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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

June 15, 2015

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

RE: CON: 2626-SCALF, Project Number: AL 2013-020  
Project Modification Request

Dear Mr. Lambert:

This letter represents a request by Country Cottage – Hoover, LLC for project modification. This request does not involve any change in location, or relocation, or a change in bed capacity or the provision in new services. Additional expenses have occurred in operating the new CON project during the first year of operations. The dollar amounts are attached in the final letter submitted to the agency on June 25, 2015. The Certificate of Need is attached which had no opponents or parties of record.

Please find attached a copy of the final capital and operating expenses, the original Certificate of Need and the check for the fee associated with the application for project modification request.

Thank you for your attention to this matter. Please contact me should you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "GDykes", is written over the typed name.

Greg Dykes  
Project Coordinator

II.	COST	APPROVED CON 2626-SCALF	PROJECT MODIFICATION REQUEST	REQUESTED INCREASE (DECREASE)
A.	Construction (includes modernization expansion)			
1	Predevelopment			
2	Site Acquisition			
3	Site Development			
4	Construction			
5	Architect and Engineering Fees			
6	Renovation			
7	Interest during time period of construction			
8	Attorney and consultant fees			
9	Bond Issuance Costs			
10	Other _____			
	<b>TOTAL COST OF CONSTRUCTION</b>	N/A	N/A	\$ -
B.	Purchase			
1	Facility			
2	Major Medical Equipment			
3	Other Equipment	\$ 45,000.00	\$ 9,391.18	\$ (35,608.82)
	<b>TOTAL COST OF PURCHASE</b>	\$ 45,000.00	\$ 9,391.18	\$ (35,608.82)
C.	Lease			
1	Facility Cost Per Year ____x ____ Years =			
2	Equipment Cost per Month			
3	Land-only Lease Cost per Year			
	<b>TOTAL COST OF LEASE(s)</b>			
	(compute according to generally accepted accounting principles)			
	Cost if Purchased			
D.	Services			
1	New Service			
2	Expansion			
3	Reduction or Termination			
4	Other			
	<b>FIRST YEAR ANNUAL OPERATING COST</b>	\$ 304,300.00	\$ 435,454.00	\$ 131,154.00
E.	<b>Total Cost of this Project (Total A through D)</b>	\$ 349,300.00	\$ 444,845.18	\$ 95,545.18
	(should equal V-C on page A-4)			

**ALABAMA  
STATE HEALTH PLANNING & DEVELOPMENT AGENCY  
CERTIFICATE OF NEED  
FOR HEALTH CARE SERVICES**

I. IDENTIFICATION		
1. Certificate of Need 2626-SCALF	2. Date Issued: July 5, 2013	3. Termination Date: July 4, 2014
4. Project Number: AL2013-020	5. Name of Facility: Country Cottage – Hoover, LLC	
6. Service Area: Jefferson County	7. Location of Facility: 4000 Greenwood Drive Hoover, AL 35216	
8. Type of Facility: SCALF	9. Number of Beds: See Item 11	10. Estimated Cost: \$349,300.00
11. Services to be provided: The applicant is seeking to convert its sixteen (16) existing assisted living facility (ALF) beds to sixteen (16) specialty care assisted living facility (SCALF) beds.		

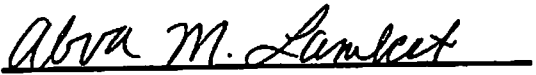
**II. CERTIFICATE OF NEED**

In accordance with Section 22-21-260 through 22-21-279, Code of Alabama, 1975, the Certificate of Need Review Board finds as follows:

1. There is a need for the project.
2. There are in force in the State of Alabama reasonable minimum standards of licensure and methods of operation for hospitals and health facilities.
3. The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant, hospital or other health facility.

**III. ISSUANCE OF CERTIFICATE OF NEED**

This Certificate of Need is issued to Country Cottage – Hoover, LLC only, for a period not to exceed 12 months from the date of issuance. This Certificate of Need is not transferable and any action on the part of the Applicant to transfer this Certificate of Need will render the Certificate of Need null and void.

  
Alva M. Lambert  
Executive Director

ORIGINAL