Comfort Care Home Health of Northeast Alabama, LLC

CO2022-021
RECEIVED
Oct 14 2021
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

October 14, 2021

VIA EMAIL shpda.online@shpda.alabama.gov

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

RE: CO2022-021 Home Health of Northeast Alabama, LLC d/b/a Comfort Care Home Health of Northeast Alabama – **SHPDA ID:** 055-H7878 201 S. 1st Street, Gadsden, AL 35901

To whom it may concern:

Enclosed is the corrected page 1 indicating a Change in Control of a vested facility. The provider will continue to service Dekalb and Saint Clair county and counties served have been corrected on page 1. The change of address was submitted by the Seller to CMS via PECOS effective 6/1/2020. Please let us know how we can proceed with updating the agency records to reflect the current address.

Current Address: 201 S. 1st Street, Gadsden, AL 35901

Previous Address: 100 Medical Center Drive, Gadsden, AL 35903

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.

O Change in Certificate of Need Holde Change in Facility Management (Fa	
Part I: Facility Information	
SHPDA ID Number: (This can be found at <u>www.shpda.alabama.gov,</u> H	055-H7878
Name of Facility/Provider: (ADPH Licensure Name)	Comfort Care Home Health of Northeast Alabama LLC d/b/a Comfort Care Home Health of Northeast Alabama
Physical Address:	201 South 1st Street
	Gadsden, AL 35901
County of Location:	ETOWAH
Number of Beds/ESRD Stations:	
	ealth and Hospice Providers Only). Attach additional Authorized), Cherokee & Calhoun (contiguous), Dekalb
	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
	Pelham, AL 35124
Operator (Entity Name):	Comfort Care Home Health of Northeast Alabama
Part III: Acquiring Entity Inform	ation Aveanna Healthcare Senior Services, LLC
Name of Entity:	400 Interstate North Parkway SE, Suite 1600
Mailing Address:	Too Interstate North Fantway OL, Oute 1000

Atlanta, GA 30339



State Health Planning and Development Agency

Alabama CON Rules & Regulations

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

The following notification of intent is provided pursuant to all applicable provisions

	975 as amended) and ALA. ADMIN. CODE r. 410-1-7-d at least twenty (20) days prior to the transaction.
Change in Certificate of NeedChange in Facility Management	or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e)) d Holder (ALA. CODE § 22-20-271(f)) ent (Facility Operator) above-described requires an application for a Certificate of Need.
Part I: Facility Information	
SHPDA ID Number:	055-H7878
(This can be found at www.shpda.alabam	a.gov, Health Care Data, ID Codes) Comfort Care Home Health of Northeast Alabama,LLC d/b/a
Name of Facility/Provider: (ADPH Licensure Name)	Comfort Care Home Health of Northeast Alabama
Physical Address:	201 S. 1st Street
	Gadsden, AL 35901
County of Location:	ETOWAH
Number of Beds/ESRD Stations:	
	ome Health and Hospice Providers Only). Attach additional (CON Authorized), Cherokee & Calhoun (contiguous)
	y (Note: If this transaction will result in a change in direct under ALA. CODE § 22-20-271(e), please attach organizational osed structures.)
Owner (Entity Name) of Facility named in Part I:	Comfort Care Home Health Services, LLC
	169 Cahaba Valley Parkway
Mailing Address:	D-II AL 25424
	Pelham, AL 35124
Operator (Entity Name):	Comfort Care Home Health of Northeast Alabama
Part III: Acquiring Entity II	
Name of Entity:	Aveanna Healthcare Senior Services, LLC
Mailing Address:	400 Interstate North Parkway SE, Suite 1600
maning / tour ood.	Atlanta, GA 30339

Operator (Entity Name): Comfort Care Home Health of Northeast Alabama, LLC Proposed Date of Transaction is 11/01/2021 on or after: Part IV: Terms of Purchase \$ 6,641,075.00 Monetary Value of Purchase: N/A Type of Beds: 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: \$ 1,517,896.00 Projected Total Cost: \$ 1,517,896.00

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): (fan Afaster

Alan G. Parker

Operator(s):

Varber

Alan G. Parker

Title/Date:

Chief Executive Officer

9/28/2021

SWORN to and subscribed before me, this _______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: $\frac{2/9/2029}{}$

Author: Alva M. Lambert

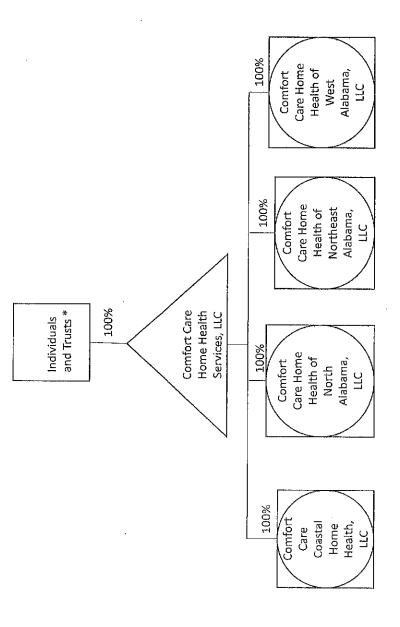
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

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 Northeast 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

