



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

August 4, 2021

David A. Lester, Esquire
Chief Executive Officer
Gadsden Health & Rehab
1945 Davis Drive
Gadsden, Alabama 35904

RE: TW2020-004
U. S. Health Care, LLC
d/b/a Gadsden Health & Rehab
SHPDA ID: 055-N0007

Dear Mr. Lester:

On April 9, 2020, TW2020-004 was issued pursuant to ALA. ADMIN. CODE r 410-2-5-.09-E and 410-1-10-.05-E on behalf of the referenced facility for the addition of forty-two (42) beds to assist in the provision of healthcare services due to COVID.

On May 20, 2021, the Agency was notified that the waiver to increase the bed capacity was never instituted. As a result of this notification, this waiver is now deemed completed and all services are limited to Certificate of Need authorized beds only.

Should you have any questions please contact the Agency at (334) 242-4103.

Sincerely,

Emily T. Marsal
Executive Director

ETM/kwm



David A. Lester
Chief Executive Officer
1945 Davis Drive
Gadsden, AL 35904
Tel: (205) 820-7000
Email: david.lester@prohealthgroup.com

(DELIVERED BY EMAIL TO online.filing@shpda.alabama.gov)

Ms. Emily Marsal, Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

Re: TW2020-004

Dear Ms. Marsal,

I am writing on behalf of U S Health Care, LLC d/b/a Gadsden Health & Rehabilitation Center ("GHRC") to comply with your Memorandum dated May 14, 2021 regarding Temporary Emergency Waivers. The waiver issued to GHRC to increase its bed capacity was never instituted.

If you have any questions or need any additional information from us, please do not hesitate to let me know.

Sincerely,

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke at the end.

David A. Lester

cc: Ms. Karen McGuire, SHPDA

May 20, 2021

TW2020-004

RECEIVED

May 20 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY



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100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE FOR ISSUANCE OF TEMPORARY WAIVER

In the fifth supplemental State of Emergency for the COVID-19 pandemic, Governor Ivey gave the State Health Planning and Development Agency (Agency) the ability to promulgate rules in order to issue temporary waivers to the normal Certificate of Need (CON) process for providers specifically requiring additional capacity or services directly related to the State of Emergency declared for the COVID-19 pandemic.

The Agency has filed two emergency administrative rules: ALA. ADMIN. CODE r. 410-2-5-.09-E COVID-19 State of Emergency, passed by the Statewide Health Coordinating Council, and ALA. ADMIN. CODE r 410-1-10-.05-E Emergency Provisions Related to COVID-19 Emergency, passed by the Certificate of Need Review Board. Both of these emergency rules can be found on the SHPDA website.

By filling out this attached form, the applicant has requested a temporary waiver under these emergency rules and it has been signed and notarized that this request is directly related to the COVID-19 pandemic. The affirmation by the SHPDA Executive Director is related solely to the addition and/or provision of any beds, stations, or services during the State of Emergency and succeeding 60-day period and does not affirm any permanent CON authority for such request. The affirmation shall also not be considered to be a waiver of any requirements related to the Alabama Department of Public Health or any other regulatory agency.

Pursuant to ALA. ADMIN. CODE r. 410-2-5-.09-E (3), the request as affirmed, "shall automatically terminate on the earlier of (i) as applicable, the discontinuation of services or closure of facilities subject to the waiver; or (ii) sixty (60) days following the termination of the State of Emergency as recognized in the Declaration." Furthermore, the rule states, "[a]ny continued operation of institutional health services authorized under a waiver granted pursuant to this section will require a CON, which shall be subject to existing CON criteria and procedures, including compliance with the State Health Plan, without regard to emergency rules adopted by the CON Board or SHCC in response to the Declaration. It is the intent of this subsection that services, facilities or other new institutional health services established as a result a waiver be considered 'new' for purposes of an application for CON authority to extend such new institutional health services beyond the deadlines in this subsection."

In addition, pursuant to ALA. ADMIN. CODE r. 410-2-5-.09-E (4), "new institutional health services authorized on a temporary basis pursuant to a waiver granted under this rule shall not be considered for purposes of the permanent need methodology in the State Health Plan."

For any questions or concerns, please contact the Agency at (334) 242-4103.

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025
PHONE: (334) 242-4103 FAX: (334) 242-4113

Apr 8 2020

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

FOR STAFF USE ONLY:

WAIVER IDENTIFICATION: TW2020-004

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 055-N0007 COUNTY: Etowah

FACILITY/PROVIDER NAME: U S Health Care, LLC d/b/a Gadsden Health & Rehab

STREET ADDRESS: 1945 Davis Drive

CITY: Gadsden ZIP CODE: 35904

AUTHORIZED REPRESENTATIVE: David A. Lester

TITLE: CEO EMAIL ADDRESS: david.lester@prohealthgroup.com

DIRECT TELEPHONE NUMBER: 205-820-7000

TYPE OF FACILITY/PROVIDER: SNF

Pursuant to a declaration issued by Governor Ivey on April 2, 2020, the following additional services are being enacted pursuant to Ala. Admin. Code r 410-2-5-.09-E and 410-1-10-.05-E.

Additional skilled nursing facility beds in Etowah County using equipment on hand

Does this request involve an increase in: Beds No Yes Number 42

ESRD Stations No Yes Number _____

Provide a brief explanation of how these services will assist in the health and safety of citizens during the emergency (attach additional sheets if necessary):

Gadsden Regional Medical Center has asked us to seek a waiver to add additional beds to help absorb patients as part of their surge plan due to the COVID outbreak.

Projected Construction/Renovation Costs: \$0

Projected Equipment Costs: \$0

Projected date additional services/equipment will be available for service: 04/08/2020

If this Waiver request involves construction of a new facility and/or acquisition of new equipment, provide a brief description of the proposal on a separate sheet of paper and return with this form.

The undersigned, being first duly sworn, hereby affirms that he/she has direct knowledge of the facts contained this request, and to the best of their information, knowledge, and belief, such facts are true and correct. The undersigned agrees to comply with the requirements and limitations outlined by Rules 410-2-5-.09-E and 410-1-10-.05-E

[Signature]
Signature of Authorized Officer

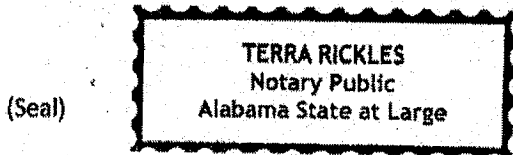
04/08/2020
Date

David A. Lester
Printed Name

CEO
Title

Sworn to and subscribed before me this 8 day of April, 2020.

Terra Rickles [Signature]
Notary Public



My Commission Expires: June 21, 2023

AFFIRMED BY EXECUTIVE DIRECTOR: [Signature] 4/9/2020
Date