



Troy Health
& REHABILITATION CENTER
Serving Pike County for over 35 Years

Business Office: (334) 566-9575
Fax: (334) 566-8066

515 Elba Highway
Troy, Alabama 36079
(334) 566-0880

August 23, 2017

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Sep 18 2017

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Mr. Alva M. Lambert

Alabama State Planning and Development Agency

Post Office Box 303025

Montgomery, AL 36130-3025

Mr. Lambert:

My purpose of writing this letter is to request a Letter of Non-Reviewability determination related to a minor renovation of our existing facility. After reviewing the data on the SHPDA website it appears that the project does not meet the requirements for a CON, however we would like to have it formally confirmed. The following generally summarizes our project.

Description:

Interior renovations consist of converting two existing patient rooms into one sitting room. New construction would add a 15 foot X 17 foot concrete outdoor patio area with a surrounding 25 ft X 31 ft X 8 ft tall wood fence for security. The accompanying Construction Drawings show the extent of work in greater detail.

Demolition work will be minimal. Existing fire suppression system, fire alarm system, and mechanical system will remain as is.

This renovation would decrease existing bed capacity, but may be added back when considering future additions.

Services:

The services offered by the project are the enhancement of services already provided. Specifically, the centrally located sitting room will provide a more comfortable experience for the residents and their guests.

- 1. The name of our company is Troy Health and Rehabilitation Center.**
- 2. Our address is 515 Elba Highway, Troy, AL 36079.**
- 3. The service area being requested is a wing of the existing building.**
- 4. The services to be provided will be existing services within a secure unit.**
- 5. This renovation will incur no additional equipment costs or 1st year annual operating costs. The capital costs will not affect leases or Land/Building costs. The projected construction cost of this project is \$60,000.**
- 6. No other health care facilities or groups have a financial interest in this renovation.**
- 7. The check in the amount of \$1000.00 will accompany the hard copy mailed to SHPDA.**

If you have further questions or need additional information please contact me at 334-566-0880.

Sincerely,

A handwritten signature in black ink, appearing to read 'W Kelly', written in a cursive style.

Warren Kelly, Administrator

"Affirmation of Requesting Party" Affidavit

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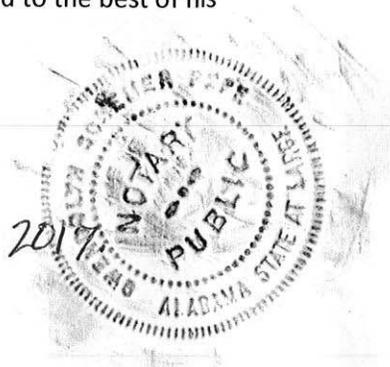
The undersigned, being first duly sworn, hereby make oath of affirm that he is the Administrator for Troy Health and Rehabilitation Center, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant W. H. [Signature] (SEAL)

SUBSCRIBED AND SWORN to before me this 18 day of September, 2017.

Gwendolyn Schemer Pepe

Notary Public



My commission expires:

Subscribed and sworn to before me in my Presence, this 18 day of September 2017, a Notary Public in and for the County of Houston State of Alabama
Gwendolyn Schemer Pepe
(Signature) Notary Public
My commission expires 6/23, 2020

