Comfort Care Coastal Hospice, LLC

October 14, 2021

CO2022-001
RECEIVED
Oct 14 2021
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

VIA EMAIL shpda.online@shpda.alabama.gov

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

RE: CO2022-001

Comfort Care Coastal Hospice, LLC d/b/a Comfort Care Coastal Hospice – Baldwin SHPDA ID: 003-P2400 22502 US HWY 98 Fairhope, AL 36532

To whom it may concern:

In respect to the Change of Ownership notification filed on October 1st on behalf of Aveanna Healthcare Senior Services, LLC regarding Comfort Care Coastal Hospice, LLC d/b/a Comfort Care Coastal Hospice – Baldwin, please note that this notification extends to the branch location listed below associated with the parent provider. This proposal will impact the branch listed below as they will be included in the acquisition on behalf of Aveanna Healthcare Senior Services, LLC. The services held by the current CON holder will remain the same for the parent agency and its branch. The authorized service area has been corrected; Monroe, Washington, and Clarke county and the out of state county have been removed.

 Comfort Care Coastal Hospice, LLC d/b/a Comfort Care Coastal Hospice – Mobile 709 Azalea Road, Ste A1 Mobile, AL 36609 (Mobile County)

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))

O 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:	003-P2400	
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)		
Name of Facility/Provider: (ADPH Licensure Name)	Comfort Care Coastal Hospice, LLC	
Physical Address:	22502 US HWY 98	
•	FAIRHOPE, AL 36532	
County of Location:	BALDWIN	
Number of Beds/ESRD Stations:		
CON Authorized Service Area (Home He pages if necessary. Baldwin and Mo	ealth and Hospice Providers Only). Attach additional obile	

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.)

Pelham, AL 35124

Owner (Entity Name) of Comfort Care Coastal Hospice, LLC

Facility named in Part I: ____

245 Cahaba Valley Parkway, Suite 200

Mailing Address:

Comfort Care Coastal Hospice - Baldwin

Operator (Entity Name):

Part III: Acquiring Entity Information

Aveanna Healthcare Senior Services, LLC Name of Entity:

Mailing Address: 400 Interstate North Parkway SE, Suite 1600

Atlanta, GA 30339

Alabama CON Rules & Regulations 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.

 Change in Certificate of Need Ho Change in Facility Management (Facility Operator)
Part I: Facility Information	ve-described requires an application for a Certificate of Need.
SHPDA ID Number:	003-P2400
(This can be found at www.shpda.alabama.gov , H Name of Facility/Provider: (ADPH Licensure Name)	, Health Care Data, ID Codes) Comfort Care Coastal Hospice,LLC d/b/a Comfort Care Coastal Hospice-Baldwin
Physical Address:	22502 US HWY 98
,	FAIRHOPE, AL 36532
County of Location:	BALDWIN
Number of Beds/ESRD Stations:	
CON Authorized Service Area (Home pages if necessary. <u>Baldwin, Mot</u>	Health and Hospice Providers Only). Attach additional bile, Monroe, Washington, Clarke, Escambia, FL
Part II: Current Authority (Nownership or control, as defined und charts outlining current and proposed	ote: If this transaction will result in a change in direct er ALA. CODE § 22-20-271(e), please attach organizational structures.)
Owner (Entity Name) of Facility named in Part I:	Comfort Care Coastal Hospice,LLC
Mailing Address:	245 Cahaba Valley Parkway, Suite 200
	Pelham, AL 35124
Operator (Entity Name):	Comfort Care Coastal Hospice-Baldwin
Part III: Acquiring Entity Infor	mation
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 Hospice, LLC
Proposed Date of Transaction is on or after:	11/01/2021
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ <u>11,097,964.00</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:	\$ 2,404,209.00
Projected Total Cost:	\$ 2,404,209.00
On an Attached Sheet Please A 1.) The services to be offered by the proffered 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 _______ day of ______ day 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:

SWORN to and subscribed before me, this 30th day of Saptem

(Seal)



My Commission Expires: 2/9/2024

Author: Alva M. Lambert

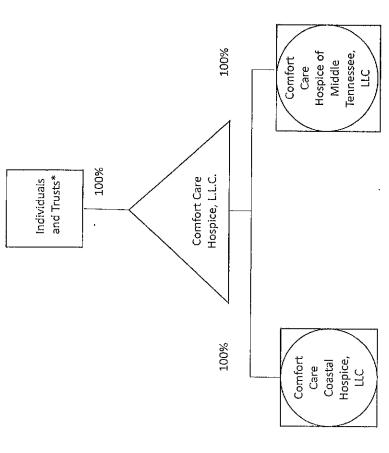
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

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 Hospice, LLC.

Comfort Care Hospice, L.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

