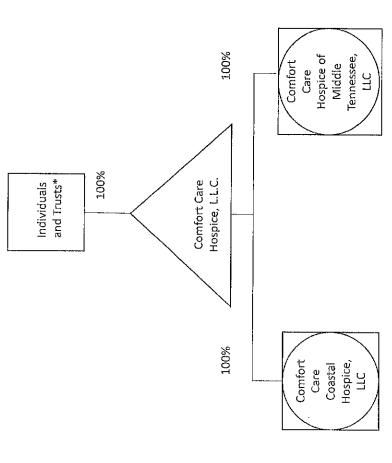
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

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

