

**MEADOWVIEW NURSING CENTER**

**RECEIVED**

**Nov 13 2017**

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

October 11, 2017

Alva M. Lambert, Executive Director  
Alabama State Planning and Development Agency  
Post Office Box 303025  
Montgomery, Alabama 36130-3025

Mr. Lambert:

We wish to apply for a Letter of Non-Reviewability for construction of an addition to our facility, licensed as St. Clair Health & Rehab, Inc. d/b/a Meadowview Nursing Center located at 7300 Old Highway 78 East, Pell City, Alabama 35128. I, William L. Lemley, President, will serve as your contact for this application. I can be reached at the address above or by telephone at (256) 244-0052.

The service area for this facility is St. Clair County.

This addition will include an additional entry/lobby, therapy department, dining room, expanded and consolidated nursing unit and 28 semi-private bedrooms. The existing 10 3-bed ward bedrooms will be eliminated and 5 existing private bedrooms will be converted to semi-private accommodations to maintain the 59-bed facility with no change in the number of beds.

The services offered by this project are the enhancement of services already provided, including therapies, dining, and improved bedroom accommodations. Specifically, the volume of services being provided in our existing therapy department has doubled, causing need for more space for resident treatments and additional equipment. The added dining room will allow for these functions to be near the therapists for therapy residents and also will free up space in the existing dining room for more a more comfortable experience for the residents.

Importantly, the elimination of the 10 three-bed ward bedrooms will not only remove the ward-type rooms, but also will eliminate the need for a corridor ceiling height life safety waiver that has been in place for many years.

The cost of equipment related to this project will be \$55,000. The first-year operating cost will be \$225,000. There will be no lease, land or building costs. The construction cost will be \$2,750,000.

Financial interests by other health care facilities or groups include the contracted management company, Trinity Management, Inc., 111 First Avenue East, Oneonta, Alabama 35121.

You will find enclosed our check for \$1,000.00 as payment of the related fee.

Thank you for your consideration of this application.

Sincerely,

*William L. Lemley*

William L. Lemley, President  
St. Clair Health & Rehab, Inc,  
d/b/a Meadowview Nursing Center  
7300 Old Highway 78 East  
Pell City, Alabama 35128

The undersigned, being first duly sworn, hereby make oath or affirmation that he is President of St. Clair Health & Rehab, Inc d/b/a Meadowview Nursing Center, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant: *William L. Lemley* (SEAL)

SUBSCRIBED AND SWORN to me this 4<sup>th</sup> day of October, 2017.

*Judith Newborn*  
Notary Public  
My Commission Expires: 4/11/2020