

Comfort Care Home Health of West Alabama, LLC

October 14, 2021

VIA EMAIL

shpda.online@shpda.alabama.gov

CO2022-023
RECEIVED

Oct 14 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: CO2022-023

**Comfort Care Home Health of West Alabama, LLC d/b/a
Comfort Care Home Health– SHPDA ID: 119-H7879
1306 N. Washington Street, Livingston, AL 35470**

To whom it may concern:

Enclosed is the corrected page 1 indicating a Change in Control of a vested facility and revised SHPDA ID 119-H7879. It is our understanding the previous provider ceased operations on 4/30/2018 (SHPDA ID 119-H7101), however Comfort Care Home Health reestablished services as a result of the CHOW. Enclosed is the CHOW approval for Livingston, which includes Pickens county as an approved service area effective 7/22/2010.

Should you have any questions or require any additional information, please contact Carolina Green via email at carolina.green@aveanna.com.

Regards,

Carolina Green

Carolina Green
678-784-4643
carolina.green@aveanna.com

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: 119-H7879
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Comfort Care Home Health of West Alabama, LLC
(ADPH Licensure Name) d/b/a Comfort Care Home Health

Physical Address: 1306 North Washington Street
Livingston, AL 35470

County of Location: SUMTER

Number of Beds/ESRD Stations: _____

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Sumter (CON Authorized), Choctaw, Greene, Marengo, and Pickens county (contiguous)

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: Comfort Care Home Health Services, LLC

Mailing Address: 169 Cahaba Valley Parkway
Pelham, AL 35124
Comfort Care Home Health

Operator (Entity Name): _____

Part III: Acquiring Entity Information

Name of Entity: Aveanna Healthcare Senior Services, LLC

Mailing Address: 400 Interstate North Parkway SE, Suite 1600
Atlanta, GA 30339



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

September 27, 2018

James F. Henry, Esquire
Cabaniss, Johnston, Gardner,
Dumas & O'Neal LLP
Post Office Box 830612
Birmingham, Alabama 35283

RE: CO2018-073
Health Now Home Health
SHPDA ID: 119-H7101

Dear Mr. Henry:

This is written in response to the Change of Ownership filed on August 30, 2018, whereby Comfort Care Home Health of West Alabama, LLC is proposing the purchase of certain assets of Health Now Home Health with an anticipated closing date on or after August 9, 2018.

This transaction will not involve the purchase of any new equipment or capital expenditures of new operating costs in excess of the spending thresholds set forth in §22-21-263(a)(2) of the Code of Alabama, 1975 (as amended). Additionally, this transaction will not involve the addition, reduction or conversion of beds.

Agency records reflect that Certificate of Need 1259-HHA was issued to Hill Hospital of York on August 12, 1991, for the provision of hospital based home health services to the residents of Sumter County. Contiguous county authority was granted for Choctaw County effective September 17, 1998; and to Greene County effective February 14, 2001. Contiguous county authorities were issued to Marengo and Pickens counties effective July 22, 2010, the date of approval of CO2010-055. This provider ceased the provision of home health services effective April 30, 2018.

Based on information provided, this Notice of Change of Ownership/Control requires no further action from this Agency. This decision is based on the information provided, and on the assumption that all pertinent information has been disclosed. This response is made with the understanding that there will be no substantial deviations from the facts and premises provided to this Agency. Should circumstances prove to be other than represented, this letter may become null and void.

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025
PHONE: (334) 242-4103 FAX: (334) 242-4113

CO2018-073
September 27, 2018
Page 2

Pursuant to ALA. ADMIN. CODE r. 410-1-3-.09, all documents to be filed with SHPDA must be submitted electronically to shpda.online@shpda.alabama.gov in text searchable, PDF format.

Should you have any questions, please contact this Agency at (334) 242-4103.

Sincerely,

A handwritten signature in black ink that reads "Alva M. Lambert". The signature is written in a cursive style with a large initial 'A'.

Alva M. Lambert
Executive Director

AML: kfn

cc: Felicia Williams-Smith, Alabama Department of Public Health
Guy Nevins, Alabama Department of Public Health

ALABAMA
STATE HEALTH PLANNING AGENCY
CERTIFICATE OF NEED FOR HOSPITALS
AND RELATED HEALTH FACILITIES

119-7108

I. IDENTIFICATION		
1. Certificate of Need Number 1259-HHA	2. Date Issued August 12, 1991	3. Termination Date August 11, 1992
4. Project Number AL-91065	5. Name of Facility Hill Hospital of York	
6. Service Area Sumter County	7. Location of Facility York, AL	
8. Type of Facility Home Health	9. Number of Beds N/A	10. Estimated Cost 0 Dollars
11. Services to be provided Hospital based home health service to the residents of Sumter County.		

II. CERTIFICATE OF NEED

In accordance with the provisions of Act 82, of the first Special Session of 1977 as amended by Act No. 82-770 of the Second Special Session, 1982 (Title 22, Chapter 21, Article 9 Code of Alabama 1975) approved July 8, 1982.

- Findings of the Certificate of Need Review Board.
- There are in force in the State of Alabama reasonable minimum standards of licensure and methods of operation for hospitals and health facilities.
- The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant, hospital or other health facility.

III. ISSUANCE OF CERTIFICATE OF NEED

This Certificate of Need is issued in favor of Hill Hospital of York only, for a period not to exceed 12 months from the date of issuance. This Certificate of Need is not transferable and any action on the part of the Applicant to transfer this Certificate of Need will render the Certificate of Need null and void.


Derrell O. Fancher
Executive Director

ORIGINAL

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

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 Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))
 Change in Facility Management (Facility Operator)

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Part I: Facility Information

SHPDA ID Number: 119-H7101
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

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(ADPH Licensure Name) d/b/a Comfort Care Home Health

Physical Address: 1306 N. Washington Street
Livingston, AL 35470

County of Location: SUMTER

Number of Beds/ESRD Stations: _____

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Sumter (CON Authorized), Choctaw, Greene, Marengo, and Pickens county (contiguous)

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: Comfort Care Home Health Services, LLC

Mailing Address: 169 Cahaba Valley Parkway
Pelham, AL 35124

Operator (Entity Name): Comfort Care Home Health

Part III: Acquiring Entity Information

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 Home Health of West Alabama LLC

Proposed Date of Transaction is on or after: 11/01/2021

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 4,834,295.00

Type of Beds: N/A

Number of Beds/ESRD Stations: _____

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

Projected Equipment Cost: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 1,285,153.00

Projected Total Cost: \$ 1,285,153.00

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):

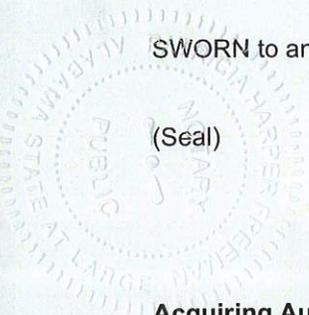
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): Alan G. Parker Alan G. Parker

Operator(s): Alan G. Parker Alan G. Parker

Title/Date: Chief Executive Officer 9/28/2021

SWORN to and subscribed before me, this 28th day of September, 2021.



Patricia Harper Freeman
Notary Public

My Commission Expires: 2/7/2023

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): A.H. Rule 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)



Carolina Green
Notary Public

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

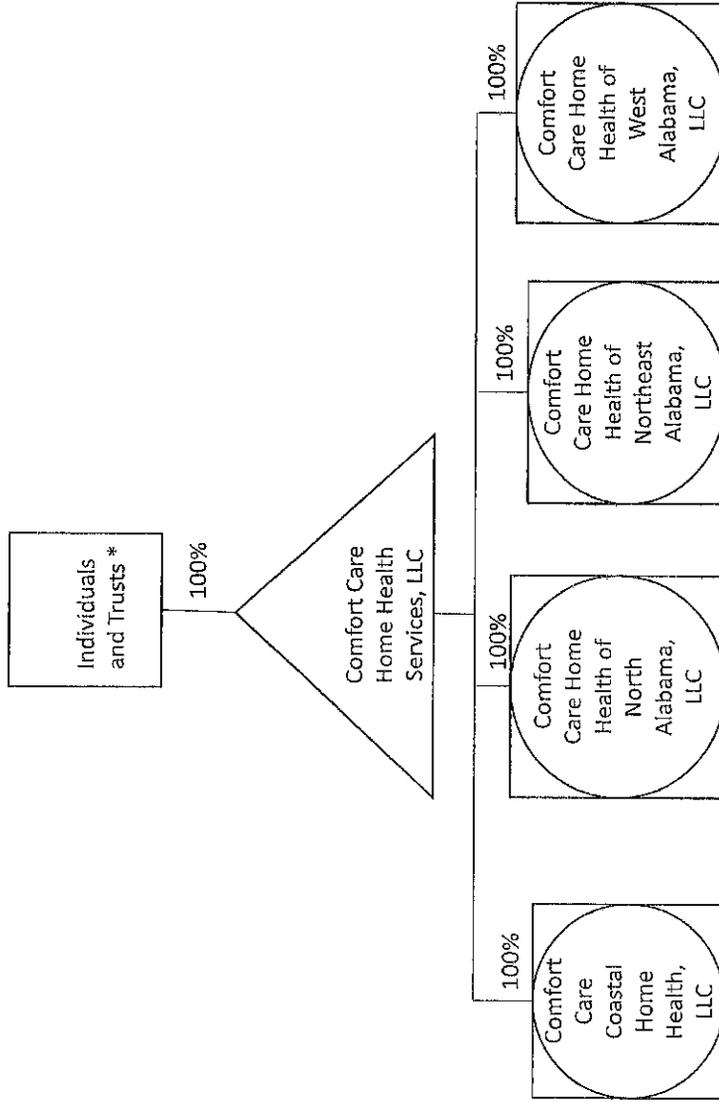
1. The services to be offered by the proposal (the applicant will state whether has previously offered he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
 - The services held by the current CON holder will 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 Home Health of West Alabama, LLC.

Comfort Care Home Health Services, LLC
 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

