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STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

April 25, 2011

Mr. Alva Lambert  
Executive Director  
State Health Planning & Dev. Agency  
P. O. Box 303025  
Montgomery, Alabama 36130-3025

**RE: Project Modification Request # 1 --- CON CON2457-NH, AL2010-171**

Dear Mr. Lambert:

This letter represents a request by Ridgeview at Meadowbrook for Project Modification # 1. The amounts requested are below the applicable financial thresholds for review provided in CON Rules and Regulations Section 410-1-4-.01. Furthermore, this request does not involve a change in location, or a relocation, or a change in bed capacity or the provision of new services.

The dollar amounts in the Requested Project Modification # 1 are presented in Attachment One. Basically, additional dollars are being requested to reflect costs unanticipated pertaining to renovation for codes. The Certification Letter is also attached, which AL2010-171 had no opponents or parties of record. Thus, there are no parties of record to serve the Project Modification upon.

Thank you for your attention in this matter. Please contact me should you have any questions.

Sincerely,



Gary Griffin

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**ATTACHMENT ONE  
PROJECT MODIFICATION REQUEST # 1  
Ridgeview at Meadowbrook AL2010-171, CON 2457-NH**

	APPROVED CON 2457- NH AL2010-171	PROJECT MODIFICATION ONE REQUEST	REQUESTED INCREASE (DECREASE)
<b>A. Construction (includes modernization, expansion)</b>			
1. Predevelopment			
2. Site Acquisition			
3. Site Development			
4. New Construction			
5. Professional Fees			
6. Renovation		\$ 400,000	\$ 400,000
7. Interest during time period of construction			
8. Attorney and Consultant Fees			
9. Bond Issuance Costs			
10. Contingency	50,000	\$ -	\$ (50,000)
<b>TOTAL COST OF CONSTRUCTION</b>	\$ 50,000	\$ 400,000	\$ 400,000
<b>B. Purchase</b>			
1. Facility			
2. Major Medical Equipment			
3. Other Equipment			\$ -
<b>TOTAL COST OF PURCHASE</b>	\$ -	\$ -	\$ -
<b>C. Lease</b>			
1. Facility Cost Per Per Lease Period			
2. Equipment Cost Per Lease Period			
3. Land-only Lease Cost Per Lease Period			
<b>TOTAL COST OF LEASE(S)</b>			
<b>D. Services</b>			
1. ___ New Service			\$ -
2. ___ Expansion			
3. ___ Reduction or Termination			
4. <u>X</u> Other Relocate 32 Existing Nursing Home Beds	\$ 2,261,309	\$ 2,261,309	\$ -
<b>FIRST YEAR NEW ANNUAL OPERATING COST</b>	\$ 2,261,309	\$ 2,261,309	\$ -
<b>E. TOTAL COST OF THIS PROJECT</b>	\$ 2,311,309	\$ 2,661,309	\$ 400,000

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410-1-10-.03 (b) Project Modifications After Issuance of Certificate of Need STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**CERTIFICATE OF SERVICE**

I HERBY CERTIFY that I have served a copy of the foregoing upon the listed parties of record by placing same in the United States Mail, postage prepaid and properly addressed, on this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NONE

*(List name and address of all parties)*

Ridgeview Assisted Living, LLC d/b/a Ridgeview at Meadowbrook  
*(Name of applicant requesting project modification)*