Comfort Care Coastal Home Health, LLC

October 14, 2021

VIA EMAIL shpda.online@shpda.alabama.gov

CO2022-019
RECEIVED
Oct 14 2021

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

RE: CO2022-019

Comfort Care Coastal Home Health, LLC d/b/a Comfort Care Coastal Home Health – SHPDA ID: 003-H7034 1390 N. McKenzie St., Foley, AL 36535

To whom it may concern:

Enclosed is the corrected page 1 indicating a Change in Control of a vested facility. The authorized service area has been corrected, Monroe county and the out of state county have been removed. It is our understanding that while the seller, Comfort Care Home Health has established home health agencies in Mobile and Baldwin county, they are operating under a single Medicare provider number and CMS considers the Mobile facility to be a branch of Baldwin. Please note the branch location address below. 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.

1. Comfort Care Coastal Home Health, LLC d/b/a Comfort Care Coastal Home Health, 3201 Dauphin Street Suite E Mobile, AL 36606 (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 Certificate of Need Holde Change in Facility Management (Fa		
Part I: Facility Information		
SHPDA ID Number:	003-H7034	
(This can be found at <u>www.shpda.alabama.gov</u> , H	lealth 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:	1390 North McKenzie Street	
	Foley, AL 36535	
County of Location:	BALDWIN	
Number of Beds/ESRD Stations:		
	ealth and Hospice Providers Only). Attach additional n (CON), Washington, Clarke, Escambia AL	
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 Coastal Home Health	
Part III: Acquiring Entity Inform	ation Aveanna Healthcare Senior Services, LLC	
Mailing Address:	400 Interstate North Parkway SE, Suite 1600	
•	Atlanta GA 30339	

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 HoldChange in Facility Management (Facility Management)	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 www.shpda.alabama.gov , H	003-H7034
Name of Facility/Provider: (ADPH Licensure Name)	Comfort Care Coastal Home Health, LLC d/b/a Comfort Care Coastal Home Health
Physical Address:	1390 N. McKenzie Street
	Foley,AL 36535
County of Location:	BALDWIN
Number of Beds/ESRD Stations:	
pages if necessary. Mobile, Baldwin Escambia County FL (contiguous) Part II: Current Authority (Not	ealth and Hospice Providers Only). Attach additional (CON) Monroe, Washington, Clarke, Escambia AL and 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 Home Health Services, LLC
Mailing Address:	169 Cahaba Valley Parkway
ag / taul 000.	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:	\$ 10,611,250.00
Type of Beds:	N/A
Number of Beds/ESRD Stations:	
Financial Scope: to Include Prelimi Construction, and Yearly Operating Co	inary Estimate of the Cost Broken Down by Equipment ost:
Projected Equipment Cost:	\$ 0.00
Projected Construction Cost:	\$ 0.00
Projected Yearly Operating Cos	t: \$ 2,385,562.00
Projected Total Cost:	\$ 2,385,562.00
On an Attached Sheet Please	Address the Following:
1.) The services to be offered by the poffered the service, whether the service the service is a new service).	proposal (the applicant will state whether he has previously ce is an extension of a presently offered service, or whether
2.) Whether the proposal will include the	he addition of any new beds.
3.) Whether the proposal will involve the	he conversion of beds.
4.) Whether the assets and stock (if ar	ny) will be acquired.
Part V: Certification of Information	ation
Current Authority Signature(s):	
The information contained in this notifit belief.	ication is true and correct to the best of my knowledge and
Owner(s): Wan A far	Alan G. Parker
Operator(s):	Alan G. Parker
Title/Date: Chief Executive Officer	9/28/2021

SWORN to and subscribed before me, this Zgth 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):

The 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)



My Commission Expires: $\frac{2}{9}/2024$

Author: Alva M. Lambert

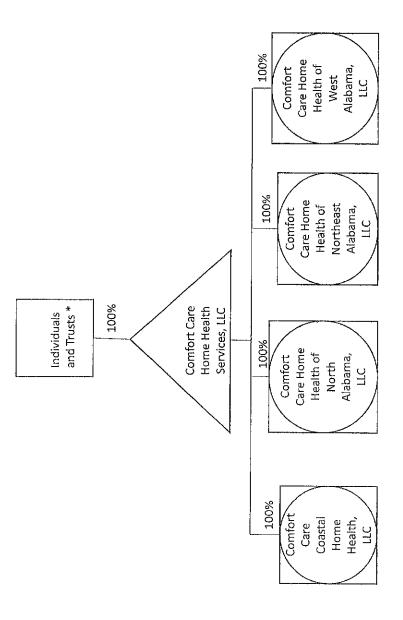
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

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, 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

