

### 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:

CO2022-020

Comfort Care Coastal Home Health, LLC,

d/b/a Comfort Care Coastal Home

Health

Dear Ms. Green:

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

Agency records do not indicate the referenced provider is a parent provider. 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.

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

Sincerely,

Emil Marsal

**Executive Director** 

ETM/kwm

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.

<ul><li>Change in Certificate of Need Hold</li><li>Change in Facility Management (Figure 2)</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> , Hence of Equility/Provides:	003-H7034A  Health Care Data, ID Codes) Comfort Care Coastal Home Health,LLC d/b/a	
Name of Facility/Provider: (ADPH Licensure Name)	Comfort Care Coastal Home Health	
Physical Address:	709 Azalea Rd., Ste. A2	
	Mobile,AL 36609	
County of Location:	MOBILE	
Number of Beds/ESRD Stations:		
CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary.  Baldwin, Mobile (CON) and Washington County (contiguous)		
Part II: Current Authority (Not ownership or control, as defined under charts outlining current and proposed st	te: 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 Home Health Services, LLC	
Mailing Address:	169 Cahaba Valley Parkway	
	Pelham, AL 35124	
Operator (Entity Name):	Comfort Care Coastal Home Health	
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 Coastal Home Health, LLC
Proposed Date of Transaction is on or after:	11/01/2021
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ <u>15,902,254.00</u>
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, t:
Projected Equipment Cost:	\$ 0.00
Projected Construction Cost:	\$ 0.00
Projected Yearly Operating Cost:	\$ 3,274,735.00
Projected Total Cost:	\$ <u>3,274,735.00</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:  oposal (the applicant will state whether he has previously 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	conversion of beds.
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.  Owner(s):	Alan G. Parker
Operator(s):	Alan G. Parker

9/28/2021

Chief Executive Officer

Title/Date:

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

(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):

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: 2/9/2024

Author: Alva M. Lambert

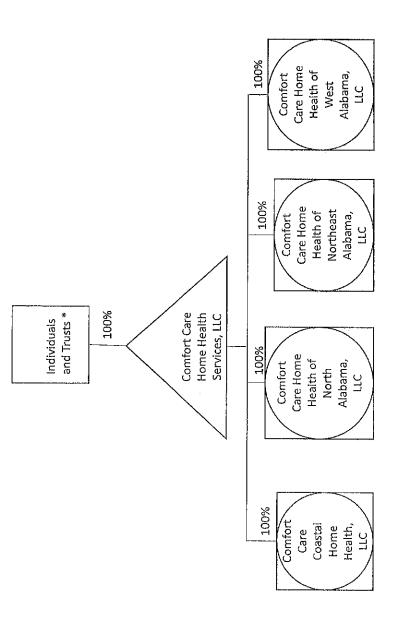
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

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 "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 Coastal Home Health, LLC.

Comfort Care Home Health Services, ILC Organizational Chart Before the Proposed Transaction



\* - Certain known individuals and trusts collectively hold 100% of the equity interests in Comfort Care Home Health Services, LLC

Comfort Care Home Health Services, LLC Organizational Chart After the Proposed Transaction

