COPY

THE HOME OPTION BY HARDEN HEALTH CARE

CN1501-001

1. ***Name of Facility, Agency, or Institution***

The Home Option by Harden Health Care
Name

800 Oak Ridge Turnpike, Suite A 208
Street or Route

Anderson
County

Oak Ridge
City

TN
State

37830-6957
Zip Code

2. ***Contact Person Available for Responses to Questions***

Kim H. Looney
Name

Attorney
Title

Waller Lansden Dortch & Davis LLP
Company Name

kim.looney@wallerlaw.com
Email address

511 Union Street, Suite 2700
Street or Route

Nashville
City

TN
State

37219
Zip Code

Attorney
Association with Owner

615-850-8722
Phone Number

615-244-6804
Fax Number

3. ***Owner of the Facility, Agency or Institution***

Girling Health Care Services of Knoxville, Inc.
Name

800-677-2244
Phone Number

3350 Riverwood Parkway SE, Suite 1400
Street or Route

Cobb
County

Atlanta
City

GA
State

30339-3314
Zip Code

4. ***Type of Ownership of Control (Check One)***

A.	Sole Proprietorship	_____	F.	Government (State of TN or Political Subdivision)	_____
B.	Partnership	_____	G.	Joint Venture	_____
C.	Limited Partnership	_____	H.	Limited Liability Company	_____
D.	Corporation (For Profit)	X	I.	Other (Specify) _____	_____
E.	Corporation (Not-for-Profit)	_____			

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

Response: Please see organizational documents and an organizational chart included as Attachment A-4.

4850-5135-2353.9

5. ***Name of Management/Operating Entity*** ***(If Applicable)***

N/A
Name

Street or Route | County

City | State | Zip Code

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. ***Legal Interest in the Site of the Institution*** ***(Check One)***

A. Ownership _____
B. Option to Purchase _____
C. Lease of 3 Years X
D. Option to Lease _____
E. Other (Specify) _____ _____

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Response: Please see Lease included as Attachment A-6.

7. ***Type of Institution*** ***(Check as appropriate--more than one response may apply)***

A. Hospital (Specify) _____ _____
B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty _____
C. ASTC, Single Specialty _____
D. Home Health Agency X
E. Hospice _____
F. Mental Health Hospital _____
G. Mental Health Residential Treatment Facility _____
H. Mental Retardation Institutional Habilitation Facility (ICF/MR) _____
I. Nursing Home _____
J. Outpatient Diagnostic Center _____
K. Recuperation Center _____
L. Rehabilitation Facility _____
M. Residential Hospice _____
N. Non-Residential Methadone Facility _____
O. Birthing Center _____
P. Other Outpatient Facility (Specify) _____ _____
Q. Other (Specify) _____ _____

8. ***Purpose of Review*** ***(Check) as appropriate--more than one response may apply)***

A. New Institution _____
B. Replacement/Existing Facility _____
C. Modification/Existing Facility _____
D. Initiation of Health Care Service as defined in TCA § 68-11-1607(4) (Specify)_____ _____
E. Discontinuance of OB Services _____
F. Acquisition of Equipment _____
G. Change in Bed Complement [*Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation*] _____
H. Change of Location _____
I. Other (Specify) Transfer of counties from one HHA to another X

4850-5135-2353.9

9. **Bed Complement Data** N/A

Please indicate current and proposed distribution and certification of facility beds.

	Current Beds Licensed	Current Beds *CON	Staffed Beds	Beds Proposed	TOTAL Beds at Completion
A. Medical					
B. Surgical					
C. Long-Term Care Hospital					
D. Obstetrical					
E. ICU/CCU					
F. Neonatal					
G. Pediatric					
H. Adult Psychiatric					
I. Geriatric Psychiatric					
J. Child/Adolescent Psychiatric					
K. Rehabilitation					
L. Nursing Facility (non-Medicaid Certified)					
M. Nursing Facility Level 1 (Medicaid only)					
N. Nursing Facility Level 2 (Medicare only)					
O. Nursing Facility Level 2 (dually certified Medicaid/Medicare)					
P. ICF/MR					
Q. Adult Chemical Dependency					
R. Child and Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
TOTAL					

*CON-Beds approved but not yet in service

10. **Medicare Provider Number** N/A
Certification Type N/A

11. **Medicaid Provider Number** N/A
Certification Type N/A

12. **If this is a new facility, will certification be sought for Medicare and/or Medicaid?** N/A

13. ***Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area.*** **Will this project involve the treatment of TennCare participants?** No **If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted *or plans to contract.***

Discuss any out-of-network relationships in place with MCOs/BHOs in the area. N/A

NOTE: ***Section B*** is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. ***Section C*** addresses how the project relates to the Certificate of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. **Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.**

SECTION B: PROJECT DESCRIPTION

Please answer all questions on 8 1/2" x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the questions(s) to which they refer. If a particular question does not apply to your project, indicate "Not Applicable (NA)" after that question.

I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

Response: Please see Executive Summary included as Attachment B-I.

II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of $5 million) and other facility projects (construction cost in excess of $2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

Response: Gentiva Health Services, Inc. ("Gentiva") is a leading provider of home health services, hospice services, and community care services serving patients through approximately 550 locations in 40 states. Gentiva provides a single source for skilled nursing, physical, occupational, speech and neurorehabilitation services; hospice services; social work; nutrition; disease management education; help with daily living activities; and other therapies and services. Gentiva delivers innovative, high quality care to patients across the United States.

Gentiva's home health segment is comprised of direct home nursing and therapy services operations, including specialty programs. As of December 31, 2013, the home health segment conducted its business through approximately 310 locations located in 38 states, and provided services to over 700,000 patients annually. Gentiva delivers consistently high quality and targeted services to its patients, along with screening and evaluation procedures and training programs for clinical associates who provide direct care to patients.

During the latter part of 2013, Gentiva completed the acquisition of Harden Healthcare Holdings, Inc. The applicant, The Home Option by Harden Health Care ("Harden") was acquired in that transaction. Gentiva regularly reviews its structure and has determined that it would be in both its best interests and the patients it serves to request the reorganization described in this application.

Harden is currently licensed in Anderson, Knox, Jefferson, Loudon, Sevier and Union Counties. The applicant proposes to add the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott to its licensed service area through the transfer of those counties from Gentiva Certified Healthcare Corp. ("GCHC"), a sister agency whose license includes them. Upon implementation of the project, GCHC would give up those licensed counties so there is no duplication of services.

Harden currently delivers home health services primarily to persons eligible for benefits as provided under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) and the Radiation Exposure Compensation Act (RECA). To compensate for certain occupation-related illnesses, these statutes were enacted by Congress to provide compensation and health benefits to eligible Department of Energy nuclear weapons workers (including employees, former employees, contractors and subcontractors) and lump-sum compensation to certain survivors if the worker is deceased. The Energy Employees Occupational Illness Compensation Program (EEOICP) provides benefits authorized by the EEOICPA and RECA. The Department of Labor's Office of Workers' Compensation Programs is responsible for adjudicating and administering claims filed by employees or former employees or certain qualified survivors. As an enrolled medical provider under the EEOICPA, Harden specializes in meeting the chronic long-term nursing care needs of approved beneficiaries.

The reorganization will enable Gentiva to structure its existing agencies so that the care provided for patients of this EEOICPA program will be concentrated primarily in Harden. Both Harden and GCHC are enrolled providers with the Department of Labor for the provision of these services, and both providers provide these services. However, Harden focuses on the services through the EEIOCPA and GCHC provides primarily traditional home health services reimbursed through the Medicare program. Those providers have specific criteria on which they are compared and judged, including recertification rates, and focus on episodic care, which is different from the services provided pursuant to the EEOICPA program, which is structured more like a worker's compensation program and is reimbursed through the Department of Labor. Although Gentiva can continue to provide these services if this application is not granted, it feels that this reorganization will allow it to better meet its patient needs and provide the services in a more efficient manner if it is allowed to restructure the provision of the services in the manner proposed.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

Response: Not applicable.

SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART

A. Unit / Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage			Proposed Final Cost/ SF		
					Renovated	New	Total	Renovated	New	Total
B. Unit/Depart. GSF Sub-Total										
C. Mechanical/ Electrical GSF										
D. Circulation/ Structure GSF										
E. Total GSF										

Response: Not applicable

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

1. Adult Psychiatric Services
2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
3. Birthing Center
4. Burn Units
5. Cardiac Catheterization Services
6. Child and Adolescent Psychiatric Services
7. Extracorporeal Lithotripsy
8. ***Home Health Services***
9. Hospice Services
10. Residential Hospice
11. ICF/MR Services
12. Long-term Care Services
13. Magnetic Resonance Imaging (MRI)
14. Mental Health Residential Treatment
15. Neonatal Intensive Care Unit
16. Non-Residential Methadone Treatment Centers
17. Open Heart Surgery
18. Positron Emission Tomography
19. Radiation Therapy/Linear Accelerator
20. Rehabilitation Services
21. Swing Beds

Response: There are no new home health services being proposed. The applicant proposes to initiate home health services in the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott through the transfer of these counties from GCHC, its licensed sister agency. Home health services are already provided in the proposed counties by its GCHC. After the Project is implemented Harden will be licensed in the above counties as well as its existing counties of operation of Anderson, Jefferson, Knox, Loudon, Sevier and Union. GCHC, the sister agency, will then give up its license for the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott, so that there is no duplication of these counties. Home health services are currently provided by Gentiva in all these counties through two licensed home health agencies - Harden and GCHC.

D. Describe the need to change location or replace an existing facility.

Response: Not applicable.

E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of $1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

1. For fixed-site major medical equipment (not replacing existing equipment):

   a. Describe the new equipment, including:

      1. Total cost ;(As defined by Agency Rule).

2. Expected useful life;

3. List of clinical applications to be provided; and

4. Documentation of FDA approval.

Response: Not applicable.

b. Provide current and proposed schedules of operations.

Response: Not applicable.

2. For mobile major medical equipment:

a. List all sites that will be served;

b. Provide current and/or proposed schedule of operations;

c. Provide the lease or contract cost.

d. Provide the fair market value of the equipment; and

e. List the owner for the equipment.

Response: Not applicable.

3. Indicate applicant's legal interest in equipment (*i.e.*, purchase, lease, etc.) In the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Response: Not applicable.

III. **(A)** Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which **must include**:

1. Size of site (***in acres***);

2. Location of structure on the site; and

3. Location of the proposed construction.

4. Names of streets, roads or highway that cross or border the site.

Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.

Response: Please see plot plan included as Attachment B.III.(A).

(B) 1. Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

Response: The office for Harden is located in an office building on the Oak Ridge Turnpike. The major cross street other than Oak Ridge Turnpike is Georgia Avenue.

IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

NOTE: ***DO NOT SUBMIT BLUEPRINTS***. Simple line drawings should be submitted and need not be drawn to scale.

Response: Please see floor plan included as Attachment B.IV.

V. For a Home Health Agency or Hospice, identify:

1. Existing service area by County;

   Response: Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties

2. Proposed service area by County;

   Response: Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties plus existing service area of Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties

3. A parent or primary service provider;

   Response: The parent office is located in Oak Ridge.

4. Existing branches; and

   Response: The license of applicant includes a branch office in Knoxville.

5. Proposed branches.

   Response: Not applicable.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with Tennessee Code Annotated § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625.

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. *Please type each question and its response on an 8 1/2" x 11" white paper*. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

QUESTIONS

NEED

1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.

a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.

b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)

STATE HEALTH PLAN

Tennessee Code Annotated Section 68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan (found at http://www.tn.gov/finance/healthplanning/). The State Health Plan guides the state in the development of health care programs and policies and in the allocation of health care resources in the state, including the Certificate of Need program. The 5 Principles for Achieving Better Health form the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria.

Please discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan. Each Principle is listed below with example questions to help the applicant in its thinking.

1. The purpose of the State Health Plan is to improve the health of Tennesseans.

   a. How will this proposal protect, promote, and improve the health of Tennesseans over time?

   Response: This proposal transfers counties within the same owner. There are no new services being provided or additional counties for home health services being added as a result of this application. This reorganization will allow the applicant to provide services in a more efficient manner, thereby creating an opportunity to provide services to a greater number of Tennesseans in the future. In addition, these efficiencies will improve the applicant's ability to provide fiscally responsible care to Tennesseans as an alternative to both inpatient care and Nursing Facility Care.

   b. What health outcomes will be impacted and how will the applicant measure improvement in health outcomes?

   Response: The transfer of counties to Harden's license will allow it to provide focused, efficient, and effective care to those Tennesseans exposed to radiation during their tenure as employees with the United States Department of Energy. The majority of these Tennesseans receive care from this program until the end of life. Given the long-term nature of these illnesses, the applicant has an improved ability to provide long-term in-home services from the initiation of care through the end of life. While health outcomes will not be impacted, the Tennesseans receiving care will be pleased to know that they can access a single entity for the duration of their care.

c. How does the applicant intend to act upon available data to measure its contribution to improving health outcomes?

Response: Gentiva reviews information to ensure that the care that is provided by its home health agencies is of high quality. Gentiva's mission statement to its patients is to always keep its patients and their families first by enhancing their quality of life through the professional delivery of clinical excellence, extraordinary service and compassionate restorative and palliative homecare and hospice services.

2. Every citizen should have reasonable access to health care.

a. How will this proposal improve access to health care? You may want to consider geographic, insurance, use of technology, and disparity issues (including income disparity), among others.

Response: Not applicable. The applicant seeks to have home health services reallocated from one licensed agency to another. While this proposal will not improve access to health care, it will expand the access for patients to those health care providers with expertise in the provision of services through this specialty program. All recipients of these services, regardless of income level, educational level, or urban/rural location within the proposed service area will be treated equally and with the same level of access to this service.

b. How will this proposal improve information provided to patients and referring physicians?

Response: This proposal will expand the applicant's ability to provide complete, focused services to a specialized population. Most members of the healthcare community are unaware or may not completely understand the scope and eligibility requirements of this program. The applicant will be able to provide educational and informational sessions to providers, patients, and future recipients of this program.

c. How does the applicant work to improve health literacy among its patient population, including communications between patients and providers?

Response: Education is the cornerstone of patient compliance and accountability for their care. As a home care provider, the applicant has a responsibility to coordinate care on behalf of the recipient, thereby serving as a primary conduit between the patient and the provider.

3. The State's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the State's health care system.

a. How will this proposal lower the cost of health care?

Response: This reorganization will not alter the cost of health care services provided. The applicant will ensure that the patient is receiving the most appropriate care in the right setting, at the right time and reimbursed by the correct payer. While the applicant specializes in providing in-home services, the applicant will ensure that the patient receives care in the most cost-effective setting. Fiscal

responsibility by the applicant or any health care entity allows all providers to be able to maximize the number of Tennesseans that can receive care with significant budgetary restraints at both the state and federal level.

b. How will this proposal encourage economic efficiencies?

Response: As described in 3a, the applicant has a fiscal responsibility to ensure that the maximum number of eligible Tennesseans have the opportunity to receive care with a discrete amount of dollars.

c. What information will be made available to the community that will encourage a competitive market for health care services?

Response: While the service offerings will not change, as the community becomes more aware of the ability of the applicant to provide long-term quality care to this population, the market will continue to demand a higher quality of care at a lower cost thereby increasing market competitiveness.

4. Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.

a. How will this proposal help health care providers adhere to professional standards?

Response: The applicant has a long history of providing regulatory compliant, personalized and professional care to those recipients that have entrusted Gentiva with their care. Harden will facilitate the coordination of care among all providers. The availability of more complete information regarding a recipient will provide each service provider with the ability to provide high quality, professional services to its patients.

b. How will this proposal encourage continued improvement in the quality of care provided by the health care workforce?

Response: As described in 3c, market awareness and a competitive marketplace will drive quality of care and fiscal accountability between health care providers.

5. The state should support the development, recruitment, and retention of a sufficient and quality health care workforce.*

a. How will this proposal provide employment opportunities for the health care workforce?

Response: As a current provider of home health services, the applicant will continue to need a trained workforce and will seek to ensure that its workers are appropriately trained. In addition, if and when its services are expanded and it might need additional workers, it will apply the same standards to additional workers as it applies to its current workforce. Gentiva feels its clinicians are the best trained in the industry.

b. How will this proposal complement the existing Service Area workforce?

Response: Not applicable. This proposal is not anticipated to have any effect on the existing Service Area workforce.

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any.

Response: As it acquires other home health agencies, Gentiva reviews its acquisitions and determines what changes in operation may need to be made. This proposed reorganization is consistent with those plans.

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. **Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).**

Response: Please see a map of the existing and proposed service area included as Attachment C-Need-3. The counties that are being transferred from GCHC to Harden are contiguous to its existing service area. It is reasonable to expect that this change will allow Gentiva to organize its provision of services in such a way as to provide them more efficiently.

4. A. Describe the demographics of the population to be served by this proposal.

Response: The following chart sets forth the current population and the 2018 projected population in Tennessee and in the proposed service area of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott counties. As can be seen in the information below, the population aged 65 and older is expected to experience the largest growth during this time period. It is this population that is expected to be the heaviest user of the home health services provided by the applicant.

Projected Population

2015-2018

Total Proposed Service Area			
Age	2015	2018	% Change
0 to 19	86,789	87,381	0.7
20 to 44	109,996	112,224	2.0
45 to 64	105,293	106,218	0.9
65 to 74	42,501	44,526	4.8
75 plus	27,605	30,861	11.8
Total	372,184	381,210	2.4

Tennessee			
Age	2015	2018	% Change
0 to 19	1,683,742	1,707,590	1.4
20 to 44	2,179,086	2,213,167	1.6
45 to 64	1,773,673	1,810,339	2.1
65 to 74	610,343	666,000	9.1
75 plus	402,594	436,413	8.4
Total	6,649,438	6,833,509	2.8

Blount County			
Age	2015	2018	% Change
0 to 19	30,791	31,601	2.6
20 to 44	38,617	40,212	4.1
45 to 64	36,753	37,529	2.1
65 to 74	14,246	15,158	6.4
75 plus	9,566	10,671	11.6
Total All Ages:	129,973	135,171	4.0

Campbell County			
Age	2015	2018	% Change
0 to 19	9,825	9,936	1.1
20 to 44	12,663	12,810	1.2
45 to 64	11,502	11,698	1.7
65 to 74	4,749	4,792	0.9
75 plus	3,044	3,330	9.4
Total	41,783	42,566	1.9

Claiborne County			
Age	2015	2018	% Change
0 to 19	7,443	7,622	2.4
20 to 44	10,263	10,388	1.2
45 to 64	9,059	8,892	(1.8)
65 to 74	3,657	3,832	4.8
75 plus	2,343	2,546	8.7
Total	32,765	33,280	1.6

Grainger County

Age	2015	2018	% Change
0 to 19	5,668	5,904	4.2
20 to 44	6,849	7,160	4.5
45 to 64	6,390	6,054	(5.3)
65 to 74	2,702	2,703	.04
75 plus	1,627	1,854	14.0
Total	23,236	23,675	1.9

Monroe County

Age	2015	2018	% Change
0 to 19	10,810	10,634	(1.6)
20 to 44	13,271	13,324	0.4
45 to 64	13,157	13,790	4.8
65 to 74	5,900	6,207	5.2
75 plus	3,425	4,133	20.7
Total	46,563	48,088	3.3

Morgan County

Age	2015	2018	% Change
0 to 19	4,749	4,656	(2.0)
20 to 44	7,281	7,174	(1.5)
45 to 64	6,309	6,378	1.1
65 to 74	2,199	2,329	5.9
75 plus	1,332	1,467	10.1
Total	21,870	22,004	0.6

Roane County

Age	2015	2018	% Change
0 to 19	11,705	11,319	(3.3)
20 to 44	14,323	14,397	0.5
45 to 64	16,350	16,233	(0.7)
65 to 74	6,883	7,254	5.4
75 plus	4,818	5,254	9.0
Total	54,079	54,457	0.7

Scott County

Age	2015	2018	% Change
0 to 19	5,798	5,709	(1.5)
20 to 44	6,729	6,759	0.4
45 to 64	5,773	5,644	(2.2)
65 to 74	2,165	2,251	4.0
75 plus	1,450	1,606	10.8
Total	21,915	21,969	0.2

Source: The Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics

Additional information on the demographics of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott counties is taken from the U.S. Census Bureau and is included as Attachment C-Need-4. The following table

represents a compilation of the demographic data for the counties in the projected service area.

DEMOGRAPHIC CHARACTERISTICS

Demographic	Proposed Service Area	Tennessee
Median Household Income	$36,172*	$44,298
TennCare Enrollees (04/2014)	76,156	1,241,028
Percent of 2014 Population Enrolled in TennCare	20.6%	18.8%

Source: U.S. Census QuickFacts and FactFinder 2; TennCare Bureau
* Average of median household income in proposed service area.

B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

Response: All recipients of services through the EEOICPA, regardless of income level, educational level, or urban/rural location within the proposed services area will be treated equally and with the same level of access to this service, as is currently being done.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

Response: Not applicable. The applicant is not proposing any new services or licensed counties, so the proposal will have no effect on existing providers.

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology **must include** detailed calculations or documentation from referral sources, and identification of all assumptions.

Response:

ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

   - All projects should have a project cost of at least $3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)

   - The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.

   - The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.

   - For projects that include new construction, modification, and/or renovation; **documentation must be** provided from a contractor and/or architect that support the estimated construction costs.

     Response: There are no costs to the project other than the legal costs associated with the application and the filing fee. These costs will be paid on an ongoing basis and are expected to be paid prior to the hearing.

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PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:		
	1.	Architectural and Engineering Fees	
	2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	$35,000
	3.	Acquisition of Site	
	4.	Preparation of Site	
	5.	Construction Costs	
	6.	Contingency Fund	
	7.	Fixed Equipment (Not included in Construction Contract)	
	8.	Moveable Equipment (List all equipment over $50,000)	
	9.	Other (Specify) _____	
B.	Acquisition by gift, donation, or lease:		
	1.	Facility (inclusive of building and land)	
	2.	Building only	
	3.	Land only	
	4.	Equipment (Specify) _____	
	5.	Other (Specify) _____	
C.	Financing Costs and Fees:		
	1.	Interim Financing	
	2.	Underwriting Costs	
	3.	Reserve for One Year's Debt Service	
	4.	Other (Specify) _____	
D.	Estimated Project Cost (A+B+C)		
E.	CON Filing Fee		$3,000
F.	Total Estimated Project Cost (D+E)	**TOTAL**	**$38,000**

2. Identify the funding sources for this project.

Please check the applicable item(s) below and briefly summarize how the project will be financed. ***(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)***

☐ A. Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

☐ B. Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

☐ C. General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.

☐ D. Grants--Notification of intent form for grant application or notice of grant award; or

☐ E. Cash Reserves--Appropriate documentation from Chief Financial Officer.

☐ F. Other—Identify and document funding from all other sources.

Response: Not applicable. As there are no ongoing costs for this project, there are no funding sources for this project. The filing fee will be paid at the time the application is filed and the legal fees associated with the project are anticipated to be paid on an ongoing basis. As its annual report shows, Gentiva has sufficient resources to fund these expenses.

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

Response: There are no proposed project costs other than those associated with the filing of the application itself. The applicant already leases office space and has a workforce to provide the home health services.

4. Complete Historical and Projected Data Charts on the following two pages--***Do not modify the Charts provided or submit Chart substitutions!*** Historical Data Chart represents revenue and expense information for the last three (3) years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the ***Proposal Only*** (*i.e.*, if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).

Response: Please see Historical and Projected Data Charts for the applicant.

5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

Response:

HISTORICAL DATA CHART

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in January.

	Year 2013 *NA	Year 2014	Year_____
A. Utilization Data (Specify unit of measure)	_____	79 patients	_____
B. Revenue from Services to Patients			
1. Inpatient Services	$_____	$_____	$_____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify)_home care	$_____	$3,057,811	_____
Gross Operating Revenue	**$_____**	**$3,057,811**	**$_____**
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$_____	$_____	$_____
2. Provision for Charity Care	_____	_____	_____
3. Provisions for Bad Debt	$_____	$16,820	_____
Total Deductions	**$_____**	**$16,820**	**$_____**
NET OPERATING REVENUE	**$_____**	**$3,040,991**	**$_____**
D. Operating Expenses			
1. Salaries and Wages	$_____	$1,825,345	$_____
2. Physician's Salaries and Wages	_____	_____	_____
3. Supplies	$_____	$22,104	_____
4. Taxes	_____	_____	_____
5. Depreciation	$_____	$3,887	_____
6. Rent	$_____	$23,835	_____
7. Interest, other than Capital	_____	_____	_____
8. Management Fees:			
a. Fees to Affiliates	_____	$178,793	_____
b. Fees to Non-Affiliates	_____		_____
9. Other Expenses – Specify on separate page 12	$_____	$__	_____
Total Operating Expenses	**$_____**	**$2,004,483**	**$_____**
E. Other Revenue (Expenses) – Net (Specify)_____	$_____	$__0___	$_____
NET OPERATING INCOME (LOSS)	**$_____**	**$**	**$_____**
F. Capital Expenditures			
1. Retirement of Principal	$_____	$_____	$_____
2. Interest	_____	_____	_____
Total Capital Expenditures	**$_____**	**$_____**	**$_____**
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	**$_____**	**$1,036,508**	**$_____**

***Gentiva did not acquire Harden until the end of 2013 so will not have prior data.**

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month).

		Year 2015	Year 2016
A.	Utilization Data (Specify unit of measure)	_____	_____
B.	Revenue from Services to Patients		
	1. Inpatient Services	$_____	$_____
	2. Outpatient Services	_____	_____
	3. Emergency Services	_____	_____
	4. Other Operating Revenue (Specify)_____	$1,350,000	$1,600,000
	Gross Operating Revenue	**$1,350,000**	**$1,600,000**
C.	Deductions from Gross Operating Revenue		
	1. Contractual Adjustments	$_____	$_____
	2. Provision for Charity Care	_____	_____
	3. Provisions for Bad Debt	$9,000	$9,000
	Total Deductions	**$9,000**	**$9,000**
NET OPERATING REVENUE		**$1,341,000**	**$1,591,000**
D.	Operating Expenses		
	1. Salaries and Wages	$810,000	$960,000
	2. Physician's Salaries and Wages	_____	_____
	3. Supplies	$11,250	$11,250
	4. Taxes	_____	_____
	5. Depreciation	$1,800	$1,800
	6. Rent	$10,800	$10,800
	7. Interest, other than Capital	_____	_____
	8. Management Fees:		
	a. Fees to Affiliates	$36,450	$43,200
	b. Fees to Non-Affiliates	_____	_____
	9. Other Expenses – Specify on separate page 12	_____	_____
	Total Operating Expenses	**$870,300**	**$1,027,050**
E.	Other Revenue (Expenses) -- Net (Specify)_____	$_____	$_____
NET OPERATING INCOME (LOSS)		**$_____**	**$_____**
F.	Capital Expenditures		
	1. Retirement of Principal	$_____	$_____
	2. Interest	_____	_____
	Total Capital Expenditures	**$_____**	**$_____**
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		**$470,700**	**$563,950**

HISTORICAL DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year____	Year___	Year_____
1.	$_____	$_____	$_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
Total Other Expenses	$_____	$_____	$_____

PROJECTED DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year____	Year___
1.	$_____	$_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
Total Other Expenses	$_____	$_____

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

Response: The fee schedule from the Department of Labor will not change as a result of this proposal.

B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

Response: The Department of Labor has a fee schedule that will not change as a result of this project.

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

Response:

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

Response: The applicant anticipates net revenue of 470,700 the first full year of operation and 563,950 the second full year of operation, as shown on the Projected Data Chart. Since this is an existing home health agency, the applicant anticipates having positive cash flow immediately upon implementation of the project.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

Response: The applicant's current payor mix is as follows: **[Still Need]**

EEOICP:	90%
Private Insurance:	10%

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.

Response: Please see copies of Gentiva's financial information included as Attachment C, Economic Feasibility-10. Gentiva does not have financial information on an agency specific basis.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

    a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

       Response: This project does not include the initiation of any new services or the addition of any new counties. There are no costs, with the exception of filing fees and legal expenses related to the filing of the application.

    b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

       Response: Not applicable.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

   Response: As a home health provider, the applicant does not have contractual relationships with other area providers. The EEOICPA is its primary referral source.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

   Response: This project involves the reorganization of services provided between two home health agencies that are owned by the same overall parent company. There are no new services being provided so there is no duplication of services and no effect on existing health care providers.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

   Response: Please see staffing pattern included below along with the salaries and the prevailing wage patterns. In 2013, according to the Joint Annual Report, the applicant had 7 RNs, 18 LPNs, and 24 certified nurse aides. The average pay rate for skilled works is $22 per hour, and the average pay for unskilled workers is $9.50 per hour.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

Response: This project does not include the initiation of any new services or the addition of any new counties. There are no costs, with the exception of filing fees and legal expenses related to the filing of the application. One option would be to do nothing because Gentiva can continue to provide these services through its 2 licensed agencies. Gentiva proposes to reorganize the services provided by these two agencies so that Harden will focus on the Department of Labor programs through the EEOICPA and RECA and GCHC will focus on the traditional home health services reimbursed through the Medicare and Medicaid programs. Gentiva feels that the better alternative is to approve this reorganization as it will allow Gentiva to better meet the needs of service area patients and provide the services in a more efficient manner because it will allow Harden to provide complete, focused services to the existing patient population in need of these services.

b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

Response: Not applicable.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

Response: As a home health provider, the applicant does not have contractual relationships with other area providers. The EEOICPA is its primary referral source.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

Response: This project involves the reorganization of services provided between two home health agencies that are owned by the same overall parent company. There are no new services being provided so there is no duplication of services and no effect on existing health care providers.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service

area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

Response: Please see staffing pattern along with the salaries and the prevailing wage patterns. In 2013, according to the Joint Annual Report, the applicant had 7 RNs, 18 LPNs, and 24 certified nurse aides. The average pay rate for skilled works is $22 per hour, and the average pay for unskilled workers is $9.50 per hour.

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

   Response: The applicant is an existing provider and the proposed services are already being provided so there is adequate staff currently available.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review *policies and programs, record keeping, and staff education*.

   Response: As an existing provider, the applicant understands such requirements for medical/clinical staff.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (*e.g.*, internships, residencies, etc.).

7. (a) Please verify, as applicable, that the applicant has reviewed and understands thee licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

   Response: The applicant is an existing licensed home health agency and understands the licensure requirements for the Department of Health.

   (b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

   Licensure:

   Accreditation:

   Response: The applicant is licensed by the State of Tennessee, Department of Health, Board for Licensing Health Care Facilities.

   (c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

   Response: The applicant's license from the Tennessee Department of Health is included as Attachment C, Contribution to the Orderly Development of Health Care - 7(c).

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

Response: The most recent licensure/certification inspection letter, dated April 8, 2013, is included as Attachment C, Contribution to the Orderly Development of Health Care-7(d). Harden did not have any deficiencies, so no plan of correction was required.]

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

Response: Not applicable.

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project

Response: Not applicable.

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

Response: The applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency with relevant information concerning the number of patients treated and such other data as may be required.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Kim H. Looney, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

_____
SIGNATURE/TITLE

Sworn to and subscribed before me this 12th day of January, 2015 a Notary
(Month) (Year)
Public in and for the County/State of Tennessee.

_____
NOTARY PUBLIC

My commission expires, _____, _____.
(Month/Day) (Year)

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Kim H. Looney, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

SIGNATURE/TITLE

Sworn to and subscribed before me this 12th day of January, 2015 a Notary
(Month) (Year)
Public in and for the County/State of Tennessee.

NOTARY PUBLIC

My commission expires, _____.
(Month/Day) (Year)

CARMEN M. SALAZAR
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

MY COMMISSION EXPIRES:
JULY 3, 2017

4850-5135-2353.7\

Attachment A-3
Organizational Documents
Organization Chart

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

WALLER LANSDEN DORTCH & DAVIS LLP
STE 2700
511 UNION ST
NASHVILLE, TN 37219-1791

Request Type: Certified Copies
Request #: 150005

Issuance Date: 01/08/2015
Copies Requested: 1

Document Receipt

Receipt # : 001768283 Filing Fee: $20.00

Payment-Check/MO - WALLER LANSDEN DORTCH & DAVIS LLP, NASHVILLE, TN $20.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.**, Control # 216975 was formed or qualified to do business in the State of Tennessee on 06/19/1989. GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC. has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

The attached document(s) was/were filed in this office on the date(s) indicated below:

Reference #	Date Filed	Filing Description
1328-0113	06/19/1989	Initial Filing
ROLL 2116	03/15/1991	Dissolution/Revocation - Administrative
5837-1789	07/28/2006	2005 Annual Report (Due 03/01/2006)
5934-0173	01/30/2007	Registered Agent Change (by Agent)
5934-0174	01/30/2007	Reinstatement
ROLL 6343	07/16/2008	Dissolution/Revocation - Administrative
6579-2071	08/06/2009	Reinstatement
6682-1912	03/24/2010	Registered Agent Change (by Entity)
A0072-2082	05/27/2011	2010 Annual Report (Due 03/01/2011)
7085-0024	08/10/2012	Assumed Name
7085-0025	08/10/2012	Assumed Name
7085-0026	08/10/2012	Assumed Name
A0148-1693	01/02/2013	2012 Annual Report (Due 03/01/2013)

The attached document(s) was/were filed in this office on the date(s) indicated below:

Reference #	Date Filed	Filing Description
A0213-0317	02/05/2014	2013 Annual Report (Due 03/01/2014)
7341-2082	05/20/2014	Registered Agent Change (by Entity)

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SECRETARY OF STATE

CHARTER

OF

GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.

The undersigned natural person, having capacity to contract and acting as incorporator of a corporation under the Tennessee Business Corporation Act, adopts the following charter for such corporation.

1. The name of the corporation is Girling Health Care Services of Knoxville, Inc.

2. The duration of the corporation is perpetual.

3. The address of the principal office of the corporation in the State of Tennessee shall be as follows:

620 Cedar Bluff Road, Ste. 201
Knoxville, TN 37921
Knox County

4. The corporation is for profit.

5. The name of the corporation's initial registered agent is Ruth M. Byerly, and the address of the initial registered agent of the corporation in the State of Tennessee is 620 Cedar Bluff Road, Ste. 201, Knox County, Knoxville, TN 37921.

6. The purpose for which this corporation is organized is to engage in the business of providing home health services. This corporation is also organized for all other lawful purposes.

7. The maximum number of shares which the corporation shall have the authority to issue is Ten Thousand (10,000) shares without par value. There shall only be one class of shares and each share shall be entitled to unlimited voting rights and to receive net assets of the corporation upon dissolution.

8. The corporation will not commence business until One Thousand ($1,000.00) Dollars has been received for the issuance of shares.

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1989 JUN 19 AM 9:46
GENTRY CROWELL
SECRETARY OF STATE

9. Other provisions:

(a) The corporation shall have all powers generally granted to corporations for profit by the Tennessee Business Corporation Act and such powers as specifically and generally granted to corporations by Section 48-13-102, TENNESSEE CODE ANNOTATED.

(b) The capital surplus of the corporation may be distributed by resolution of the Board of Directors without stockholder vote or approval.

(c) The corporation by resolution of its Board of Directors can redeem, purchase or acquire its own stock out of unrestricted or unreserved capital surplus without stockholder approval.

(d) Authorized but unissued shares of stock of the corporation may be issued without being subject to preemptive rights in favor of stockholders of record at the time of any such issue of shares of stock.

(e) The members of the Board of Directors of the Corporation shall not be personally liable in money damages, except for (i) breach of duty of loyalty; (ii) acts or omissions not in good faith or involving intentional misconduct or a knowing violation of law; or (iii) unlawful distributions, all pursuant to T.C.A. 48-12-102(b)(3), as amended.

This the 16 day of June, 1989.

Incorporator
Donald K. Vowell
2037 Plaza Tower
P.O. Box 2775
Knoxville, TN 37901
(615) 525-0321

SECRETARY OF STATE
CORPORATIONS SECTION
JAMES K. POLK BUILDING, SUITE 1800
NASHVILLE, TENNESSEE 37219

EFFECTIVE DATE: 03/15/91
TELEPHONE CONTACT: (615) 741-4994
CONTROL NUMBER: 0216975

RUTH M BYERLY
620 CEDAR BLUFF RD
STE 201
KNOXVILLE, TN 37921

RE: GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

Pursuant to the provisions of Sections 48-24-202 or 48-25-302 of the Tennessee Business Corporation Act or Sections 48-64-202 or 48-65-302 of the Tennessee Nonprofit Corporation Act, respectively, this constitutes notice that the above corporation is hereby administratively dissolved, if a Tennessee corporation, or that its certificate of authority is revoked, if a foreign corporation, for the following reason(s):

for failure to file the Corporation Annual Report, as required by Chapter 16 of the Tennessee Business Corporation Act or the Tennessee Nonprofit Corporation Act.

The corporation or its certificate of authority may be reinstated upon the elimination of the above indicated ground(s) and the filing of an application for reinstatement. This must be done within two years of the effective date of this certificate. The corporate name must be available and otherwise satisfy the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act. The reinstatement application fee is Thirty-five Dollars ($35.00).

CORPORATION ANNUAL REPORT

Annual Report Filing Fee Due:
$20, if no changes are made in block #6 to the registered agent/office, or
$40, if any changes are made in block #6 to the registered agent/office

Please return completed form to:
TENNESSEE SECRETARY OF STATE
Attn: Annual Report
312 Eighth Ave N, 6th Floor
William R. Snodgrass Tower
Nashville, TN. 37243

CURRENT FISCAL YEAR CLOSING MONTH: 11 IF DIFFERENT, CORRECT MONTH IS _____

THIS REPORT IS DUE ON OR BEFORE 03/01/06

(1) SECRETARY OF STATE CONTROL NUMBER: 0216975

(2A.) NAME AND MAILING ADDRESS OF CORPORATION:

GIRLING HEALTH CARE SERVICES OF
KNOXVILLE, INC.
620 CEDAR BLUFF RD
STE 201
KNOXVILLE, TN 37921

D 06/19/1989 FOR PROFIT

(2B.) STATE OR COUNTRY OF INCORPORATION:

TENNESSEE

(2C.) ADD OR CHANGE MAILING ADDRESS:

06 JUL 28 AM 11:19
SECRETARY OF STATE
5837.1789

(3) A. PRINCIPAL ADDRESS INCLUDING CITY, STATE, ZIP CODE:

620 CEDAR BLUFF RD, STE 201, KNOXVILLE, TN 37921

B. CHANGE OF PRINCIPAL ADDRESS:

STREET	CITY	STATE	ZIP CODE + 4
The Stokely Bldg - 320 N. Cedar Bluff #360	Knoxville	TN	37923

(4) NAME AND BUSINESS ADDRESS, INCLUDING ZIP CODE, OF THE PRESIDENT, SECRETARY AND OTHER PRINCIPAL OFFICERS. (ATTACH ADDITIONAL SHEET IF NECESSARY.)

TITLE	NAME	BUSINESS ADDRESS	CITY, STATE, ZIP CODE + 4
PRESIDENT	Bettie J. Girling	4902 Grover Ave.	Austin, Tx 78756
SECRETARY	Robert G.W. Girling, IV.	4902 Grover Ave.	Austin, Tx 78756

(5) BOARD OF DIRECTORS (NAMES, BUSINESS ADDRESS INCLUDING ZIP CODE). (ATTACH ADDITIONAL SHEET IF NECESSARY.) ☐ SAME AS ABOVE ☐ NONE OR LISTED BELOW:

NAME	BUSINESS ADDRESS	CITY, STATE, ZIP CODE + 4
Robert G.W. Girling, III & Bettie J. Girling	same as listed above	
Robert G.W. Girling, IV	same as listed above	
Maria J. A. Girling-Schwenk	same as listed above	
Katherine S.J. Girling-Odom	same as listed above	

(6) A. NAME OF REGISTERED AGENT AS APPEARS ON SECRETARY OF STATE RECORDS:

RUTH M BYERLY

B. REGISTERED ADDRESS AS APPEARS ON SECRETARY OF STATE RECORDS:

620 CEDAR BLUFF RD, STE 201, KNOXVILLE, TN 37921

C. INDICATE BELOW ANY CHANGES TO THE REGISTERED AGENT NAME AND/OR REGISTERED OFFICE.

(i). CHANGE OF REGISTERED AGENT: Diana Gustin

(ii). CHANGE OF REGISTERED OFFICE:

STREET	CITY	STATE	ZIP CODE + 4	COUNTY
11 Town Square	Norris	TN	37828	Knox

(7) A. THIS BOX APPLIES **ONLY** TO NONPROFIT CORPORATIONS. OUR RECORDS REFLECT THAT YOUR NONPROFIT CORPORATION IS A PUBLIC BENEFIT OR A MUTUAL BENEFIT CORPORATION AS INDICATED: **IF BLANK OR INCORRECT, PLEASE CHECK APPROPRIATE BOX:** ☐ PUBLIC ☐ MUTUAL

B. IF A TENNESSEE RELIGIOUS CORPORATION, PLEASE CHECK BOX IF BLANK. ☐ RELIGIOUS

(8) SIGNATURE Bettie J. Girling

(9) DATE 7/19/06

(10) TYPE PRINT NAME OF SIGNER: Bettie J. Girling

(11) TITLE OF SIGNER President/CEO

**** THIS REPORT MUST BE DATED AND SIGNED ****

SS-4444 (REV. 5/00)

CONTINUED ON BACK

$20 — annual
$20 - chg

RDA 1671

RECEIVED
STATE OF TENNESSEE
2007 JAN 30 AM 9:50
RILEY C. DARNELL
SECRETARY OF STATE

5934.0173

CHANGE OF REGISTERED OFFICE (BY AGENT)

Pursuant to the provisions of Section 48-15-102 of the Tennessee Business Corporation Act, the undersigned agent hereby submits this application:

1. The name of the corporation is Girling Health Care Services of Knoxville, Inc.

2 The street address of its current registered office is:

11 Town Square
Norris, Tennessee 37828
Knox County

3. The name of the current registered agent is Diana Gustin.

4. The street address of the new registered office, the zip code of such office, and the county in which the office is located is:

607 Market Street, Suite 900
Knoxville, Tennessee 37902
Knox County

5. After the change, the street addresses of the registered office and the business office of the registered agent will be identical.

6. The corporation has been notified of the change of address for the registered office.

Jan. 29, 2007
Date

Registered Agent
Signer's Capacity

GIRLING HEALTH CARE SERVICES
OF KNOXVILLE, INC.

Diana L. Gustin
Diana Gustin, Agent

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REINSTATEMENT FOLLOWING ADMINISTRATIVE DISSOLUTION/REVOCATION

For Office Use Only

RECEIVED
STATE OF TENNESSEE
2007 JAN 30 AM 9:
RILEY DARNELL
SECRETARY OF STATE

5934.0174

Pursuant to the provisions of Section 48-24-203 or Section 48-25-303 of the Tennessee Business Corporation Act or Section 48-64-203 or Section 48-65-303 of the Tennessee Nonprofit Corporation Act, this application is submitted to the Office of the Secretary of State, State of Tennessee, for reinstatement.

1. The name of the corporation is Girling Health Care Services of Knoxville, Inc

(Name change if applicable)_____

2. The effective date of its administrative dissolution/revocation is 3/15/91 (must be month, day, and year).

3. The ground(s) for the administrative dissolution/revocation

☐ did not exist.
☒ has/have been eliminated. [NOTE: Please mark the applicable box.]

4. The corporate name as listed in number one (1) satisfies the requirements of Tennessee Code Annotated Section 48-14-101 or 48-54-101, as appropriate.

5. The corporation control number as assigned by the Secretary of State, if known is 0216975.

[NOTE (APPLIES TO FOR-PROFIT CORPORATIONS ONLY): Prior to this document being accepted for filing, the Division of Business Services will request tax clearance verification from the Tennessee Department of Revenue that the business has properly filed all reports and paid all required taxes and penalties. If we cannot obtain such tax clearance verification from the Department of Revenue, this document will be rejected and returned to the applicant.]

1/25/07
Signature Date

Girling Health Care Services of Knoxville, Inc.
Name of Corporation

President
Signer's Capacity

Bettie J. Gi
Signature

Bettie J. Girling
Name (typed or printed)

SS-4439 (Rev. 7/01) Filing Fee: $70.00 RDA 1678

SECRETARY OF STATE
CORPORATIONS SECTION
WILLIAM R. SNODGRASS TOWER
312 EIGHTH AVENUE NORTH - SIXTH FLOOR
NASHVILLE, TENNESSEE 37243-0306

EFFECTIVE DATE: 07/16/08
TELEPHONE CONTACT: (615) 741-2286
CONTROL NUMBER: 0216975

6343.0032

DIANA GUSTIN
607 MARKET STREET
SUITE 900
KNOXVILLE, TN 37902

RE: GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

Pursuant to the provisions of Sections 48-24-202 or 48-25-302 of the Tennessee Business Corporation Act or Sections 48-64-202 or 48-65-302 of the Tennessee Nonprofit Corporation Act, respectively, this constitutes notice that the above corporation, an[illegible] associated assumed name(s) is hereby administratively dissolved, if a Tennessee cor[illegible], or that its certificate of authority is revoked, if a foreign corporation, the follo[illegible]ng reason(s):

For failure to file the Corporation Annual Report, as required by Chapter 16 of the Tennessee Business Corporation Act or the Tennessee Nonprofit Corporation Act.

The corporation or its certificate of authority may be reinstated upon the elimination of the above indicated ground(s) and the filing of an application for reinstatement. The corporate name must be available and otherwise satisfy the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act. The reinstatement application fee is Seventy Dollars ($70.00).

RECEIVED
STATE OF TENNESSEE
2009 AUG -6 PM 3:11
TRE HARGETT
SECRETARY OF STATE

6579.2071

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REINSTATEMENT FOLLOWING ADMINISTRATIVE DISSOLUTION/REVOCATION

For Office Use Only

Pursuant to the provisions of Section 48-24-203 or Section 48-25-303 of the Tennessee Business Corporation Act or Section 48-64-203 or Section 48-65-303 of the Tennessee Nonprofit Corporation Act, this application is submitted to the Office of the Secretary of State, State of Tennessee, for reinstatement.

1. The name of the corporation is Girling Health Care Services of Knoxville, Inc.

(Name change if applicable)

2. The effective date of its administrative dissolution/revocation is 7/16/2008 (must be month, day, and year).

3. The ground(s) for the administrative dissolution/revocation

☐ did not exist.
☒ has/have been eliminated. [NOTE: Please mark the applicable box.]

4. The corporate name as listed in number one (1) satisfies the requirements of Tennessee Code Annotated Section 48-14-101 or 48-54-101, as appropriate.

5. The corporation control number as assigned by the Secretary of State, if known is 0216975

[NOTE (APPLIES TO FOR-PROFIT CORPORATIONS ONLY): Prior to this document being accepted for filing, the Division of Business Services will request tax clearance verification from the Tennessee Department of Revenue that the business has properly filed all reports and paid all required taxes and penalties. If we cannot obtain such tax clearance verification from the Department of Revenue, this document will be rejected and returned to the applicant.]

8-4-2009
Signature Date

Girling Health Care Services of Knoxville, Inc.
Name of Corporation

CEO
Signer's Capacity

Signature

Lew Little Jr.
Name (typed or printed)

SS-4439 (Rev. 7/01) Filing Fee: $70.00 RDA 1678

RECEIVED 12
STATE OF TENNESSEE

State of Tennessee

Department of State

Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

CHANGE OF REGISTERED AGENT/OFFICE (BY CORPORATION)

For Office Use Only
2010 MAR 24 PM 12: 39
TRE HARGETT
SECRETARY OF STATE

6682.1912

Pursuant to the provisions of Section 48-15-102 or 48-25-108 of the Tennessee Business Corporation Act or Section 48-55-102 or 48-65-108 of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The name of the corporation is GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.

2. The street address of its current registered office is 607 MARKET ST STE 900 KNOXVILLE/TN/37902

3. If the current registered office is to be changed, the street address of the new registered office, the zip code of such office, and the county in which the office is located is 800 S. Gay Street, Suite 2021, Knoxville, TN 37929 (County of Knox)

4. The name of the current registered agent is DIANA GUSTIN

5. If the current registered agent is to be changed, the name of the new registered agent is C T Corporation System

6. After the change(s), the street addresses of the registered office and the business office of the registered agent will be identical.

03-22-10
Signature Date

SVP and General Counsel
Signer's Capacity

GIRLING HEALTH CARE SERVICES OF KNOXVILLE, Inc.
Name of Corporation

Signature

Benjamin M. Hudson
Name (typed or printed)

SS-4427 (Rev. 6/03) Filing Fee $20.00 RDA 1878

TN006 - 09/20/04 C T System Online

Tennessee Corporation Annual Report Form

AR Filing #: 02661544
Status: Complete

File online at: http://TNBear.TN.gov/AR

Due on/Before: 03/01/2011 Reporting Year: 2010

Annual Report Filing Fee Due:
$20 if no changes are made in block 3 to the registered agent/office, or
$40 if any changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and submitted. Your Annual Report will be reviewed by Business Services and filed within 48 hours. Please keep this report for your records.

SOS Control Number: 216975
Corporation For-Profit - Domestic Date Formed: 06/19/1989 Formation Locale: Knox County

(1) Name and Mailing Address:
GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.
c/o Ben Hanson
1703 West Fifth Street, Suite 800

Austin, TX 78703

(2) Principal Office Address:
320 N. CEDAR BLUFF
#360

KNOXVILLE, TN 37923

Image #: A0072-2082

(3) Registered Agent (RA) and Registered Office (RO) Address: Agent Changed: No
C T Corporation System
800 S GAY ST STE 2021

Knoxville, TN 37929

(4) Name and business address (with zip code) of the President, Secretary and other principal officers.

Title	Name	Business Address	City, State, Zip
CEO	Lew Little, JR	1703 West 5th Street, Suite 800	Austin, TX 78703
Secretary	Benjamin Hanson	1703 West 5th Street, Suite 800	Austin, TX 78703
President	Kelly Jalowiec	1703 West 5th Street, Suite 800	Austin, TX 78703
COO	Mike McMaude	1703 West 5th Street, Suite 800	Austin, TX 78703
CFO	Scott Ellyson	1703 West 5th Street, Suite 800	Austin, TX 78703

(5) Board of Directors names and business address (with zip code). (___ None)

Name	Business Address	City, State, Zip
Lew Little, JR	1703 West 5th Street, Suite 800	Austin, TX 78703
Mike McMaude	1703 West 5th Street, Suite 800	Austin, TX 78703

(6) This section applies to non-profit corporations ONLY.
A. Our records reflect that your non-profit corporation is a public benefit or a mutual benefit corporation as indicated. If blank or incorrect, please check appropriately: ___Public ___Mutual
B. If a Tennessee religious corporation, please check here if blank: ___Religious

(7) Signature: Electronic (8) Date: 05/26/2011 1:59 PM

(9) Type/Print Name: Benjamin M Hanson (10) Title: Secretary

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Girling Health Care Services of Knoxville, Inc.

2. The state or country of incorporation is Tennessee.

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
The Home Option.

[**NOTE:** The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

8·8·12
Signature Date

Girling Health Care Services of Knoxville, Inc.
Name of Corporation

Senior Vice President
Signer's Capacity

Signature

Benjamin M. Hanson
Name (typed or printed)

SS-4402 (Rev. 4/01)

Filing Fee: $20

RDA1720

TN003 - 12/17/2002 C T System Online

Received by Tennessee Secretary of State Tre Hargett, 08/10/2012, 10:09:09, 7085.0024

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Girling Health Care Services of Knoxville, Inc.

2. The state or country of incorporation is Tennessee.

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
Harden Home Option.

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

8-8-12
Signature Date

Girling Health Care Services of Knoxville, Inc.
Name of Corporation

Senior Vice President
Signer's Capacity

Signature

Benjamin M. Hanson
Name (typed or printed)

SS-4402 (Rev. 4/01)

Filing Fee: $20

RDA1720

TN008 - 12/17/2002 C T Systems Online

Received by Tennessee Secretary of State Tre Hargett, 08/10/2012, 10:09:10, 7085.0025

Received by Tennessee Secretary of State Tre Hargett, 08/10/2012, 10:09:11, 7085.0026

70

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Girling Health Care Services of Knoxville, Inc.

2. The state or country of incorporation is Tennessee.

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
The Home Option by Harden Healthcare.

[**NOTE:** The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

8-8-12
Signature Date

Girling Health Care Services of Knoxville, Inc.
Name of Corporation

Senior Vice President
Signer's Capacity

Signature

Benjamin M. Hanson
Name (typed or printed)

SS-4402 (Rev. 4/01) Filing Fee: $20 RDA1720

Tennessee Corporation Annual Report Form

File online at: http://TNBear.TN.gov/AR

Due on/Before: 03/01/2013 Reporting Year: 2012

AR Filing #: 03263735
FILED: Jan 2, 2013 2:04PM

Annual Report Filing Fee Due:
$20 if no changes are made in block 3 to the registered agent/office, or
$40 if any changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

CC Payment Ref #: 148273977

SOS Control Number: 216975
Corporation For-Profit - Domestic Date Formed: 06/19/1989 Formation Locale: TENNESSEE

(1) Name and Mailing Address:
GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.
C/O BEN HANSON
STE 800
1703 W 5TH ST
AUSTIN, TX 78703-4893

(2) Principal Office Address:
STE 360
320 N CEDAR BLUFF RD
KNOXVILLE, TN 37923-4513

Image #: A0148-1693

(3) Registered Agent (RA) and Registered Office (RO) Address:
C T CORPORATION SYSTEM
STE 2021
800 S GAY ST
KNOXVILLE, TN 37929-9710

Agent Changed: No
Agent County: KNOX COUNTY

(4) Name and business address (with zip code) of the President, Secretary and other principal officers.

Title	Name	Business Address	City, State, Zip
COO	Christopher Roussos	1703 WEST 5TH STREET, SUITE 800	AUSTIN, TX 78703
CEO	Lew Little, JR	1703 West 5th Street, Suite 800	Austin, TX 78703
Secretary	Benjamin Hanson	1703 West 5th Street, Suite 800	Austin, TX 78703
President	Kelly Jalowiec	1703 West 5th Street, Suite 800	Austin, TX 78703
CFO	Scott Ellyson	1703 West 5th Street, Suite 800	Austin, TX 78703

(5) Board of Directors names and business address (with zip code). (___ None)

Name	Business Address	City, State, Zip
Scott Ellyson	1703 West 5th Street, Suite 800	Austin, TX 78703
Lew Little, JR	1703 West 5th Street, Suite 800	Austin, TX 78703

(6) This section applies to non-profit corporations ONLY.

A. Our records reflect that your non-profit corporation is a public benefit or a mutual benefit corporation as indicated. If blank or incorrect, please check appropriately: ___Public ___Mutual

B. If a Tennessee religious corporation, please check here if blank: ___Religious

(7) Signature: Electronic

(8) Date: 01/02/2013 2:04 PM

(9) Type/Print Name: Benjamin M Hanson

(10) Title: SVP, General Counsel & Secretary

Tennessee Corporation Annual Report Form

File online at: http://TNBear.TN.gov/AR

Due on/Before: 03/01/2014 Reporting Year: 2013

AR Filing #: 03986331
FILED: Feb 5, 2014 9:38AM
DLN #: A0213-0317.001

Annual Report Filing Fee Due:
$20 if no changes are made in block 3 to the registered agent/office, or
$40 if any changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

CC Payment Ref #: 154221404

SOS Control Number: 216975
Corporation For-Profit - Domestic Date Formed: 06/19/1989 Formation Locale: TENNESSEE

(1) Name and Mailing Address:
GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.
STE 1400
3350 RIVERWOOD PKWY SE
ATLANTA, GA 30339-3314

(2) Principal Office Address:
STE 1400
3350 RIVERWOOD PKWY SE
ATLANTA, GA 30339-3314

(3) Registered Agent (RA) and Registered Office (RO) Address:
C T CORPORATION SYSTEM
STE 2021
800 S GAY ST
KNOXVILLE, TN 37929-9710

Agent Changed: No
Agent County: KNOX COUNTY

(4) Name and business address (with zip code) of the principal officers.

Title	Name	Business Address	City, State, Zip
President	Tony Strange	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314
Treasurer	Eric R Slusser	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314
Secretary	John N Camperlengo	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314

(5) Board of Directors names and business address (with zip code). ___ None, pursuant to T.C.A. §48-18-101(c), or listed below.

Name	Business Address	City, State, Zip
Tony Strange	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314
Eric R Slusser	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314
John N Camperlengo	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314

(6) Signature: Electronic

(7) Date: 02/05/2014 9:38 AM

(8) Type/Print Name: John N Camperlengo

(9) Title: Secretary

7341.2082, 05/20/2014, 10:27:43, Received by Tennessee Secretary of State Tre Hargett

State of Tennessee

Department of State

Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

CHANGE OF REGISTERED AGENT/OFFICE (BY CORPORATION)

For Office Use Only

Pursuant to the provisions of Section 48-15-102 or 48-25-108 of the Tennessee Business Corporation Act or Section 48-55-102 or 48-65-108 of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The name of the corporation is GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.

2. The street address of its current registered office is 800 S GAY ST., STE 2021, KNOXVILLE, TN 37929-9710

3. If the current registered office is to be changed, the street address of the new registered office, the zip code of such office, and the county in which the office is located is 992 Davidson Drive, Suite B, NASHVILLE, TN 37205

4. The name of the current registered agent is C T CORPORATION SYSTEM

5. If the current registered agent is to be changed, the name of the new registered agent is CAPITAL FILING SERVICES, INC.

6. After the change(s), the street addresses of the registered office and the business office of the registered agent will be identical.

5-19-14
Signature Date VP

Signer's Capacity

GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.
Name of Corporation

Signature

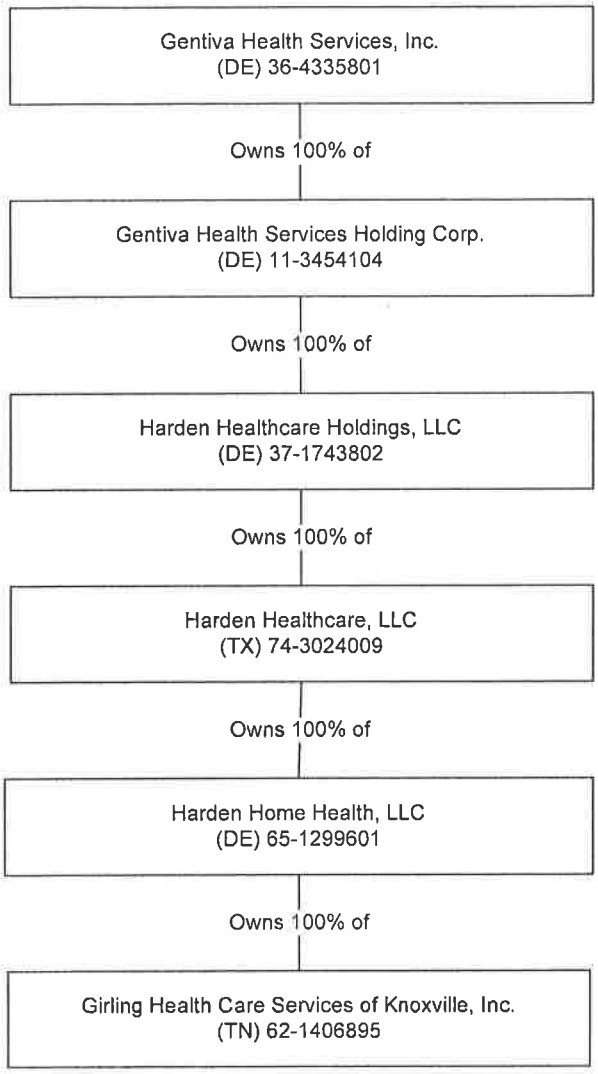
JOSE MOJICA
Name (typed or printed)

SS-4427 (Rev. 6/03)

Filing Fee $20.00

RDA 1678

STREAMLINED ORGANIZATION CHART



Attachment A-6
Lease

LEASE AGREEMENT

This Lease Agreement (**"Lease"**) is made and effective this 13th day of August, 2012 (**"Effective Date"**), by and between B & B Properties, a Tennessee General Partnership having its principal place of business at 800 Oak Ridge Turnpike Suite A-1000 Oak Ridge, TN 37830 (**"Landlord"**) and Gilring Health Care Services of Knoxville, Inc. (dba The Home Option by Harden Healthcare), having its principal place of business at 1703 West Fifth Street, Ste. 800, Austin, Texas 78703 (**"Tenant"**).

RECITALS

WHEREAS, Landlord is the owner of land and improvements located at 800 Oak Ridge Tpke Oak Ridge, TN 37830 (the **"Building"**); and

WHEREAS, Landlord desires to lease a portion of the Building consisting of approximately 1,500 square feet (the **"Premises"**), which shall be described as Suite A-208 and which is shown on the floor plan attached hereto as **Exhibit "A"**; and

WHEREAS, Landlord desires to lease the Premises to Tenant, and Tenant desires to lease the Premises from Landlord for the Term, at the rental and upon the covenants, conditions and provisions herein set forth.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, and other good and valuable consideration, it is agreed:

1. **Term**. This Lease shall be for a term (hereinafter referred to as the **"Initial Term"**) (a) commencing on (the **"Commencement Date"**) which is the later to occur of (i) September 1, 2012 (the **"Target Date"**), or (ii) the date on which Landlord has substantially completed the Work (pursuant to and as defined in Section 39 hereof) and tendered possession of the Premises to Tenant, and (b) terminating on the day (the **"Termination Date"**) immediately preceding the thirty-seven (37) month anniversary of the first day of the first full calendar month during the Initial Term, at 11:59 p.m., local time. After the commencement of the Initial Term, Landlord and Tenant shall execute a commencement letter to be provided by Tenant. Between the Effective Date and the Commencement Date, all of the provisions of this Lease shall be in full force and effect except for Tenant's obligation to pay Rent.

2. **Renewal**. Tenant shall have the option to renew this Lease for One (1) renewal term of Five (5) years each (each a "**Renewal Term**"). Tenant shall provide Landlord with written notice of its intent to renew this Lease at least ninety (90) days prior to the expiration of the Initial Term (or the applicable Renewal Term then in effect). Otherwise, Tenant shall forfeit its right to renew this Lease and this Lease shall terminate at the conclusion of the Initial Term (or the applicable Renewal Term then in effect), unless otherwise agreed to by Landlord in writing. Any renewal of this Lease shall renew the terms hereof, provided that Landlord shall have the right to increase the rental payments due hereunder by not more than 4% of the previous amounts paid, and said rental payment increases shall not occur more frequently than annually. The Initial Term, together with any Renewal Terms shall be referred to herein as the **"Term"**.

3. **Expansion**. Tenant shall have the right of first refusal ("**ROFR**") to expand and/or lease spaces contiguous to the Premises in the Building ("**ROFR Space**"), should they become available. Landlord shall notify Tenant in writing (the "**ROFR Notice**") if Landlord elects to lease all or any part of the ROFR Space and such notice shall provide the business terms of the offer (i.e. rent, location of premises, size of premises, length of term, improvement allowance, if any). Tenant shall reply within fifteen (15) days of receipt of such ROFR Notice, either exercising or foregoing such right of refusal. If Tenant properly exercises its right of first refusal in the manner and within the time period specified herein, then Landlord and Tenant shall, within thirty (30) days after Tenant delivers to Landlord notice of its election, enter into a written amendment delivered by Landlord to Tenant within five (5) business days after Tenant delivers to Landlord notice of Tenant's election, modifying and supplementing this Lease based on the business terms contained in the ROFR Notice. If Tenant foregoes its rights hereunder, Landlord shall be free to lease the ROFR Space identified in the ROFR Notice thereafter with a third party on substantially the same terms as contained in the ROFR Notice.

4. **Rental**. Tenant shall pay to Landlord during the Initial Term, Base Rent (herein so called) in the amount of:

Period		Rentable Square Footage	Annual Rent Per Square Foot	Annual Rent	Monthly Installment of Rent
from	through				
9/1/2012	9/30/2012	1,500	$0.00	$0.00	$0.00
10/1/2012	9/30/3013	1,500	$15.50	$23,250.00	$1,937.50
10/1/2013	9/30/3014	1,500	$15.81	$23,715.00	$1,976.25
10/1/2014	9/30/3015	1,500	$16.13	$24,195.00	$2,016.25

due in advance without demand, set-off, or counterclaim on the Commencement Date and thereafter on the first day of each calendar month during the Lease Term. The Base Rent for any partial calendar months included in the Lease Term shall be prorated on a daily basis.

As part of the consideration for the execution of this Lease, and in addition to the Base Rent specified above, Tenant covenants and agrees to pay, for each calendar year after calendar year 2012(the "Base Year"), as additional rent (the "Additional Rent"), Tenant's pro rata share of the Operating Expenses (as hereinafter defined) for that year which exceed the Operating Expenses for the Base Year. Tenant's pro rata share shall be a fraction, the numerator of which is the Net Rentable Area in the Premises and the denominator of which is the Net Rentable Area in the Building.

For purposes of calculating Additional Rent under this Section 4, the Controllable Operating Expenses (defined below) for each calendar year after the Base Year that may be included in Operating Expenses for such calendar shall not be more than five percent (5%) greater than the Controllable Operating Expenses for the previous year. "Controllable Operating Expenses" shall mean all items of Operating Expenses which are within the reasonable control of Landlord, but specifically excluding taxes, utilities, costs associated with providing security to the Complex, insurance, costs incurred to comply with governmental requirements, wages and salaries affected by the minimum wage, and other costs beyond the reasonable control of Landlord.

All Operating Expenses shall be determined in accordance with generally accepted accounting principles, consistently applied and shall be computed on the accrual basis. The term "Operating Expenses" as used herein shall mean all expenses, costs and disbursements in connection with the ownership, operation, management, maintenance and repair of the Building, the Land, related pedestrian walkways, landscaping, fountains, roadways and parking facilities, and such additional facilities to service any of the foregoing in subsequent years as may be necessary or desirable in Landlord's commercially reasonable discretion (the Building, the Land and said additional facilities being hereinafter sometimes referred to as the "Complex"), including but not limited to the following:

(1) Wages and salaries of the dedicated on-site personnel of any management company engaged to manage the Complex and of all employees engaged in the operation, security, cleaning and maintenance of the Complex, including customary taxes, insurance and benefits relating thereto.

(2) All supplies, tools, equipment and materials used in operation and maintenance of the Complex.

(3) Cost of all utilities for the Complex, including but not limited to the costs of water and power, heating, lighting, air conditioning and ventilation.

(4) Cost of all janitorial service, maintenance and service agreements for the Complex and the equipment therein, including alarm service, security service, window cleaning, janitorial service and elevator maintenance.

(5) Cost of all insurance relating to the Complex which Landlord may elect to obtain, including but not limited to casualty and liability insurance applicable to the Complex and Landlord's personal property used in connection therewith; the amount of the deductible, paid by Landlord shall also constitute an Operating Expense.

(6) All taxes and assessments and other governmental charges whether federal, state, county or municipal and whether they be by taxing districts or authorities presently taxing the Premises or by others subsequently created or otherwise, and any other taxes and improvement assessments attributable to the Complex or its operation excluding, however, federal and state taxes on income; provided, however, that if at any time during the Term, the present method of taxation or assessment shall be so changed that the whole or any part of the taxes, assessments, levies, impositions or charges now levied, assessed or imposed on real estate and the improvements thereof shall be discontinued and as a substitute therefor, or in lieu of an addition thereto, taxes, assessments, levies, impositions or charges shall be levied, assessed and/or imposed wholly or partially as a capital levy or otherwise on the rents received from the Complex or the rents reserved herein or any part thereof, then such substitute or additional taxes, assessments, levies, impositions or charges, to the extent so levied, assessed or imposed, shall be deemed to be included within Operating Expenses to the extent that such substitute or additional tax would be payable if the Complex were the only property of the Landlord subject to such tax. It is agreed that Tenant will be responsible for ad valorem taxes on its personal property and on the value of leasehold improvements to the extent that the same exceed standard building allowance. Operating Expenses shall not include federal and state taxes on income and franchise, inheritance, estate and gift taxes of Landlord, the property manager and their respective affiliates,

all taxes imposed on or calculated on the basis of the income or gross receipts of Landlord from the Building and/or associated parking revenue, and all taxes imposed on or calculated on the basis of any mortgage encumbering the Complex or in connection with any transfer of ownership of the Complex or beneficial interests therein.

(7) Amortization of the cost of installation of capital investment items that are hereafter installed for the purpose of reducing Operating Expenses or which may be required by any laws, ordinances, orders, rules, regulations and requirements which impose any duty with respect to or otherwise relate to the use, condition, occupancy, maintenance or alteration of the Complex, whether now in force or hereafter enacted. All such costs which relate to the installation of such capital investment items shall be amortized over the reasonable life of the capital investment item, with the reasonable life and amortization schedule being determined in accordance with generally accepted accounting principles as reasonably determined by Landlord.

(8) The property management fees incurred by Landlord.

(9) Cost of repairs and general maintenance (excluding repairs and general maintenance paid by proceeds of insurance or by Tenant or other third parties) for the Complex.

These shall be excluded from Operating Expenses (i) administrative charges except as permitted above, leasing commissions and professional fees and disbursements, (ii) expenses incurred due to the negligence or willful misconduct of Landlord or any occupant of the Complex, their respective agents or employees, (iii) expenses related to or reimbursable by an individual occupant of the Complex or to a particular occupant's space, (iv) reserves for repairs or replacements, (v) costs incurred for repairs or replacements due to faulty construction or workmanship or due to the utilization of improper equipment or materials, (vi) costs and interest thereon related to violations by Landlord or the Complex or any occupant of the Complex (other than Tenant) of any governmental law, rule, regulation or order (including, without limitation, all environmental laws and regulations), (vii) advertising and promotional expenditures, and seasonal decorations, (viii) costs incurred for repairs or replacements necessitated by fire or other casualty, (ix) costs incurred by Landlord in complying with its obligations under Sections 9(a) or 14, and (x) principal and interest payments related to any financing of the Complex. Prior to the commencement of each calendar year of the Term following the Base Year, Landlord shall provide Tenant with a written estimate of Tenant's Proportionate Share of Excess Operating Expenses, if any, for the Project for the ensuing year.

If the Term of this Lease as described above commences on other than the first day of a calendar month or terminates on other than the last day of a calendar month, then the installments of Base Rent for such month or months shall be prorated and the installment or installments so prorated shall be paid in advance. The payment for such prorated month shall be calculated by multiplying the monthly installment by a fraction, the numerator of which shall be the number of days of the Term occurring during said commencement or termination month, as the case may be, and the denominator of which shall be the total number of days occurring in said commencement or termination month. Also, if the Term of this Lease commences or terminates on other than the first day of a calendar year, Tenant's Additional Rent shall be prorated for such commencement or termination year, as the case may be, by multiplying each by a fraction, the numerator of which shall be the number of days of the Term during the commencement or termination year, as the case may be, and the denominator of which shall be 365, and the calculation described in the paragraph below shall be made as soon as reasonably possible after

the termination of this Lease, Landlord and Tenant hereby agreeing that the provisions relating to said calculation shall survive the termination of this Lease.

On or about January 1 of each calendar year after the Base Year during the Term, Landlord shall deliver to Tenant Landlord's good faith estimate (the "Estimated Additional Rent") of Tenant's Additional Rent for such year. The Estimated Additional Rent shall be paid in equal installments in advance on the first day of each month. If Landlord does not deliver an estimate to Tenant for any year by January 1 of that year, Tenant shall continue to pay Estimated Additional Rent based on the prior year's estimate. From time to time during any calendar year (but no more than twice in one calendar year), Landlord may revise its estimate of the Additional Rent for that year based on either actual or reasonably anticipated increases in Operating Expenses, and the monthly installments of Estimated Additional Rent shall be appropriately adjusted for the remainder of that year in accordance with the revised estimate so that by the end of the year, the total payments of Estimated Additional Rent paid by Tenant shall equal the amount of the revised estimate.

Within one hundred twenty (120) days after the end of each calendar year during the Term, Landlord shall provide Tenant a statement showing the Operating Expenses for said calendar year, prepared in accordance with generally accepted accounting practices, and a statement prepared by Landlord comparing Estimated Additional Rent paid by Tenant with actual Additional Rent. If the Estimated Additional Rent paid by Tenant, if any, exceeds the actual Additional Rent for said calendar year, Landlord shall pay Tenant an amount equal to such excess at Landlord's option, by either giving a credit against rentals next due, if any, or by direct payment to Tenant within thirty (30) days of the date of such statement. If the actual Additional Rent exceeds Estimated Additional Rent for said calendar year, Tenant shall pay the difference to Landlord within thirty (30) days of receipt of the statement. The provisions of this paragraph shall survive the expiration or termination of this Lease. The Base Rent, Additional Rent and all other sums of money that become due and payable under this Lease shall collectively be referred to as "Rent".

Notwithstanding any other provision herein to the contrary, it is agreed that if less than ninety-five percent (95%) of the Net Rentable Area of the Building is occupied during any calendar year or if less than ninety-five percent (95%) of the Net Rentable Area of the Building is not provided with Building standard services during any calendar year, an adjustment shall be made in computing each component of the Operating Expenses for that year which varies with the rate of occupancy of the Building (such as, but not limited to, utility, management fees and janitorial) so that the total Operating Expenses shall be computed for such year as though the Building had been ninety-five percent (95%) occupied during such year and as though ninety-five percent (95%) of the Building had been provided with Building standard services during that year.

All Additional Rent shall be paid by Tenant to Landlord contemporaneously with the required payment of Base Rent on the first day of each calendar month, monthly in advance, for each month of the Term, in lawful money of the United States at the address specified in Section 28 below (or such other address as may be designated by Landlord in writing from time to time). No payment by Tenant or receipt by Landlord of an amount less than the amount of Rent herein stipulated to be paid shall be deemed to be other than on account of the stipulated Rent, nor shall any endorsement on any check or any letter accompanying such payment of Rent be deemed an accord and satisfaction, but Landlord may accept such payment without prejudice to his rights to collect the balance of such Rent.

Landlord shall maintain full and complete records of Operating Expenses and exclusions there from in accordance with generally accepted accounting principles and good commercial practice and sufficient to enable Tenant to audit Operating Expenses to confirm that Operating Expenses are being charged in accordance with this Lease Agreement. Not more than once per calendar year, and only on or before the ninetieth (90th) day following Landlord's delivery to Tenant of the statement showing the Operating Expenses for the preceding calendar year, Tenant shall have the right, directly or through agents or contractors, to inspect and audit Landlord's books and records pertaining to Operating Expenses and exclusions therefrom for the preceding two (2) calendar years by reasonable advance notice to and coordination with Landlord. The cost of any such review or audit by Tenant shall be borne by Tenant. If as a result of such audit, it is conclusively determined that the Additional Rent paid by Tenant, if any, exceeds the actual Additional Rent for said calendar year, Landlord shall pay Tenant an amount equal to such excess at Landlord's option, by either giving a credit against rentals next due, if any, or by direct payment to Tenant within thirty (30) days of the date of such determination. If as a result of such audit, it is conclusively determined that the actual Additional Rent exceeds the Additional Rent paid by Tenant for said calendar year, Tenant shall pay to Landlord within thirty (30) days of the date of such determination, the positive difference between the amount that the actual Additional Rent exceeds the Additional Rent paid by Tenant for said calendar year.

5. **Security Deposit**. Tenant shall not be required to deposit a Security Deposit to Landlord.

6. **Use**. Tenant shall use the Premises for office purposes, including operating a home health agency. In addition, Tenant may also provide minor medical care and services within the Premises. Further, Tenant shall conduct its business and control its agents, employees, invitees and visitors in such manner as not to create any nuisance, or interfere with, or disturb any other tenant in the Building. Tenant shall not obstruct or use the sidewalks, entries, passages, vestibules, halls, elevators, or stairways of the Building for any other purpose than ingress and egress to and from the Premises, or throw or sweep or put anything out of the windows or doors, or in the passage or corridors of the Building. Landlord at Landlord's expense shall be responsible for obtaining the Certificate of Occupancy on the entire Premises, in Tenant's f/b/o name as listed in the first paragraph of this Lease, prior to the Commencement Date of this Lease.

7. **Hazardous Materials**. Tenant will not cause or permit any Hazardous Materials (defined below) to be brought upon, kept or used in or about the Premises or the Building; provided, that, if certain Hazardous Materials are necessary for Tenant's use as set forth in Section 6 above, Tenant may utilize, store and/or dispose of same upon written notice to Landlord if (i) such Hazardous Materials are used, kept and stored in a manner which complies with all applicable federal, state and local laws, ordinances, rules and regulations regulating such Hazardous Materials; and (ii) such presence and use of Hazardous Materials will be in quantities and applications normally found in general office use or the practice of Tenant's medical specialty; Tenant hereby agrees to indemnify, defend and hold Landlord free and harmless from and against any and all claims, judgments, damages, penalties, fines, costs, liabilities and losses (including, without limitation, diminution in value of the Premises and the Building, damages for the loss or restriction of use of space or of any amenity of the Premises and the Building, and sums paid in settlement of claims, attorneys' fees, consultant fees and expert fees) that may arise during or after the Term of this Lease as a result of Tenant's breach of the covenants and obligations set forth in this section or the presence of Hazardous Materials on, in or about the Premises or the Building caused or permitted by the acts or omissions of Tenant, its employees, agents, contractors, licensees,

invitees, assignees or subtenants. This indemnification by Tenant of Landlord includes, without limitation, any and all costs incurred in connection with any investigation of site conditions or any clean up, remedial, removal or restoration work required by any federal, state or local governmental agency or political subdivision thereof because of the presence or suspected presence of such Hazardous Material in, on or about the Premises, the Building or the soil or groundwater on or under the Building to the extent caused by Tenant. If any state, federal or local governmental agency or political subdivision thereof imposes a lien on the Premises or the Building because of the presence or suspected presence of such Hazardous Material in, on or about the Premises or the Building, Tenant will cause such lien to be removed at Tenant's sole cost and expense. The provisions of this section will survive the expiration or termination of this Lease. As used herein, the term **"Hazardous Materials"** will mean and include any and all hazardous substances, any hazardous wastes or any pollutants or contaminants defined as such in or regulated by: (i) the Resource Conservation and Recovery Act of 1976, 42 U.S.C. 6901 et seq., (ii) the Comprehensive Environmental Response Compensation and Liability Act of 1980, 42 U.S.C. 9601 et seq., (iii) the Federal Water Pollution Control Act, 33 U.S.C. 1251 et seq., as amended; (iv) the Clean Air Act, 42 U.S.C. 7401 et seq., (v) the Toxic Substances Control Act, 15 U.S.C. 2501 et seq., or (vi) any amendments or statutory successors to the foregoing statutes and any now or hereafter existing federal, state or local statute, law, ordinance, code, rule, regulation, order or decree regulating, relating to or imposing liability or standards of conduct concerning any hazardous, toxic or dangerous waste, substance or material, as presently or hereafter in effect during the Term of the Lease.

8. **Sublease and Assignment**. Tenant shall not sublease all or any part of the Premises, or assign this Lease in whole or in part, without Landlord's consent, which consent shall not be unreasonably withheld or delayed. Landlord shall consent or withhold such consent by written notice to Tenant within fifteen (15) days of Tenant's written request for Landlord's consent. If Landlord fails to respond to Tenant's request within such 15-day period, Landlord shall be deemed to have consented to such assignment or subletting.

Notwithstanding anything to the contrary in this section, the initial named Tenant herein may, without Landlord's consent, assign this Lease or sublease all or part of the Premises to any party (herein referred to as a **"Tenant Affiliate"**) which directly or indirectly: (i) wholly owns or controls Tenant, (ii) is wholly owned or controlled by Tenant, (iii) is under common ownership or control with Tenant , or (iv) into which Tenant or any of the foregoing parties is merged, consolidated or reorganized, or to which all or substantially all of Tenant's assets or any such other party's assets are sold.

9. **Repairs**.

a. Landlord's Obligations. Landlord agrees at Landlord's sole cost and expense: (a) to properly maintain and make all necessary repairs and replacements to the roof (including roof coverings and roof skin), gutters, downspouts, foundation, floor slab, exterior walls (including the storefront), demising walls, door and window frames, and the structural portions of the Premises and the Building of which the Premises forms a part, and otherwise to keep the Premises in a watertight condition; (b) to make all repairs and replacements necessary to satisfy Landlord's warranties; (c) to make all necessary repairs and replacements to the electrical, plumbing, mechanical systems and devices serving the Premises and Building, including all water, sewer, gas, electrical and public utility lines

and connections of the Building up to the point that they become exposed within the Premises if the same exclusively serve the Premises (and within the Premises to the extent the same run through the Premises but do not exclusively serve it); (d) to make all necessary repairs and replacements to the sprinkler, fire alarm and other life safety systems serving the Premises (whether interior or exterior), and to perform all monitoring and pay all fees associated therewith; (e) to repair, maintain, and replace the heating, ventilating and air conditioning system which provides service to the Premises; (f) to secure any vacant space adjacent to the Premises and ensure that the walls and roof of the Premises are maintained so as to prevent ease of entry by unauthorized persons; (g) to keep and maintain in good repair and working order, and make all necessary repairs and replacements to all common areas, landscaping, parking facilities, paved areas and drives, and (h) to make all repairs and replacements to the Premises necessitated by Landlord's failure to perform its obligations under this Section 9(a). Landlord will also paint (if a paintable surface) and otherwise maintain the exterior of the Premises and the Building in which the Premises are located. Further, Landlord will also keep and maintain in good repair the walls, ceilings, glass, windows, doors, floors, light fixtures, and roof, and will change light bulbs and fluorescent tubes and provide and change air filters. Landlord further agrees to make all repairs and replacements to the Building to keep and maintain the same as a first class Building in good order, condition and repair. Landlord agrees that such repairs and replacements will be done promptly in a good and workmanlike manner and that it will repair any and all damage which may result from its failure to make such repairs or replacements. Except if necessitated by Tenant's specific use of the Premises, any addition, alteration or improvement, structural or otherwise, to or on the Premises, and any installation or modification of any equipment or systems serving the Premises, which may be necessary or required by reason of any law, rule, regulation or order promulgated by a governmental authority immediately shall be made by, and at the cost and expense of, Landlord. Any work required by this paragraph shall be made in accordance with plans and specifications approved by Tenant.

b. Tenant's Obligations. Other than the maintenance and repair to be performed by Landlord as set forth above or otherwise in the Lease, Tenant, at its sole cost and expense, will keep and maintain in good repair and working order and make all repairs to and perform necessary maintenance within and upon the Premises, including any systems and devices in the Premises that serve the Premises and are not the Building's base systems or devices (including, without limitation, telecommunications and computer systems), and all parts and appurtenances thereof, which are required in the normal maintenance, repair and operation of the Premises.

10. **Alterations and Improvements**. Tenant, at Tenant's expense, shall have the right, upon obtaining the consent of the Landlord (which consent will not be unreasonably withheld), to alter, remodel, and make additions, improvements and replacements of and to all or any part of the Premises from time to time as Tenant may deem desirable, provided the same are made in a workmanlike manner and utilizing good quality materials. All plans, designs or models for any such alteration, redecorating, additions, improvements or replacements must be submitted for review and approval of Landlord (which approval will not be unreasonably withheld) prior to the commencement of any such work or build-out. Tenant shall have the right to place and install personal property, trade fixtures, equipment and other temporary installations in and upon the Premises. All personal property, equipment, machinery, trade fixtures and temporary

installations, whether acquired by Tenant at the commencement of the Lease Term or placed or installed on the Premises by Tenant thereafter, shall remain Tenant's property. Tenant shall have the right to remove the same at any time during the Term of this Lease provided that all damage to the Premises caused by such removal shall be repaired by Tenant at Tenant's expense.

11. **Property Tax**. Landlord shall pay, prior to delinquency, all general real estate taxes and installments of special assessments coming due during the Lease Term on the Building of which the Premises are a part, and all personal property taxes with respect to Landlord's personal property, if any, on the Premises. Tenant shall be responsible for taxes or assessments with regard to Tenant's personal property, if any, on the Premises.

12. **Insurance**.

    a. Tenant will, at its expense, maintain in full force and effect at all times during the Term of this Lease: (a) property insurance insuring Tenant's furniture, furnishings, equipment, trade fixtures and other personal property of Tenant in and about the Premises; (b) commercial general public liability insurance with respect to the Premises, with a single limit of liability of $1,000,000 for each occurrence, subject to an aggregate limit of $3,000,000. Each policy of insurance maintained by Tenant will be issued by an insurance company acceptable to Landlord, and provide that such insurance will not be canceled unless thirty (30) days prior written notice is given to Landlord. The policies of insurance required to be maintained by Tenant hereunder, or acceptable certificates thereof, will be delivered to Landlord on or before the Commencement Date and at least thirty (30) days prior to the expiration date of any policy then in effect.

    b. Landlord will, at its expense, maintain in full force and effect at all times during the Term of this Lease: (a) property insurance covering real and personal property in connection with the Building and the Premises (including the leasehold improvements in the Premises, but excluding Tenant's personal property and equipment); and (b) commercial general public liability insurance covering the Building, with a single limit of liability of $1,000,000 for each occurrence, subject to an aggregate limit of $3,000,000. Landlord's liability insurance shall name Tenant as an additional insured. Certificates evidencing all such insurance shall be delivered to Tenant from time to time upon Tenant's request.

13. **Indemnification**. Tenant shall indemnify Landlord against any expenses, loss, cost, damage, claim, action or liability paid, suffered or incurred as a result of any breach by Tenant, Tenant's agents, servants, employees, visitors or licensees of any covenant or condition of this Lease, or as a result of activities occurring within the Premises, unless caused by the gross negligence or willful misconduct of Landlord, its agents, servants, employees, customers, visitors or licensees.

    Landlord shall indemnify Tenant against any expenses, loss, cost, damage, claim, action, or liability paid, suffered or incurred as a result of any breach by Landlord, Landlord's agents, servants, employees, customers, visitors or licensees of any representation, warranty, covenant or condition of this Lease or as a result of activities occurring in the Building (other than the Premises) or the common areas, unless caused by the gross negligence or willful misconduct of Tenant, its agents, servants, employees, customers, visitors or licensees.

14. **Utilities/Services**. Landlord shall be responsible for all charges for water, sewer, garbage, gas, electricity, and other services and utilities used by Tenant on the Premises during the Term of this Lease unless otherwise designated in the Lease. Landlord shall supply services of a type and manner commensurate with the standards of other similar buildings in the Oak Ridge, TN area, including without limitation: (i) electricity suitable for the use of the Premises; (ii) cold and hot water to the space, the common area restroom, and break room, (iii) heating and air-conditioning (during those respective seasons of the year in which they are necessary) for the comfortable use and occupancy of the Premises, between 7:00 o'clock a.m. and 6:00 o'clock p.m., Monday through Friday and between 8:00 o'clock a.m. and 12:00 o'clock p.m., Saturday, (iv) nightly trash removal and nightly cleaning (cleaning bathrooms, sweeping and mopping floors, vacuuming carpet) of the Premises and (v) pest control.

Tenant acknowledges that the Premises are designed to provide standard office use electrical facilities and standard office lighting. Tenant shall not use any equipment or device that utilizes excessive electrical energy or which may, in Landlord's reasonable opinion, overload the wiring or interfere with electrical services to other tenants.

15. **Common Area Maintenance**. Landlord shall be responsible for expenses incurred in connection with maintenance of the common areas of the Building. Such expenses shall include water supplied to the Building, cleaning services, waste collection services, burglar alarm and monitoring services, lawn services, elevator services and other supplies or services which Tenant receives the benefit of.

16. **Signs**. Landlord shall provide to Tenant, at Landlord's expense, Tenant's name in the directory signage in the lobby of the Building and building standard suite entry signage. Tenant may install on the Premises, at Tenant's expense, its standard signage. Tenant may also install, at Tenant's expense, Tenant's logo, hours of operation and emergency contact information on the door or glass of the Premises.

17. **Entry**. Landlord shall use best business effort to notify Tenant 24 hours in advance of entry to Premises. In the event Landlord cannot provide 24 hours advance notice despite its best efforts, it shall nonetheless notify Tenant of entry within 24 hours thereafter. Nothing herein shall waive, modify, or obviate Landlord's obligations pursuant to Section 37.

18. **Parking**. During the Term of this Lease, Landlord will make available to Tenant a minimum of Five (5) parking spots per thousand square feet of rented space, of which Tenant shall have the non-exclusive use in common with Landlord, other tenants of the Building, their guests and invitees, of the non-reserved common automobile parking areas, driveways, and footways, subject to rules and regulations for the use thereof as prescribed from time to time by Landlord. Landlord reserves the right to designate parking areas within the Building or in reasonable proximity thereto, for Tenant and Tenant's agents and employees. There will be no additional charges for parking. If card access is required, Landlord shall provide cards at Landlord's expense.

19. **Building Rules**. The Tenant agrees to comply with all laws, ordinances, orders, rules and regulation (state, federal, municipal and other agencies or bodies having any jurisdiction thereof) relating to the use, condition or occupancy of the Premises. Except to the extent that the rules may conflict with this Lease, the Tenant will comply with the reasonable rules of the Building

adopted and altered (so long as such rules are applied consistently to all tenants within the Building) by the Landlord from time to time for the safety, care and cleanliness of the Premises and Building and for preservation of good order therein, copies of which will be sent by the Landlord to the Tenant in writing, if so requested. Landlord Rules & Regulations Exhibit C.

20. **Damage and Destruction**. If the Premises, common areas or any part thereof or any appurtenance thereto is so damaged by fire, casualty or structural defects that the same cannot be used for Tenant's purposes, the Tenant shall have the right, within ninety (90) days following damage, to elect by notice to Landlord to terminate this Lease as of the date of such damage. In the event of minor damage to any part of the Premises or common areas, and if such damage does not render the Premises unusable for Tenant's purposes, Landlord shall promptly repair such damage at the cost of the Landlord. In making the repairs called for in this paragraph, Landlord shall not be liable for any delays, whether resulting from strikes, governmental restrictions, inability to obtain necessary materials or labor or other matters which may cause delay to such repairs, unless such delays are caused by Landlord. Tenant shall be relieved from paying rent and other charges during any portion of the Lease Term that the Premises are inoperable or unfit for occupancy, or use, in whole or in part, for Tenant's purposes. Rentals and other charges paid in advance for any such periods shall be credited on the next ensuing payments, if any, but if no further payments are to be made, any such advance payments shall be refunded to Tenant. The provisions of this paragraph extend not only to the matters aforesaid, but also to any occurrence which is beyond Tenant's reasonable control and which renders the Premises, common areas, or any appurtenance thereto, inoperable or unfit for occupancy or use, in whole or in part, for Tenant's purposes.

Notwithstanding the above, if during the Term of the Lease, toxic mold or other hazardous materials are discovered in the Premises through scientific testing, and such contaminants do not arise out of any act or omission of Tenant, Tenant shall have the right to terminate this Lease by giving thirty (30) days notice to Landlord and Tenant shall not be subject to penalty.

21. **Default by Tenant**. If default shall at any time be made by Tenant in the payment of Rent when due to Landlord as herein provided, and if said default shall continue for ten (10) days after written notice thereof shall have been given to Tenant by Landlord, or if default shall be made in any of the other covenants or conditions to be kept, observed and performed by Tenant, and such default shall continue for thirty (30) days after notice thereof in writing to Tenant by Landlord without correction thereof then having been commenced and thereafter diligently prosecuted, Landlord may declare the Term of this Lease ended and terminated and collect any unpaid rentals by giving Tenant written notice of such intention, and if possession of the Premises is not surrendered, Landlord may reenter said Premises and take possession thereof. Landlord shall have, in addition to the remedy above provided, any other right or remedy available to Landlord on account of any Tenant default, either in law or equity.

22. **Default by Landlord**. If Landlord shall default in fulfilling any of the covenants or provisions of this Lease on its part to be performed and shall fail to remedy the default within thirty (30) days after Landlord shall have received written notice from Tenant of such default, then, in addition to all rights, powers and remedies permitted to Tenant by law and in equity, Tenant shall have, without limiting the generality of the foregoing, the right to: (a) remedy Landlord's default and charge Landlord for the cost of remedying the default by withholding Rent or otherwise; (b) allow the default to continue and reduce the payment of Rent by reason of the default; (c)

terminate this Lease upon written notice to the Landlord effective either on the date of such notice or on any later date specified in such notice. Tenant's obligation under this Lease including, without limitation, Tenant's obligation to pay Rent or make any other payments to Landlord under this Lease shall cease, and this Lease shall terminate on the date specified in the notice. Notwithstanding anything to the contrary herein, if a Landlord default occurs consisting or amounting to dispossession of the Tenant, Tenant may immediately elect to exercise its remedies hereunder irrespective of any Landlord cure period hereunder. All of Tenant's rights, as stated in this Lease, are cumulative and additional to any other remedy that the Tenant might have at law or in equity.

23. **Quiet Possession**. Landlord covenants and warrants that upon performance by Tenant of its obligations hereunder, Landlord will keep and maintain Tenant in exclusive, quiet, peaceable and undisturbed and uninterrupted possession of the Premises during the Term of this Lease.

24. **Intentionally Deleted.**

25. **Holding Over**. If Tenant should remain in possession of the Premises after the expiration of the Term, without the execution by Landlord and Tenant of a new Lease or an extension of this Lease, the Tenant shall be deemed to be holding over the Premises and shall remain subject to all of the covenants and obligations of the Lease, and Tenant shall continue to pay the then-current monthly rate, so long as Tenant does not hold over for a period of longer than 30 days, after which Tenant shall pay a monthly rental rate of 125% of the then-current rental rate. The inclusion of the preceding sentence shall not be construed as Landlord's consent for Tenant to hold over. To the extent that Tenant holds over for a period of time that is shorter than one month, the rent shall be prorated according to the number of days held over.

26. **Condemnation**. If any legally, constituted authority condemns the (i) Building or such part thereof which shall make the Premises unsuitable for leasing, (ii) any part of the parking areas serving the Building such that the parking ratio provided for in Section 18 is not available to Tenant or (iii) any part of the common areas, this Lease shall cease when the public authority takes possession, and Landlord and Tenant shall account for rental as of that date. Such termination shall be without prejudice to the rights of either party to recover compensation from the condemning authority for any loss or damage caused by the condemnation. Neither party shall have any rights in or to any award made to the other by the condemning authority.

27. **Subordination**. Tenant accepts this Lease subject and subordinate to any mortgage, deed of trust or other lien presently existing or hereafter arising upon the Premises, or upon the Building and to any renewals, refinancing and extensions thereof, but Tenant agrees that any such mortgagee shall have the right at any time to subordinate such mortgage, deed of trust or other lien to this Lease on such terms and subject to such conditions as such mortgagee may deem appropriate in its discretion. Landlord is hereby irrevocably vested with full power and authority to subordinate this Lease to any mortgage, deed of trust or other lien now existing or hereafter placed upon the Premises or the Building, and Tenant agrees upon demand to execute such further instruments subordinating this Lease or attorning to the holder of any such liens as Landlord may request. Said subordination shall be upon the express condition that this Lease shall be recognized by the mortgagees and that the rights of Tenant shall remain in full force and effect and undisturbed during the Initial Term of this Lease and all extensions hereof. Tenant agrees that it will from time to time upon request by Landlord execute and deliver to such persons as Landlord shall

request a statement in recordable form certifying that this Lease is unmodified and in full force and effect (or if there have been modifications, that the same is in full force and effect as so modified), stating the dates to which rent and other charges payable under this Lease have been paid, stating that Landlord is not in default hereunder (or if Tenant alleges a default stating the nature of such alleged default) and further stating such other matters as Landlord shall reasonably require.

28. **Notice**. Any notice required or permitted under this Lease shall be deemed sufficiently given or served if sent by United States certified mail, return receipt requested, addressed as follows:

If to Landlord to:

B & B Properties

Attention: Tammy Upton

800 Oak Ridge Turnpike

Suite A-1000

Oak Ridge, TN 37830

865.425.7401

Email: Tammy.upton@bandbprop.com

If to Tenant to:

Harden HealthCare
1703 West Fifth Street
Ste. 800
Austin, Texas 78703
Attn: Ben Hanson
Ph: (512) 344-4235
Email: BHanson@hardenhealthcare.com

With Copy to:

Metcalfe Wolff Stuart & Williams, LLP
301 Congress, Suite 1200
Austin, Texas 78701
Attn: Talley J. Williams
Ph: (512) 404-2234
Email: twilliams@mwswtexas.com

With Copy to:

Swearingen Realty Group, LLC
5950 Berkshire Lane, Suite 700
Dallas, Texas 75225
Attn: Lease Administration

Landlord and Tenant shall each have the right from time to time to change the place notice is to be given under this paragraph by written notice thereof to the other party.

29. **Brokers**. Landlord and Tenant represent and warrant to the other that they have dealt only with Swearingen Realty Group, LLC (**"Broker"**) in connection with this Lease and that, insofar as they know, no other broker negotiated or is entitled to any commission in connection with this Lease. Landlord will pay any commission owed to Broker and will indemnify and defend Tenant from and against all claims (and costs of defending against and investigating such claims) of any broker or similar parties, including Broker, claiming under Landlord in connection with this Lease.

30. **Waiver**. No waiver of any default of Landlord or Tenant hereunder shall be implied from any omission to take any action on account of such default if such default persists or is repeated, and no express waiver shall affect any default other than the default specified in the express waiver and that only for the time and to the extent therein stated. One or more waivers by Landlord or Tenant shall not be construed as a waiver of a subsequent breach of the same covenant, term or condition.

31. **Headings**. The headings used in this Lease are for convenience of the parties only and shall not be considered in interpreting the meaning of any provision of this Lease.

32. **Successors**. The provisions of this Lease shall inure to the benefit of and be binding upon Landlord and Tenant and their respective legal representatives, successors and assigns.

33. **Compliance with Law**. Tenant shall comply with all laws, orders, ordinances and other public requirements now or hereafter pertaining to Tenant's use of the Premises.

34. **Final Agreement**. This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. This Agreement may be modified only by the written consent of the parties hereto.

35. **Governing Law**. This Agreement shall be governed, construed and interpreted by, through and under the Laws of the State of Tennessee.

36. **Miscellaneous Provisions**.

    a. The fact that this Lease may have been prepared by either Landlord or Tenant, or by the attorneys for either party, shall not justify the resolving of whatever, if any, doubt there may be against said party.

    b. If any provision of this Lease should be or become prohibited under any applicable law(s), then the remaining provisions of the Lease shall remain in full force, unless an

essential purpose of this Lease would be defeated by the loss of any such prohibited provision.

c. In the event that it shall become necessary for Landlord or Tenant to employ the services of an attorney to enforce any of its rights under this Lease or to collect any sums due to it under this Lease or to remedy the breach of any covenant of this Lease on the part of the other party the prevailing party in any such action shall be entitled to recover all reasonable attorney's fees.

37. **Confidentiality of Medical Records**. Inasmuch as the nature and practice of TENANT's business involves the use and maintenance of private and confidential medical records and other individually-identifiable health information, LANDLORD hereby covenants, warrants, and agrees that neither LANDLORD, its employees, agents, contractors, invited guests, or assigns shall view, inspect, observe, read, examine, document, copy, disseminate, distribute, or otherwise disclose confidential medical records and/or other individually-identifiable health care information that may be located, stored, or otherwise maintained at or on the Premises, regardless of the nature, source, or storage medium of said confidential information. LANDLORD shall notify TENANT of any entry into the Premises made by LANDLORD and/or its employees, agents, contractors, invited guests, or assigns. In the event that LANDLORD and/or its employees, agents, contractors, invited guests, or assigns enters the Premises, LANDLORD covenants, warrants, and agrees that said party shall at all times maintain the confidentiality of any and all medical records and/or other individually-identifiable health care information to which said party may have access, and LANDLORD shall ensure that any and all persons entering the Premises at its request or acquiescence, by its authority, or on its behalf shall strictly abide by the terms of this section. LANDLORD further agrees to immediately notify TENANT of any violation of this section or other compromise of private and confidential medical records and/or other individually-identifiable health information belonging to TENANT of which LANDLORD becomes aware. LANDLORD also agrees to execute any additional confidentiality agreement(s) subsequently requested by TENANT as required by the federal government under the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA).

38. **No Remuneration for Referrals**. Nothing in this agreement, whether written or oral, nor any consideration in connection herewith, contemplates or requires the referral of any patient to Tenant. This agreement is not intended to influence the judgment of any person in choosing the provider appropriate for the proper treatment and care of the patient. No party to this agreement shall receive any compensation or remuneration for arranging for the furnishing of any item or service for which payment may be made in whole or in part by Medicare or Medicaid, or which otherwise may be deemed to violate any federal or state law.

39. **Construction of Premises**. Landlord agrees that at its own cost and expense, it will make alterations and improvements to the Premises to prepare the same for Tenant's occupancy in accordance with **Exhibit "B"**. In the event that Landlord is prevented from completing the Work (as defined in **Exhibit "B"**) on or before the Target Date due to strikes, lockouts, labor controversies, accidents or other causes beyond the reasonable control of Landlord (**"Force Majeure"**), Landlord shall not be liable to Tenant for damages by reason thereof, nor shall Tenant be relieved from any obligation under this Lease, but the Rent as provided herein shall be abated on a per diem basis, and the Commencement Date shall not occur until the said alterations and improvements are completed. Notwithstanding anything herein to the contrary, if the Work

is not fully completed by the date that is sixty (60) days after the Target Date (subject to Force Majeure), then Tenant, at its option, may terminate this Lease by written notice thirty (30) days after said sixty (60) day period to Landlord without any further obligation on its part and Landlord shall be responsible for reimbursing Tenant for any costs expended in connection with this Lease and/or the Premises.

40. **Exhibits**. All exhibits referred to herein shall be considered a part hereof for all purposes with the same force and effect as if copied at full length herein. The exhibits attached hereto are listed as follows:

Exhibit A - Floor Plan
Exhibit B - Work Letter
Exhibit B-1 – Base Building Definition

[Signature Page to Follow]

IN WITNESS WHEREOF, the parties have executed this Lease as of the day and year first above written.

Landlord

B&B ~~Management,~~ Properties a Tennessee general partnership

By: _____
Name: William H. Arowood
Title: General Partner

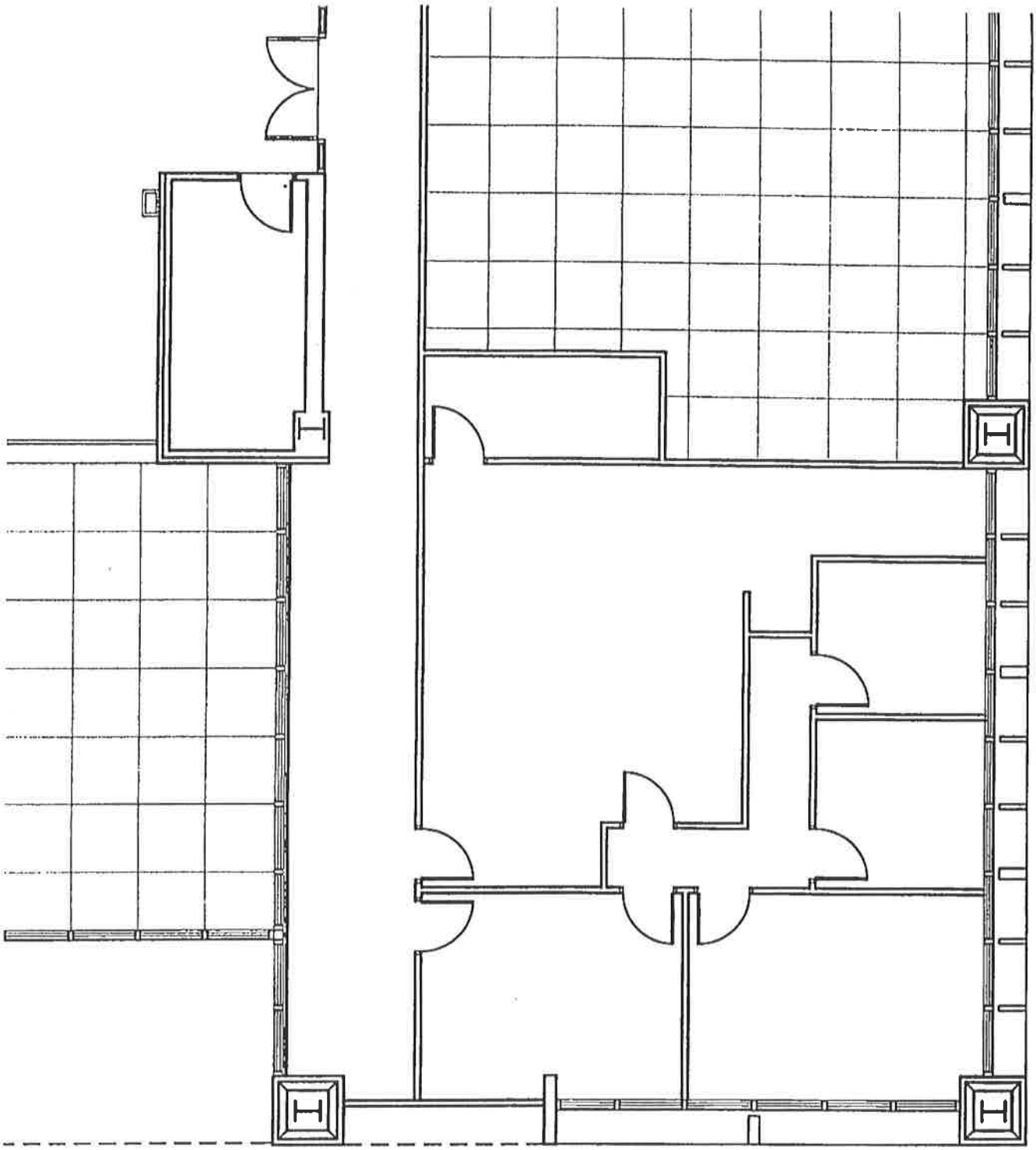
Tenant

Girling Health Care Services of Knoxville, Inc.
(dba The Home Option by Harden Healthcare)

By: _____
Name: Benjamin M. Hanson
Title: SVP and General Counsel

EXHIBIT "A"

FLOOR PLAN



JACKSON PLAZA

800 OAK RIDGE TURNPIKE
OAK RIDGE, TN 37830

SUITE A-208

0 4' 8' 16'

SCALE: 1/8" = 1'-0"

EXHIBIT "B"

WORK LETTER TO LEASE

1. 1. **Acceptance of Premises**. Except as set forth in the Amendment or this Exhibit, Tenant accepts the Premises in their "AS-IS" condition on the Effective Date, except for any pre-existing conditions within the Premises or common areas surrounding the Premises that do not meet current state, federal and local code requirements (including the ADA) which can affect issuing the construction permit and/or inspection process and final certificate of occupancy or any latent defects to the Building or Premises.

   Additionally, Landlord will be responsible for obtaining any inspections required for obtaining a construction permit (including asbestos and/or removal) at Landlord's sole cost and expense prior to the start of construction.

2. **Scope of Work**. Landlord, at Landlord's expense shall:

   - Paint the entire interior premises per a mutually agreed upon color. The Premises has been freshly painted with building standard, neutral wall color and will be touched up as needed prior to commencement.
   - Carpet all areas of the space per a mutually agreed upon carpet sample

EXHIBIT "B-1"

BASE BUILDING DEFINITION

Ceiling Grid:	2'x4' ceiling grid fully installed.
Ceiling Tiles:	Installed within grid. Replace all damaged or stained tiles
Columns:	All interior surfaces should be finished (i.e., drywalled), taped and bedded
Exterior Curtain Wall:	All surfaces beneath or above the exterior windows should be "furred" out, drywalled, taped and bedded
HVAC:	Central Station Rooftop Unit supplying treated air through the ductwork system into the fan powered variable air volume (VAV) terminals, serving its corresponding zone. Premises to have appropriate engineered interior and exterior zones for proper temperature control. The Premises should have cooling capacity of approximately one ton for every 250 square feet of floor area. Primary and secondary ducting and VAV boxes installed in accordance with the Tenant's approved plan.
Lighting System:	18 cell parabolic or prismatic lens light fixtures at 1 per 65 usable square foot installed or lighting equivalent to meet the International Electric Conservation Code ("IECC") lighting compliance codes.
Electrical System:	The Landlord shall be responsible for the primary and secondary distribution (including the meter if applicable) to the Premises including the distribution panels.
Telco room/ Conduit:	Landlord to provide 2" conduit from building Telco closet/room to Tenant's Telecommunications closet/room, with service to be stubbed up in a telephone closet.

Life Safety: Base building fire alarm & communication systems, as well as emergency power for egress lighting and alarm systems are installed per code.

Sprinklers: Interconnected fire standpipes and a shell sprinkler system are installed if required per building code. Sprinkler heads in Premises shall be turned down with finished heads per Tenant's space plan.

Wet Columns: 1 wet column/location in the Premises.

Windows: Building standard window coverings or privacy window film installed on exterior windows.

Restrooms: If the Premises are located on a multi-tenant floor or the Premises has common area access, then building standard restrooms shall be fully installed to ADA standards and code, if required by city as part of the Landlord's cost. Landlord shall be responsible for the cost to stub up plumbing for new restrooms within the Premises. If existing restrooms are located within Tenant's suite, the cost to modify or relocate non-ADA compliant restrooms shall be borne by Landlord.

Demising & Corridor Walls: Landlord shall install corridor and/or demising wall studs in place with drywall up, to deck, finished on one side and insulated.

Finished Floor: If the Building/Premises floor/slab is not completely finished, the Landlord will be responsible for said completions according to Tenant's final plan at Landlord's sole cost.

EXHIBIT C

RULES AND REGULATIONS

The following standards shall be observed by Tenant for the mutual safety, cleanliness and convenience of all occupants of the Building. These rules are subject to change from time to time, as specified in the Lease.

RULE 1. No sign, picture, advertisement, or notice shall be displayed, inscribed, painted or affixed, on any part of the outside or inside of said Building, or on or about the Premises hereby demised, except on the glass of the doors and windows of said Premises and on the Directory Board of the Building, and then only such color, size, style and materials as shall be first specified by the Landlord in writing on this Lease. No "For Rent" signs shall be displayed by the Tenant, and no showcases, or obstructions, signs, flags, barber poles, statuary, or any advertising device of any kind whatever shall be placed in front of said Building or in the passageways, halls, lobbies, or corridors thereof by the Tenant; and the Landlord reserves the right to remove all such showcases, obstructions, signs, flags, barber poles, statuary or advertising devices and all signs other than those provided for, without notice to the Tenant and at his expense.

RULE 2. The Tenant shall not without the Landlord's written consent put up or operate any steam engine, boiler, machinery or stove, other than a microwave in the kitchen area, upon the Premises, or carry on any mechanical business thereon, or do any cooking thereon, or use or allow to be used upon the demised Premises oil, burning fluids, camphor, kerosene for heating, warming or lighting, or anything (except gas or incandescent electric lights, and those only of such company or companies as may be supplying the Building) for illuminating said Premises. No article deemed extra hazardous on account of fire and no explosives shall be brought into said Premises. Space heaters or any other supplemental heating devices are prohibited.

RULE 3. No additional locks shall be placed upon any doors of the Premises without Landlord's prior written consent. Two (2) keys will be furnished by Landlord for the Premises, and any additional key required must be obtained from Landlord. A charge will be made for each additional key furnished. All keys shall be surrendered to Landlord upon termination of tenancy.

RULE 4. Safes, furniture, boxes or other bulky articles shall be carried up into the Premises only with consent of the Landlord first obtained, and then only by means of the elevators, by the stairways or through the windows of said Building as the Landlord may in writing direct, and at such times and in such manner and by such personas as the Landlord may direct. Safes and other heavy articles shall be placed by the Tenant in such places only as may be first specified in writing by the Landlord, and any damage done to the Building or to tenants or to other persons taking a safe or other heavy article in or out of the demised Premises, from overloading a floor, or in any other manner shall be paid for the Tenant causing such damage.

RULE 5. The Landlord will furnish elevator service and/or self-service elevator during normal business hours whenever said service shall, in the Landlord's judgment, be required for the proper occupation and use of said Premises.

RULE 6. Any person employed by the Tenant to do janitorial work, shall, while in said Building and outside of said demised Premises, be subject to and under the control and direction of the Superintendent of said Building (but not as agent or servant of said Superintendent or of the Landlord).

The Landlord may retain a passkey to the Premises and be allowed admittance thereto at all times to enable its representatives to examine said Premises from time to time.

RULE 7. The Landlord and its agents shall have the right to enter the demised Premises at all reasonable hours for the purpose of examining or exhibiting the same, subject to the terms and provisions of the Lease.

RULE 8. Subject to the terms and provisions of the Lease, the Landlord, and its agents, shall have the right to enter the Premises at all reasonable hours for the purpose of making any repairs, alterations, or additions which it or they shall deem necessary for the safety, preservation, or improvement of said Premises of said Building, and the Landlord shall be allowed to take all material into and upon said Premises that may be required to make such repairs, improvements and additions, or any alterations for the benefit of the Tenant without in any way being deemed or held guilty or an eviction of the Tenant; and the rent reserved shall in no way abate while said repairs, alterations, or additions are being made; and the Tenant shall not be entitled to maintain a set-off or counter-claim for damages against the Landlord by reason of loss or interruption to the business of the Tenant because of the prosecution of any such work. All such repairs, decorations, alterations, additions, and improvements shall be done during ordinary business hours.

RULE 9. If the Tenant desires telegraphic or telephonic connections, or the installation of any other electrical wiring, the Landlord will, upon receiving a written request from the Tenant, direct the electricians as to where and how the wires are to be introduced and run, and without such directions no boring, cutting or installations of wires will be permitted.

RULE 10. The Tenant shall not allow anything to be placed against or near the glass in the partitions, between the Premises leased and the halls or corridors of the Building, which shall diminish the light in, or prove unsightly from the halls or corridors.

RULE 11. No electric current, intended for light or power purposes, shall be used by the Tenants, excepting that approved by the Landlord: not shall electric or other wires be brought into the Premises, except upon the written consent and approval of the Landlord.

RULE 12. The Tenant shall not allow anything to be placed on the outside window ledges of the Premises, nor shall anything be thrown by the Tenant, or his employees, out of the windows of the Building: nor shall they undertake to regulate the thermostats, if any, which control the heat or air conditioning.

RULE 13. The water and wash closets and other plumbing fixtures shall not be used for any purposes other than those for which they were constructed, and no sweepings, rubbish, rags, or other substances shall be thrown therein. All damages resulting from any misuse of the fixtures shall be borne by the Tenant who, or whose servants, employees, agents, visitors or licenses, shall have caused the same.

RULE 14. The Tenant, his agents or employees shall bring no bicycle or other vehicle, and no animal (other than a seeing eye dog) into the office, halls, corridors, elevators or other parts of said Building.

RULE 15. No person shall disturb the occupants of this or any adjoining building or premises by the use of any musical instruments, unseemly noises, whistling, and singing or in any other way.

RULE 16. The Premises leased shall not be used for lodging or sleeping, nor for any immoral or illegal purposes or for any purpose that will damage the Premises.

RULE 17. The entrances, corridors, passages, stairways and elevators shall be under the exclusive control of the Landlord and shall not be obstructed, or used by the Tenant for any other purpose than ingress and egress to and from the Premises.

RULE 18. Canvassing, soliciting and peddling in the Building are prohibited and each Tenant shall cooperate to prevent the same.

RULE 19. All office or other equipment of any electrical or mechanical nature shall be placed by Tenant in demised Premises in approved settings to absorb or prevent any vibration, noise or annoyance.

RULE 20. No water cooler, air conditioning unit or system or other apparatus shall be installed or used by any Tenant without the written consent of Landlord.

RULE 21. There shall not be used in any space, or in the public halls of said Building, either by any Tenant or by jobbers or others, in the delivery or receipt of merchandise, any hand trucks, except those equipped with rubber tires and side guards.

RULE 22. Landlord will not be responsible for any lost or stolen personal property or equipment from the Premises or public areas, regardless of whether such loss occurs when the area is locked against entry or not.

RULE 23. All tenants will refer all contractors' representatives and installation technicians who are to perform any work within the Building to Landlord for Landlord's supervision, approval and control before the performance of any such work. This provision shall apply to all work performed in the Building including, but not limited to, installations of telephones, computer equipment, electrical devices and attachments, and any and all installations of every nature affecting floors, walls, woodwork, trim, windows, ceilings, equipment and any other physical portion of the Building. Tenant shall not mark, paint, drill into, or in any way deface any part of the Building or the Premises, except with the prior written consent of the Landlord, and as the Landlord may direct.

RULE 24. All Christmas and other decorations must be constructed of flame retardant materials. Live Christmas trees are not permitted in the Premises.

RULE 25. After hours air conditioning/heating (5:30 p.m. to 7:30 a.m. Monday through Friday; 12:30 p.m. to 12:00 midnight Saturday; and 24 hours a day Sunday and Holidays) must be requested in writing by noon of a regular work day prior to the day for which additional air conditioning is requested. Tenant shall be charged the prevailing hourly rate.

RULE 26. The following dates shall constitute "**Holidays**" as said term is used in this Lease Agreement: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the Friday following Thanksgiving Day and Christmas and any other holiday recognized and taken by tenants cumulatively occupying at least one-half of the Net Rentable Area of office space of the Building.

RULE 27. Prior to the commencement of any construction in the Premises, Tenant shall deliver evidence of its contractor's and subcontractor's insurance, such insurance being with such companies, for such periods and in such amounts as Landlord may reasonably require, naming the Landlord Parties as additional insured's.

RULE 28. Any additional services as are routinely provided to tenants, not required by the Lease Agreement to be performed by Landlord, which Tenant requests Landlord to perform, and which are performed by Landlord, shall be billed to Tenant at Landlord's cost plus fifteen percent (15%).

RULE 29. Tenant shall give immediate notice to the Building Manager in case of accidents in the Premises or in the Building or of defects therein or in any fixtures or equipment, or of any known emergency in the Building.

RULE 30. Tenant shall place or have placed solid pads under all rolling chairs such as may be used at desks or tables. Any damages caused to carpet by not having same shall be repaired or replaced at the expense of Tenant.

RULE 32. Landlord will provide two (2) cardkey(s) to Tenant. All others will be furnished to Tenant at a cost of Twenty-Five and 00/100 Dollars ($25.00) per card. Any future increase in the cost of cardkeys will be passed on to Tenant for any additional cardkeys required.

RULE 33. Tenant, or its employees, agents, servants, visitors, invitees or licensees of Tenant, shall not smoke or permit to be smoked cigarettes, cigars or pipes within the Premises or Building. Smoking shall be confined to area(s) designated by Landlord. Landlord shall have no obligation to Tenant for failure of another tenant, its employees, agents, servants, visitors, invitees or licensees to comply with this paragraph.

Attachment B-1
Executive Summary

EXECUTIVE SUMMARY
The Home Option by Harden Health Care

1. **Services/Need:** The applicant is The Home Option by Harden Health Care ("Harden"). Gentiva Health Services, Inc. ("Gentiva") owns both the applicant and a sister agency, Gentiva Certified Healthcare Corp (GCHC). Gentiva is a leading provider of home health services, hospice services, and community care services serving patients through approximately 550 locations in 40 states. Gentiva delivers innovative, high quality care to patients across the United States. Harden delivers home health services primarily to persons eligible for benefits as provided under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) and the Radiation Exposure Compensation Act (RECA). The Department of Labor's Office of Workers' Compensation Programs is responsible for adjudicating and administering claims filed by employees or former employees or certain qualified survivors. Gentiva proposes to reorganize the services provided by these two agencies so that Harden will focus on the Department of Labor programs through the EEOICPA and RECA and GCHC will focus on the traditional home health services reimbursed through the Medicare and Medicaid programs. Gentiva feels that this reorganization will allow it to better meet its patient needs and provide the services in a more efficient manner because it will allow Harden to provide complete, focused services to the existing patient population in need of these services.

2. **Ownership Structure:** Harden is a for-profit entity that is owned by Gentiva.

3. **Project Cost:** The total project costs are approximately $38,000, including the filing fee of $3,000.

4. **Renovation and Expansion:** There is no renovation or expansion as a result of this proposal.

5. **Funding:** Any minimal expenses will be paid as the project progresses and are expected to be paid prior to the hearing.

6. **Service Area:** Harden is currently licensed in the counties of Anderson, Knox, Jefferson, Loudon, Sevier, and Union. If this project is approved, the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott will be added to its license, and its sister agency, GCHC, will remove them from its license.

7. **Staffing:** The applicant does not anticipate needing any additional staffing as a result of this project, as both agencies are currently enrolled and provide services to patients through the EEOICPA program.

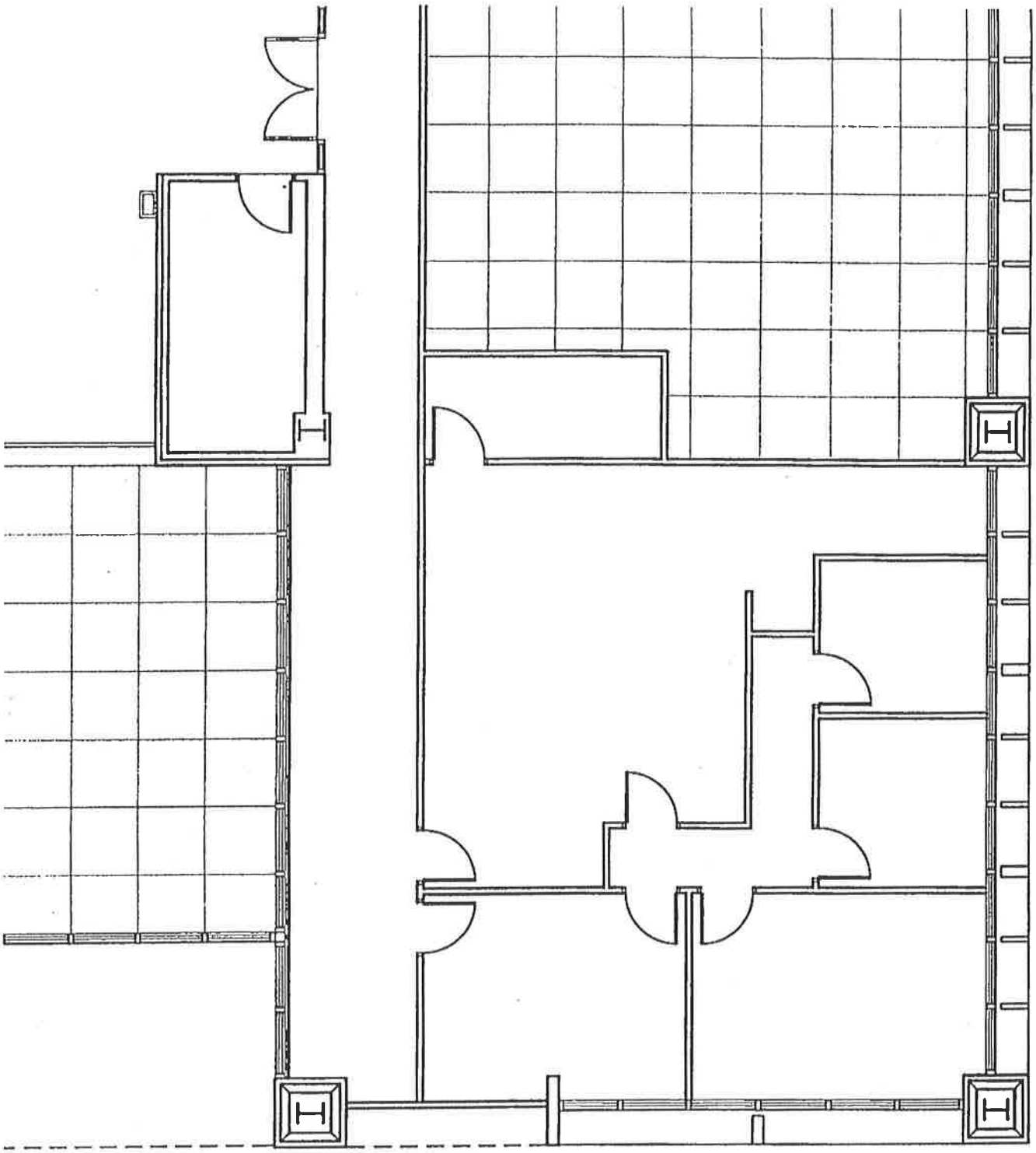
8. **Financial Feasibility:** The costs of the project are reasonable. The applicant expects to generate a positive net income in the first year of operation.

9. **Contribution to the Orderly Development of Health Care:** Gentiva acquired Harden in late 2013. There will be no effect on the existing health care providers because no new counties are being added and there is no duplication of services as a result of this proposal. It is simply a reorganization designed to enable Gentiva to focus its services

in a more deliberate manner through a reallocation of resources through its existing licensed agencies.

Attachment B.III(A)
Plot Plan

Attachment B-IV
Floor Plan



JACKSON PLAZA

800 OAK RIDGE TURNPIKE
OAK RIDGE, TN 37830

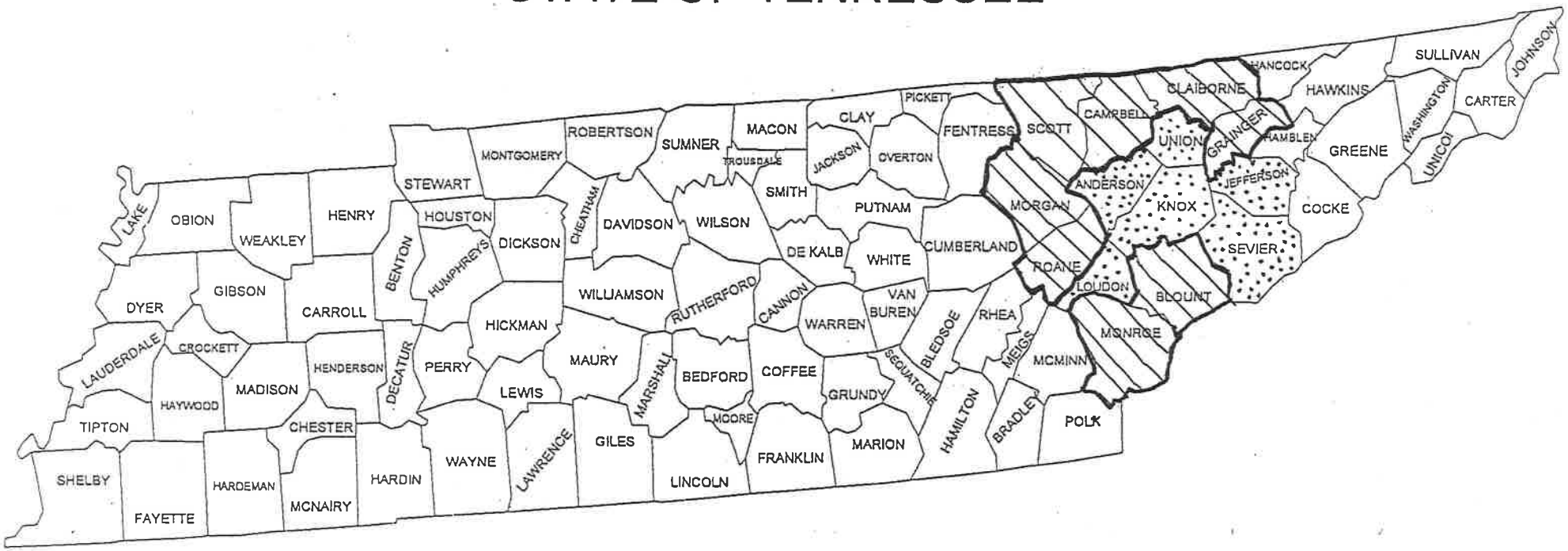
SUITE A-208

0 4' 8' 16'

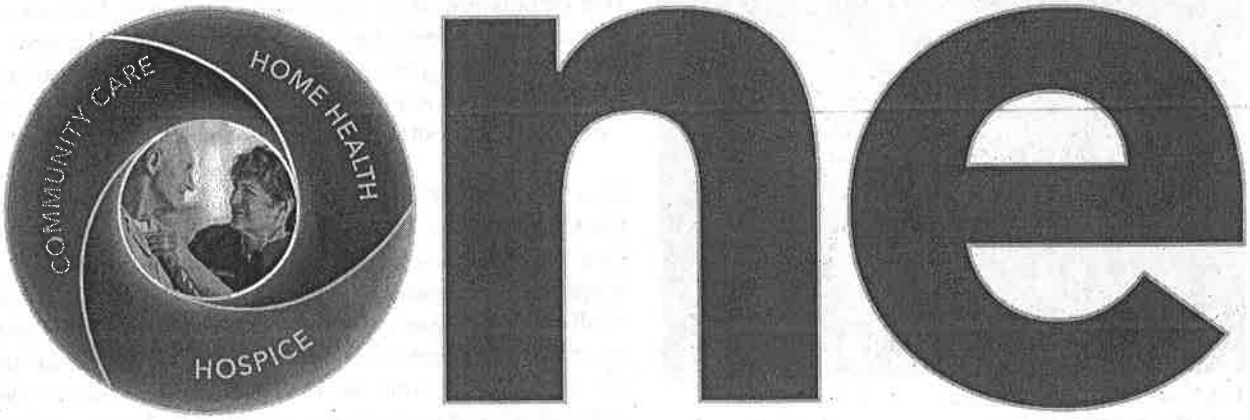
SCALE: 1/8" = 1'-0"

Attachment C-Need-3
Service Area Map

STATE OF TENNESSEE



Attachment C, Economic Feasibility-10
Gentiva Annual Report



ONE LIFE

ONE YOU

ONE GENTIVA

GENTIVA®

2013

Annual

Report

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2013
Commission File No. 1-15669

Gentiva Health Services, Inc.
(Exact name of registrant as specified in its charter)

DELAWARE	36-4335801
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

3350 Riverwood Parkway, Suite 1400, Atlanta, GA 30339-3314
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: (770) 951-6450

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Name of each exchange on which registered
Common Stock, par value $.10 per share	The NASDAQ Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate website, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☒ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K(§229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in PART III of this Form 10-K or any amendment to this Form 10-K. ☒

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer or a smaller reporting company (as defined in Exchange Act Rule 12b-2).

Large accelerated filer ☐ Accelerated filer ☒ Non-accelerated filer ☐ Smaller reporting company ☐

Indicate by check mark whether the registrant is a shell company (as defined in Exchange Act Rule 12b-2). Yes ☐ No ☒

The aggregate market value of the registrant's common stock held by non-affiliates of the registrant as of June 28, 2013, the last business day of registrant's most recently completed second fiscal quarter, was $293,970,426 based on the closing price of the common stock on The Nasdaq Global Select Market on such date.

The number of shares outstanding of the registrant's common stock, as of March 7, 2014, was 36,766,018.

DOCUMENTS INCORPORATED BY REFERENCE

Certain information to be included in the registrant's definitive Proxy Statement, to be filed not later than 120 days after the end of the fiscal year covered by this Report, for the registrant's 2014 Annual Meeting of Shareholders is incorporated by reference into PART III.

Introduction

Gentiva Health Services, Inc. ("Gentiva" or the "Company") is a leading provider of home health services, hospice services and community care services serving patients through approximately 550 locations in 40 states. The Company provides a single source for skilled nursing; physical, occupational, speech and neurorehabilitation services; hospice services; social work; nutrition; disease management education; help with daily living activities; and other therapies and services. Gentiva's revenues are generated primarily from federal and state government programs and, to a lesser extent, commercial insurance and individual consumers.

The Company's operations involve servicing its patients and customers through (i) its Home Health segment, (ii) its Hospice segment and (iii) its Community Care segment. Discontinued operations represent services provided to patients through the Company's Rehab Without Walls® business and the Company's homemaker services business in Illinois ("IDOA").

Effective October 18, 2013, the Company completed the acquisition of certain net assets relating to the home health, hospice and community care businesses of Harden Healthcare Holdings, Inc. ("Harden") pursuant to an Agreement and Plan of Merger dated as of September 18, 2013. Total consideration for the acquisition was $426.8 million, exclusive of transaction costs, consisting of approximately $365.0 million in cash, $53.8 million in shares of Gentiva's common stock and additional contingent consideration of $9.5 million, recorded at estimated fair value of approximately $8.1 million. See Note 4 to the Company's consolidated financial statements for further information.

In connection with the acquisition, the Company entered into a new Senior Secured Credit Agreement providing for (i) a six-year $670 million Term Loan B facility, (ii) a five-year $155 million Term Loan C facility and (iii) a five-year $100 million revolving credit facility, which replaced the Company's existing credit agreement. The Company's existing credit agreement was terminated upon consummation of the Harden transaction. The Company utilized a combination of cash on hand and proceeds from the new senior secured term loan facility and a portion of the new revolving credit facility to fund the acquisition consideration, repay all amounts outstanding under Harden's then existing credit facility, which was then terminated, and repay all amounts outstanding under the Company's then existing credit facility, which was then terminated. See Note 12 to the Company's consolidated financial statements for further information.

During 2013, the Company undertook a corporate restructuring initiative, referred to as "One Gentiva", to better align its home health, hospice and community care businesses under a common regional management structure. In addition, the Company undertook a branch rationalization initiative to review under performing branches. As a result of this review, the Company has closed or consolidated 77 branches through early 2014.

In addition, during 2013 the Company completed three other acquisitions for total cash consideration of $6.1 million. These transactions were done primarily to extend the Company's geographic coverage areas for home health and hospice services.

A summary of the transactions for 2013, 2012 and 2011 and the consideration paid are as follows (in millions):

Acquisitions:	Geographic Service Area	Date	Consideration
Harden Healthcare Holdings, Inc	Nationwide	October 18, 2013	$ 426.8
Appalachian Regional Health Systems	North Carolina	September 30, 2013	2.7
Wake Forest Baptist Health Care at Home, LLC	North Carolina	August 23, 2013	2.4
Hope Hospice, Inc.	Indiana	April 30, 2013	1.0
Family Home Care Corporation	Washington and Idaho	August 31, 2012	12.3
North Mississippi Hospice	Mississippi	August 31, 2012	4.7
Advocate Hospice	Indiana	July 22, 2012	5.5
Odyssey HealthCare of Augusta, LLC	Georgia	April 29, 2011	0.3

In addition, during 2012 the Company sold various home health and hospice operations based in Louisiana and Phoenix and sold off its consulting business. A summary of the Company's operations which were sold during 2012 and 2011 are as

- Gentiva Orthopedics, which provides individualized home orthopedic rehabilitation services to patients recovering from joint replacement or other major orthopedic surgery;
- Gentiva Safe Strides®, which provides therapies for patients with balance issues who are prone to injury or immobility as a result of falling;
- Gentiva Cardiopulmonary, which helps patients and their physicians manage heart and lung health in a home-based environment;
- Gentiva Neurorehabilitation, which helps patients who have experienced a neurological injury or condition by removing the obstacles to healing in the patient's home; and
- Gentiva Senior Health, which addresses the needs of patients with age-related diseases and issues to effectively and safely stay in their homes.

In addition, through May 31, 2012, the Company provided consulting services to home health agencies, which included operational support, billing and collection activities, and on-site agency support and consulting. For 2011, the Company's Rehab Without Walls® and IDOA businesses are reflected as discontinued operations in accordance with applicable accounting guidance. See Note 4 for additional information.

Hospice

The Hospice segment serves terminally ill patients and their families through approximately 210 locations operating in 30 states. Together with Home Health, Hospice operations are organized into five geographic regions, each of which is led by a regional president and is staffed with clinical, operational, human resource, finance and sales teams. Each region includes branch locations through which our hospice agencies operate. Each agency is led by a director and is staffed with clinical and administrative support staff as well as clinical associates who deliver direct patient care.

Comprehensive management of the healthcare services and products needed by hospice patients and their families are provided through the use of an interdisciplinary team. Depending on a patient's needs, each hospice patient is assigned an interdisciplinary team comprised of a physician, nurse(s), home health aide(s), medical social worker(s), chaplain, dietary counselor and bereavement coordinator, as well as other care professionals. Hospice services are provided primarily in the patient's home or other residence, such as an assisted living residence or nursing home, or in a hospital. The Medicare hospice benefit is designed for patients expected to live six months or less. Hospice services for a patient can continue, however, for more than six months, so long as the patient remains eligible as reflected by a physician's certification.

The Hospice segment also delivers services through focused specialty programs that include:

- Memory Care Specialty Program, which provides an individualized disease management program addressing the physical needs specific to Alzheimer's and dementia patients and support mechanisms for their caregivers; and
- Cardiac Specialty Program, which helps patients and their physicians aggressively manage symptoms associated with heart disease, focusing on quality of life and pain control.

Community Care

The Community Care segment serves patients who have chronic or long-term disabilities who need help with routine personal care through approximately 30 locations in 5 states: Texas, Missouri, Oklahoma, North Carolina and Kansas. These services include help with personal needs, such as bathing and dressing, and household activities, such as laundry and shopping, all of which help enable the patient to remain at home. Community Care services are funded primarily through state Medicaid programs, which vary state to state.

Payers

A summary of the Company's net revenues by major payer classification follows:

	For the Year Ended						
	2013			2012		2011	
	Home Health	Hospice	Community Care	Home Health	Hospice	Home Health	Hospice
Medicare	81%	93%	—%	79%	93%	79%	93%
Medicaid and Local Government	5	4	98	5	4	5	4
Commercial Insurance and Other:							
Paid at episodic rates	6	—	—	9	—	8	—
Other	8	3	2	7	3	8	3
Total net revenues	100%	100%	100%	100%	100%	100%	100%

The Company expects that industry forces will impact it and its competitors. The Company's competitors will likely strive to improve their service offerings and price competitiveness in non-government reimbursed programs. The Company also expects its competitors to develop new strategic relationships with providers, referral sources and payers, which could result in increased competition. The introduction of new and enhanced services, acquisitions and industry consolidation and the development of strategic relationships by the Company's competitors could cause a decline in sales or loss of market acceptance of the Company's services or price competition, or make the Company's services less attractive.

Hospice. The hospice care industry is very competitive and fragmented. The Company competes with not-for-profit and charity-funded hospice programs that may have strong ties to their local medical communities and with for-profit programs that may have significantly greater financial and marketing resources than the Company. The Company also competes with a number of hospitals, nursing homes, long-term care facilities, home health agencies and other healthcare providers that offer hospice care or "hospice-like" care to patients who are terminally ill. Based on available information, the Company believes that its hospice operations held approximately a 5 percent Medicare hospice reimbursement market share in 2012.

Community Care. The community care services industry in which the Company operates is highly competitive, fragmented and market specific. Each local market has its own competitive blue print and there is no one competitor with significant market share in all of the markets in which the Company operates. The Company competes with home health providers, privately and publicly held homecare organizations, community-based organizations, managed care organizations, hospital-based agencies and not-for-profit organizations. There is continual competition from new entrants into the Company's markets.

Source and Availability of Personnel

To maximize the cost effectiveness and productivity of clinical associates, the Company utilizes customized processes and procedures that have been developed and refined over the years. Personalized matching to recruit and select applicants who fit the patients' individual needs is achieved through initial applicant profiles, personal interviews, skill evaluations and background and reference checks. The Company utilizes its proprietary CaseMatch® software scheduling program, which gives local Company offices the ability to identify those clinical associates who can be assigned to patient cases.

Clinical associates are recruited through a variety of sources, including advertising in local and national media, job fairs, solicitations on websites, direct mail and telephone solicitations, as well as referrals obtained directly from clients and other caregivers. Clinical associates are paid on a per visit, per hour or per diem basis, or are employed on a full-time salaried basis. The Company, along with its competitors, is currently experiencing a shortage of licensed professionals, which could have a material adverse effect on the Company's business.

participating in these programs and can subject the Company to substantial civil and/or criminal penalties. The Company believes that it is currently in compliance with these regulations and standards.

Home Health

The Centers for Medicare & Medicaid Services ("CMS") has implemented various payment updates to the base rates for Medicare home health including (i) annual market basket updates, (ii) beginning in 2008, annual reductions in rates to reduce aggregate case mix increases that CMS believes are unrelated to patients' health status ("case mix creep adjustment"), (iii) adjustments to rates associated with changes to the home health outlier policy, (iv) wage index and other changes and (v) adjustments for defined rural areas of the country. During 2013 and 2012, approximately 24 percent of the Company's episodic revenue was generated in designated rural areas.

On November 22, 2013, CMS issued the final rule for 2014 home health prospective payment system rates, which included (i) a market basket increase of 2.3 percent, (ii) rebasing of Medicare reimbursement rates, with annual reductions of 3.5 percent for each of the next four years beginning January 2014, (iii) changes in the Wage Index with no overall impact and (iv) rebasing all case mix weights to 1.0 from an average case mix weight of 1.3464 in 2012, as provided for under the Affordable Care Act. CMS has provided that the case mix weight rebasing is offset by increasing the base episodic rate by a similar amount which will increase the base episodic rate for 2014 to $2,869 from the 2013 rate of $2,138. The rule also provided for changes in low utilization payments amounts ("LUPAs") and the removal of 170 diagnosis codes, among other changes. CMS predicts that, on average, home health agencies will experience an approximate 1.05 percent reduction in reimbursement for 2014.

On November 2, 2012, CMS issued a final rule to update and revise Medicare home health payments for calendar year 2013. This is comprised of a net market basket update of 1.30 percent, which includes the 1 percent reduction mandated by the Affordable Care Act, offset by a case mix creep adjustment of 1.32 percent. The net effect of these changes decreases the base rate for an episode of service by 0.02 percent to $2,138, subject to further impact from wage index adjustments. In addition, on March 1, 2013, the automatic reductions in Federal spending, known as "sequestration", were put in place, which mandated an additional 2 percent reduction in Medicare home health payments, beginning April 1, 2013.

A summary of the components of the annual Medicare home health reimbursement base episodic rate adjustments, without giving effect to any impact of sequestration, follows:

Calendar Year	Net Market Basket Update	Case Mix Creep Adjustment	Outlier Payment Adjustment	Rural Add-on / Other	Net Reimbursement Change	Base Episodic Rate
2013	1.30%	(1.32)%	—	—	(0.02)%	$2,138
2012	1.40%	(3.79)%	—	—	(2.39)%	$2,139
2011	1.10%	(3.79)%	(2.50)%	0.30%	(4.89)%	$2,192
2010	2.00%	(2.75)%	2.50%	0.50%	2.25%	$2,313

Actual episodic rates will vary from the base episodic rates noted in the table above due to (i) the determination of case mix which reflects the clinical condition, functional abilities and service needs of each individual patient, (ii) wage indices applicable to the geographic region where the services are performed and (iii) the impact of the rural add-on provision.

As a condition for Medicare payment, the Affordable Care Act mandates that prior to certifying a patient's eligibility for the home health benefit, the certifying physician must document that the physician or an allowed non-physician practitioner, had a face-to-face encounter with the patient. The encounter must occur within 90 days prior to the start of care or 30 days after the start of care. The Affordable Care Act also requires that a hospice physician or nurse practitioner have a face-to-face encounter with hospice patients during the 30-day period prior to the 180th day recertification and each subsequent recertification, and that the certifying hospice physician attest that such a visit took place.

The Affordable Care Act also imposed additional therapy assessment requirements. A professional qualified therapist assessment must take place at least once every 30 days during a therapy patient's course of treatment. For those qualified patients needing 13 or more or 19 or more therapy visits, a qualified therapist must perform the therapy service required, re-assess the patient, and measure and document the effectiveness of the 13th visit and the 19th visit for all therapy disciplines caring for the patient.

Hospice

In July 2012, CMS released a final rule, effective for hospice services provided October 1, 2012 through September 30, 2013, that provided for a 0.9 percent increase for Medicare hospice rates, consisting of a 2.6 percent market basket increase,

- making it more difficult for us to make payments on the senior notes;
- increasing our vulnerability to adverse changes in general economic and industry conditions;
- restricting us from making strategic acquisitions or causing us to make non-strategic divestitures;
- limiting our ability to obtain additional financing for working capital, capital expenditures, debt service requirements, acquisitions and general corporate or other purposes; and
- placing us at a competitive disadvantage compared to our competitors who are less highly leveraged than Gentiva.

Our ability to satisfy our obligations and to reduce our total debt depends on future operating performance and on economic, financial, competitive and other factors, many of which are beyond our control. Our business may not generate sufficient cash flow, and future financings may not be able to provide sufficient proceeds to meet these obligations or to execute our business strategy successfully.

Our debt agreements contain restrictions that will limit our flexibility in operating our business.

Our Credit Agreement and the indenture governing the senior notes contain various covenants that limit our and our subsidiaries' ability to, among other things:

- incur additional indebtedness or issue certain preferred shares;
- pay dividends on, repurchase, or make distributions in respect of our capital stock or make other restricted payments;
- make certain investments;
- sell certain assets;
- create liens;
- consolidate, merge, sell or otherwise dispose of all or substantially all of our assets;
- enter into certain transactions with our affiliates; and
- designate our subsidiaries as unrestricted subsidiaries.

In addition, our Credit Agreement requires us to satisfy and maintain specified financial ratios and other financial condition tests. Our ability to meet those financial ratios and tests can be affected by events beyond our control, and we cannot assure you that we will meet those ratios and tests. A breach of any of these covenants or failure to maintain or satisfy a financial ratio or test could result in a default under one or more of these agreements. Upon the occurrence of an event of default under our Credit Agreement, the lenders could elect to declare all amounts outstanding thereunder to be immediately due and payable and terminate all commitments to extend further credit. If we were unable to repay those amounts, the lenders under our Credit Agreement could proceed against the collateral granted to them to secure that indebtedness. If the lenders under our Credit Agreement accelerate the repayment of borrowings, we cannot assure you that we will have sufficient assets to repay the amounts owed under our Credit Agreement as well as our unsecured indebtedness, including the senior notes.

Despite our high indebtedness, we and our subsidiaries may still be able to incur additional amounts of debt, which could increase the risks associated with our substantial indebtedness.

Under the terms of our Credit Agreement and the indenture governing the senior notes, we and our subsidiaries may be able to incur additional indebtedness in the future. In addition, as of December 31, 2013, we had a $100.0 million revolving credit facility (without taking into account approximately $52.0 million of letters of credit we have issued). These borrowings and any other secured indebtedness permitted under agreements governing our indebtedness would be effectively senior to our senior notes and their guarantees to the extent of the assets securing such indebtedness. If new debt is added to our and our subsidiaries' existing debt levels, the related risks that we now face would increase.

Risks Related to Our Business and Industry

We may not be able to achieve the benefits that we expect to realize as a result of acquisitions we may make. Failure to achieve such benefits could have an adverse effect on our financial condition and results of operations.

We may not be able to realize anticipated cost savings, revenue enhancements, or other synergies from acquisitions, either in the amount or within the time frame that we expect. In addition, the costs of achieving these benefits may be higher than, and the timing may differ from, what we expect. Our ability to realize anticipated cost savings, synergies, and revenue enhancements may be affected by a number of factors, including, but not limited to, the following:

- the use of more cash or other financial resources on integration and implementation activities than we expect;

- become Medicare and Medicaid certified in new markets;
- generate sufficient hospice admissions in new markets to operate profitably in these new markets; or
- compete effectively with existing programs in new markets.

It is likely that a number of acquisition opportunities may involve hospices operated by not-for-profit entities. In recent years, several states have increased review and oversight of transactions involving the sale of healthcare facilities and businesses by not-for-profit entities. Although the level of review varies from state to state, the current trend is to provide for increased governmental review, and in some cases approval, of transactions in which a not-for-profit entity sells a healthcare facility or business. This increased scrutiny may increase the difficulty in completing, or prevent the completion of, acquisitions in some states in the future.

If we are unable to maintain relationships with existing patient referral sources or to establish new referral sources, our growth and profitability could be adversely affected.

Our success is heavily dependent on referrals from physicians, nursing homes, assisted living facilities, adult care centers, hospitals, managed care companies, insurance companies and other patient referral sources in the communities where our home health, hospice and community care locations serve, as well as on our ability to maintain good relations with these referral sources. Our referral sources are not contractually obligated to refer patients to us and may refer their patients to other home health, hospice or community care providers, or not at all. Our growth and profitability depend significantly on our ability to provide good patient and family care, to establish and maintain close working relationships with these patient referral sources and to increase awareness and acceptance of home health, hospice and community care by our referral sources and their patients. We cannot assure you that we will be able to maintain our existing referral source relationships or that we will be able to develop and maintain new relationships in existing or new markets. Our loss of existing relationships or our failure to develop new relationships could adversely affect our ability to expand our operations and operate profitably. Moreover, we cannot assure you that awareness or acceptance of home health, hospice and community care will increase.

Competition among home healthcare, hospice and community care services companies is intense.

The home health, hospice and community care services industry is highly competitive. We compete with a variety of other companies in providing home health, hospice and community care services, some of which may have greater financial and other resources and may be more established in their respective communities. Competing companies may offer newer or different services from those offered by us and may thereby attract customers who are presently receiving our home health or hospice services.

In many areas in which our home health, hospice and community care programs are located, we compete with a large number of organizations, including:

- community-based home health and hospice providers;
- national and regional companies;
- hospital-based home health agencies, hospice and palliative care programs; and
- nursing homes.

Some of our current and potential competitors have or may obtain significantly greater marketing and financial resources than we have or may obtain. Relatively few barriers to entry exist in our local markets. Accordingly, other companies, including hospitals and other healthcare organizations that are not currently providing services, may expand their services to include home health services, hospice care, community care services or similar services. We may encounter increased competition in the future that could negatively impact patient referrals to us, limit our ability to maintain or increase our market position and adversely affect our profitability.

Many states have certificate of need laws or other regulatory provisions that may adversely impact our ability to expand into new markets and thereby limit our ability to grow and to increase our net patient service revenue.

Many states have enacted certificate of need laws that require prior state approval to open new healthcare facilities or expand services at existing facilities. Those laws require some form of state agency review or approval before a hospice may add new services or undertake significant capital expenditures. New York has additional barriers to entry. New York places restrictions on the corporate ownership of hospices. Accordingly, our ability to operate in New York is restricted. These laws could adversely affect our ability to expand into new markets and to expand our services and facilities in existing markets.

and our competitors have been forced to offer more attractive wage and benefit packages to these professionals. Furthermore, the competitive arena for this shrinking labor market has created turnover as many seek to take advantage of the supply of available positions, each offering new and more attractive wage and benefit packages. In addition to the wage pressures inherent in this environment, the cost of training new employees amid the turnover rates may cause added pressure on our operating margins.

An economic downturn, state budget pressures, sustained unemployment and continued deficit spending by the federal government may result in a reduction in reimbursement and covered services.

An economic downturn can have a detrimental effect on our revenues. Historically, state budget pressures have translated into reductions in state spending. Given that Medicaid outlays are a significant component of state budgets, we can expect continuing cost containment pressures on Medicaid outlays for our services in the states in which we operate. In addition, an economic downturn, coupled with sustained unemployment, may also impact the number of enrollees in managed care programs as well as the profitability of managed care companies, which could result in reduced reimbursement rates.

The existing federal deficit, as well as deficit spending by the government as the result of adverse developments in the economy or other reasons, can lead to continuing pressure to reduce government expenditures for other purposes, including government-funded programs in which we participate, such as Medicare and Medicaid. Such actions in turn may adversely affect our results of operations.

A prolonged disruption of the capital and credit markets may adversely affect our future access to capital and our cost of capital.

Volatility and disruption of the capital and credit markets in the United States can adversely affect access to capital and increase the cost of capital. We have used the capital and credit markets for liquidity and to execute our business strategies, which include increasing our revenue base through a combination of internal growth and strategic ventures, including acquisitions. We believe that we have adequate capital and liquidity to conduct any foreseeable initiatives that may develop over the near term; however, should current economic and market conditions deteriorate, our future cost of debt or equity capital and future access to capital markets may be adversely affected.

If an impairment of goodwill or intangible assets were to occur, our earnings would be negatively impacted.

Goodwill and intangible assets represent a significant portion of our assets as a result of acquisitions. Goodwill and intangible assets, net amounted to $390.1 million and $256.3 million, respectively, at December 31, 2013. We have assigned to our reporting units the appropriate amounts of goodwill and intangible assets based upon allocations of the purchase prices of individual acquisition transactions. As described in the notes to our financial statements, these assigned values are reviewed on an annual basis or at the time events or circumstances indicate that the carrying amount of an asset may not be recoverable.

To determine the fair value of our reporting units, we use a present value (discounted cash flow) technique corroborated by market multiples when available, a reconciliation to market capitalization or other valuation methodologies and reasonableness tests, as appropriate. Determining the fair value of a reporting unit is judgmental in nature and requires the use of significant estimates and assumptions, including revenue growth rates, operating margins, discount rates and future market conditions, among others. The future occurrence of a potential indicator of impairment, such as, but not limited to, a significant adverse change in legal factors or business climate, reductions of projected patient census, an adverse action or assessment by a regulator, as well as other unforeseen factors, would require an interim assessment for some or all of the reporting units.

Should business conditions or other factors deteriorate and negatively impact the estimated realizable value of future cash flows of our business segments, we could be required to further write off a substantial portion of our assets. Depending upon the magnitude of the write-off, our results of operations could be negatively affected.

If we must write off a significant amount of long-lived assets, our earnings will be negatively impacted.

We have long-lived assets consisting of fixed assets, which include software development costs related to various information technology systems. The net carrying value of fixed assets amounted to $49.4 million at December 31, 2013, which included deferred software development costs of $1.5 million primarily related to enhancements of the Company's human resources, time-keeping and management information systems. We review these amounts at the time events or circumstances indicate that the carrying amount of an asset may not be recoverable. If a future determination that a significant impairment in value of our long-lived assets has occurred, such determination could require us to write off a substantial portion of our assets. Depending upon the magnitude of the write-off, our financial results could be negatively affected.

Risks Related to Healthcare Regulation

Federal or state healthcare reform laws could adversely affect our operating results and financial condition.

In March 2010, President Obama signed into law the Health Care Reform Act. This culmination of a year-long legislative process will have a significant impact on the health care delivery system. Much of that impact, specifically as related to home health services and hospice services, continues to evolve.

The Health Care Reform Act, among other things, sets out a plan for a type of universal healthcare coverage. A number of states are also initiating significant reform of their health insurance markets. The Health Care Reform Act, along with possible changes at the state level, will affect both public programs and privately-financed health insurance arrangements. Both the federal law and the state proposals will increase the number of insured persons by expanding the eligibility levels for public programs and compelling individuals and employers to purchase health coverage. At the same time, these laws seek to reform the underwriting and marketing practices of health plans. These laws could further increase pricing pressure on existing commercial payers. As a result, commercial payers may likely seek to lower their rates of reimbursement for the services we provide.

The Health Care Reform Act mandates changes to home health and hospice benefits under Medicare. For home health, the Health Care Reform Act mandates creation of a value-based purchasing program, development of quality measures, a decrease in home health reimbursement beginning with federal year 2014 that will be phased-in over a four-year period, and a reduction in the outlier cap. In addition, the Health Care Reform Act requires the Secretary of Health and Human Services to test different models for delivery of care, some of which would involve home health services. It also requires the Secretary to establish a national pilot program for integrated care for patients with certain conditions, bundling payment for acute hospital care, physician services, outpatient hospital services (including emergency department services), and post-acute care services, which would include home health. The Health Care Reform Act further directs the Secretary to rebase payments for home health, which will result in a decrease in home health reimbursement beginning in 2014 that will be phased-in over a four-year period. The Secretary is also required to conduct a study to evaluate cost and quality of care among efficient home health agencies regarding access to care and treating Medicare beneficiaries with varying severity levels of illness and provide a report to Congress. Beginning October 1, 2012, the annual market basket rate increase for hospice providers was reduced by a formula that caused payment rates to be lower than in the prior year.

Given continued evolution of the Health Care Reform Act, and taking into account proposed state reforms, we cannot predict how our business will be affected by the full implementation of these and future actions. The Health Care Reform Act, in connection with state initiatives, may increase our costs, decrease our revenues, expose us to expanded liability or require us to revise the ways in which we conduct our business, any of which could adversely affect our operating results and financial condition.

Furthermore, under the Health Care Reform Act, beginning in 2015, if we provide medical benefits, we will be required to provide a minimum level of coverage for all full-time employees. If we do not provide such coverage, we will be subject to penalties. Currently, we do not offer medical coverage to all of our full-time employees, many of whom work in community care. The impact of penalties for not providing coverage or the additional costs of providing coverage may have a significant effect on our profitability, particularly in community care.

Legislative and regulatory actions resulting in changes in reimbursement rates or methods of payment from Medicare and Medicaid, or implementation of other measures to reduce reimbursement for our services, may have a material adverse effect on our revenues and operating margins. Reimbursement to us for our hospice services is subject to Medicare cap amounts, which are calculated by Medicare.

In 2013, 91 percent of Gentiva's total net revenues were generated from Medicare, Medicaid and local government programs. The healthcare industry is experiencing a trend toward cost containment, as the government seeks to stabilize or reduce reimbursement and utilization rates.

In addition, the timing of payments made under these programs is subject to regulatory action and governmental budgetary constraints. For certain Medicaid programs, the time period between submission of claims and payment has increased. Further, within the statutory framework of the Medicare and Medicaid programs, there are a substantial number of areas subject to administrative rulings and interpretations that may further affect payments made under those programs. Additionally, the federal and state governments may in the future reduce the funds available under those programs or require more stringent utilization and quality reviews of providers. These pressures may be increased as a result of the Health Care Reform Act. Moreover, we cannot assure you that adjustments from regulatory actions or Medicare or Medicaid audits, including the payment of fines or penalties to the federal or state governments, will not have a material adverse effect on our liquidity or profitability.

Government studies conducted in the last several years have suggested that the reimbursement levels for hospice patients living in nursing homes may be excessive. In particular, the federal government has expressed concern that hospice programs may provide fewer services to patients residing in nursing homes than to patients living in other settings due to the presence of the nursing home's own staff to address problems that might otherwise be handled by hospice personnel. Because hospice programs are paid a fixed per diem amount, regardless of the volume or duration of services provided, the government is concerned that hospice programs may be increasing their profitability by shifting the cost of certain patient care services to nursing homes.

The reduction or elimination of Medicare payments for hospice patients residing in nursing homes would significantly reduce our net patient service revenue and profitability. In addition, changes in the way nursing homes are reimbursed for "room and board" services provided to hospice patients residing in nursing homes could affect our ability to obtain referrals from nursing homes. A reduction in referrals from nursing homes would adversely affect our net patient service revenue and profitability.

We conduct business in a heavily regulated industry, and changes in regulations and violations of regulations may result in increased costs or sanctions.

Our business is subject to extensive federal, state and, in some cases, local regulation. Compliance with these regulatory requirements, as interpreted and amended from time to time, can increase operating costs or reduce revenue and thereby adversely affect the financial viability of our business. Because these laws are amended from time to time and are subject to interpretation, we cannot predict when and to what extent liability may arise. Failure to comply with current or future regulatory requirements could also result in the imposition of various remedies, including fines, the revocation of licenses or decertification. Unanticipated increases in operating costs or reductions in revenue could adversely affect our liquidity.

If we fail to comply with the terms of our Corporate Integrity Agreement, it could subject us to substantial monetary penalties or suspension or termination from participation in the Medicare and Medicaid programs.

We entered into a five-year Corporate Integrity Agreement ("CIA") with the Office of Inspector General of the United States Department of Health and Human Services ("OIG"), which became effective on February 15, 2012, concurrent with the execution of a settlement agreement with the United States, acting through the United States Department of Justice and on behalf of the OIG. The CIA imposes certain auditing, self-reporting and training requirements with which we must comply. If we fail to comply with the terms of our CIA, it could subject us to substantial monetary penalties and/or suspension or termination from participation in the Medicare and Medicaid programs. The imposition of monetary penalties would adversely affect our profitability. For example, in connection with the auditing imposed by the CIA, we have recognized negative adjustments to our revenues due to repayments. A suspension or termination of participation in the Medicare and Medicaid programs would have a material adverse affect on our profitability and financial condition.

If any of our home health or hospice programs fail to comply with the Medicare conditions of participation, that program could be terminated from the Medicare program, thereby adversely affecting our net patient service revenue and profitability.

Each of our home health or hospice programs must comply with the extensive conditions of participation of the Medicare benefit. If any of our home health or hospice programs fails to meet any of the Medicare conditions of participation, that program may receive a notice of deficiency from the applicable state surveyor. If that home health or hospice program then fails to institute a plan of correction and correct the deficiency within the correction period provided by the state surveyor, that program could be terminated from receiving Medicare payments. For example, under the Medicare hospice program, each of our hospice programs must demonstrate that volunteers provide administrative and direct patient care services in an amount equal to at least 5 percent of the total patient care hours provided by its employees and contract staff at the hospice program. If we are unable to attract a sufficient number of volunteers at one of our hospice programs to meet this requirement, that program could be terminated from the Medicare benefit if the program fails to address the deficiency within the applicable correction period. Any termination of one or more of our home health or hospice programs from the Medicare program for failure to satisfy the conditions of participation could adversely affect our patient service revenue and profitability and financial condition. We believe that we are in compliance with the conditions of participation; however, we cannot predict how surveyors will interpret all aspects of the Medicare conditions of participation.

We are subject to certain ongoing investigations, and we are subject to periodic audits and requests for information by the Medicare and Medicaid programs or government agencies, which have various rights and remedies against us if they assert that we have overcharged the programs or failed to comply with program requirements.

The operations of our home health business and hospice business are subject to federal and state laws prohibiting fraud by healthcare providers, including laws containing criminal provisions, which prohibit filing false claims or making false

privacy and enforcement. Although HIPAA was intended to ultimately reduce administrative expenses and burdens faced within the healthcare industry, we believe that implementation of this law has resulted in additional costs. Failure to comply with HIPAA could result in fines and penalties that could have a material adverse effect on us.

The Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), enacted as part of the American Recovery and Reinvestment Act of 2009, effective February 22, 2010, sets forth health information security breach notification requirements and increased penalties for violation of HIPAA. The HITECH Act requires patient notification for all breaches, media notification of breaches of over 500 patients and at least annual reporting of all breaches to the Secretary of HHS. Penalties under the HITECH Act range from $100 per violation and an annual maximum of $25,000 for the first tier of sanctions to a fourth-tier sanction minimum of $50,000 per violation and an annual maximum of $1.5 million for the identical violation. Failure to comply with HIPAA could result in fines and penalties that could have a material adverse effect on us.

Risks Related to Our Common Stock

The market price of our common stock may be volatile and experience substantial fluctuations, and an investor could lose all or part of his or her investment.

Our common stock is traded on The NASDAQ Global Select Market, and the market price for our common stock has been volatile. For example, during 2013, the market price for a share of our common stock ranged from a low of $8.47 to a high of $13.85, and during 2012 the market price for a share of our common stock ranged from a low of $5.13 to a high of $12.85. The market price of our common stock may continue to fluctuate substantially based on a number of factors, including, but not limited to:

- our operating and financial performance;
- changes, or proposed changes, in government reimbursement rates and regulations;
- stock market conditions generally and specifically as they relate to the home health and hospice services industry;
- developments in litigation and government investigations;
- changes in financial estimates and recommendations by securities analysts who follow our stock;
- economic and political uncertainties in the marketplace generally; and
- future issuances of common stock or other securities.

We do not expect to pay dividends on our common stock in the foreseeable future, and investors will be able to receive cash in respect of their shares of our common stock only upon the sale of the shares.

Except for a special cash dividend paid in 2002, we have never paid any cash dividends on our common stock, and we have no intention in the foreseeable future to pay any cash dividends on our common stock. Future payments of dividends, if any, and the amount of the dividends will be determined by our Board of Directors from time to time based on our results of operations, financial condition, cash requirements, future prospects and other factors our Board of Directors deems relevant. Additionally, our Credit Agreement and the indenture governing our senior notes contain restrictions on our ability to declare and pay dividends. See "-Risks Related to Our Indebtedness-Our debt agreements contain restrictions that will limit our flexibility in operating our business." Therefore, an investor in our common stock would be able to obtain an economic benefit from purchasing our common stock only if the trading price of the shares increases after such purchase and the investor sells the shares at the increased price.

Provisions in our organizational documents, Delaware law and our debt agreements could delay or prevent a change in control of Gentiva, which could adversely affect the price of our common stock.

Provisions in our Amended and Restated Certificate of Incorporation and Amended and Restated By-Laws and anti-takeover provisions of the General Corporation Law of the State of Delaware could discourage, delay or prevent an unsolicited change in control in Gentiva, which could adversely affect the price of our common stock. These provisions may also have the effect of making it more difficult for third parties to replace our current management without the consent of the Board of Directors. Provisions in our Amended and Restated Certificate of Incorporation and Amended and Restated By-Laws that could delay or prevent an unsolicited change in control include:

- the ability of our Board of Directors to issue up to 25,000,000 shares of preferred stock and to determine the terms, rights and preferences of the preferred stock without stockholder approval; and
- the prohibition on the right of stockholders to call meetings or act by written consent and limitations on the right of stockholders to present proposals or make nominations at stockholder meetings.

On June 11, 2010, a collective and class action complaint entitled Catherine Wilkie, individually and on behalf of all others similarly situated v. Gentiva Health Services, Inc. was filed in the United States District Court for the Eastern District of California against the Company in which a former employee alleged wage and hour violations under the FLSA and California law. The complaint alleged that the Company paid some of its employees on both a per visit and hourly basis, thereby voiding their exempt status and entitling them to overtime pay. The complaint further alleged that California employees were subject to violations of state laws requiring meal and rest breaks, overtime pay, accurate wage statements and timely payment of wages. The plaintiff sought class certification, attorneys' fees, back wages, penalties and damages going back three years on the FLSA claim and four years on the state wage and hour claims. The Company denies the plaintiff's allegations but, following a March 2012 mediation, agreed to pay a total settlement amount of $5 million to settle the collective and class action claims. The federal district court granted final approval of the settlement on March 26, 2013, and funds were disbursed to the participating class members, 99 percent of whom timely negotiated their settlement checks. The unclaimed wages will escheat to the State of California, and any balance remaining will be distributed to a *cy pres* beneficiary at the conclusion of the escheat process. A status conference is scheduled for June 22, 2015, at which time the parties will present a final accounting of the settlement fund, and the court is expected to approve distribution of the residual to the *cy pres* beneficiary and dismiss the case.

On December 29, 2011, Odyssey HealthCare, Inc. was served with a complaint captioned United States of America and the State of Illinois ex rel. Laurie Geschrey and Laurie Janus v. Generations Healthcare, LLC, Odyssey HealthCare, Inc., Narayan Ponakala and Catherine Ponakala , which was filed on April 19, 2010 as a qui tam action in the United States District Court for the Northern District of Illinois, Eastern Division, Case No. 10 C 2413, under the provisions of the federal False Claims Act, the Illinois Whistleblower Reward and Protection Act and the Illinois Whistleblower Act. The plaintiffs, two former employees of Generations Healthcare, LLC, a hospice company whose assets were acquired by Odyssey on December 31, 2009, were the relators and alleged that defendants committed fraud against the United States and the State of Illinois by, among other things, recruiting and certifying patients as being eligible for hospice care when they were known not to be eligible and falsifying patients' medical records in support of the claims for reimbursement. Relators further alleged that Odyssey was aware of Generations Healthcare's alleged fraudulent business practices. Both the United States and the State of Illinois declined to intervene in the action, and the complaint was unsealed on December 1, 2011. Relators sought statutory damages, which are three times the amount of any actual damages suffered by the United States and the State of Illinois, the maximum statutory civil penalty due under the statutes plus all costs and attorneys fees. Additionally, relators sought back pay plus interest and other damages because of defendants' alleged retaliation against relators. Odyssey sought indemnification from Generations Healthcare and its owners, who were defendants in this action. The action has been settled and all parties have signed a confidential settlement agreement. A stipulation of dismissal was filed on February 11, 2014, dismissing the case in its entirety.

On July 10, 2013, the Company was served with a complaint captioned United States ex rel. Vicky White v. Gentiva Health Services, Inc., which had been filed on September 8, 2010 as a qui tam action in United States District Court for the Eastern District of Tennessee by a former employee, Vicky White, as relator. The United States had declined to intervene in this action on April 5, 2013. Relator seeks treble damages and civil penalties under the federal False Claims Act for alleged violations by the Company in presenting false claims for payment and receiving Medicare reimbursement for certain home health services it had provided and also seeks damages relating to her alleged retaliatory discharge by the Company. On September 6, 2013, the Company filed a motion to dismiss the action in its entirety, which remains pending. Given the preliminary stage of this action and the limited information that the Company has regarding this matter, the Company is unable to assess the probable outcome or potential liability, if any, arising from this action. The Company intends to defend itself vigorously in this lawsuit.

Federal Securities Class Action Litigation

Between November 2, 2010 and October 25, 2011, five shareholder class actions were filed against Gentiva and certain of its current and former officers and directors in the United States District Court for the Eastern District of New York. Each of these actions asserted claims under Sections 10(b) and 20(a) of the Securities Exchange Act of 1934 (the "1934 Act") in connection with the Company's participation in the Medicare Home Health Prospective Payment System ("HH PPS"). Following consolidation of the actions and the appointment of Los Angeles City Employees' Retirement System as lead plaintiff, on April 16, 2012, a consolidated shareholder class action complaint, captioned In re Gentiva Securities Litigation, Civil Action No. 10-CV-5064, was filed in the United States District Court for the Eastern District of New York. The complaint, which named Gentiva and certain current and former officers and directors as defendants, asserted claims under Sections 10(b) and 20(a) of the 1934 Act, as well as Sections 11 and 15 of the Securities Act of 1933 (the "1933 Act"), in connection with the Company's participation in the HH PPS. The complaint alleged, among other things, that the Company's public disclosures misrepresented and failed to disclose that the Company improperly increased the number of in-home therapy visits to patients for the purposes of triggering higher reimbursement rates under the HH PPS, which caused an artificial inflation in the price of Gentiva's common stock during the period between July 31, 2008 and October 4, 2011. On June 15, 2012, defendants filed a motion to dismiss the complaint. On March 25, 2013, the court granted defendants' motion to dismiss with leave to amend the

Government Matters

Investigations Involving Odyssey

On May 5, 2008, Odyssey HealthCare, Inc. ("Odyssey") received a letter from the U.S. Department of Justice ("DOJ") notifying Odyssey that the DOJ was conducting an investigation of VistaCare, Inc. ("VistaCare") and requesting that Odyssey provide certain information and documents related to the DOJ's investigation of claims submitted by VistaCare to Medicare, Medicaid and the U.S. government health insurance plan for active military members, their families and retirees, formerly the Civilian Health and Medical Program of the Uniformed Services ("TRICARE"), from January 1, 2003 through March 6, 2008, the date Odyssey completed the acquisition of VistaCare. Odyssey has been informed by the DOJ and the Medicaid Fraud Control Unit of the Texas Attorney General's Office that they are reviewing allegations that VistaCare may have billed the federal Medicare, Medicaid and TRICARE programs for hospice services that were not reasonably or medically necessary or performed as claimed. The basis of the investigation is a qui tam lawsuit filed in the United States District Court for the Northern District of Texas by a former employee of VistaCare. The lawsuit alleges, among other things, that VistaCare submitted false claims to Medicare and Medicaid for hospice services that were not medically necessary and for hospice services that were referred in violation of the anti-kickback statute. The court unsealed the lawsuit on October 5, 2009 and Odyssey was served on January 28, 2010. In connection with the unsealing of the complaint, the DOJ filed a notice with the court declining to intervene in the qui tam action at such time. The Texas Attorney General also filed a notice of non-intervention with the court. These actions should not be viewed as a final assessment by the DOJ or the Texas Attorney General of the merits of this qui tam action. Odyssey continues to cooperate with the DOJ and the Texas Attorney General in their investigation. The relator has continued to pursue the qui tam lawsuit. Odyssey and VistaCare filed motions to dismiss the relator's complaint on March 30, 2010 and April 2, 2012. The court issued orders on the motions to dismiss on March 9, 2011 and July 23, 2012. Consistent with the court's orders, relator's false claims act claims based on alleged medically unnecessary hospice services and for hospice services referred in violation of the anti-kickback statute are permitted to proceed to discovery. On or about September 6, 2013, relator filed her fourth amended complaint. This pleading only alleged wrongdoing against VistaCare from January 1, 2003 through December 31, 2012 and did not allege any wrongdoing against Odyssey or the Company and only asserted claims against them as purported successors in interest. On or about September 27, 2013, VistaCare answered the fourth amended complaint, and the Company and Odyssey moved to dismiss the allegations made against them. That motion is pending before the court, and discovery is continuing. The case has been set for trial on September 21, 2015. VistaCare, Odyssey, and the Company deny the allegations made in this qui tam action and will vigorously defend against them. Based on the information available at this time, the Company cannot predict the outcome of the qui tam lawsuit, the governments' continuing investigation, the DOJ's or Texas Attorney General's views of the issues being investigated, other than the DOJ's and Texas Attorney General's notice declining to intervene in the qui tam action, or any actions that the DOJ or Texas Attorney General may take.

On February 23, 2010, Odyssey received a subpoena from the Department of Health and Human Services, Office of Inspector General ("OIG"), requesting various documents and certain patient records of one of Odyssey's hospice programs relating to services performed from January 1, 2006 through December 31, 2009. Odyssey is cooperating with the OIG and has completed its subpoena production. Based on the limited information that Odyssey has at this time, the Company cannot predict the outcome of the investigation, the OIG's views of the issues being investigated or any actions that the OIG may take.

The Company does not believe that an estimate of a reasonably possible loss or range of loss can be made at this time with regard to the above investigations involving Odyssey. Based on the limited information that Odyssey has at this time regarding such investigations, the Company is unable to predict the impact, if any, that such investigations may have on Odyssey's and the Company's business, financial condition, results of operations, liquidity or capital resources.

Corporate Integrity Agreement

Odyssey HealthCare, Inc. ("Odyssey"), a wholly-owned subsidiary of the Company, entered into a five-year Corporate Integrity Agreement ("CIA") with the Office of Inspector General of the United States Department of Health and Human Services ("OIG"), which became effective on February 15, 2012, concurrent with the execution of a settlement agreement with the United States, acting through the United States Department of Justice and on behalf of the OIG, that resolved the investigation regarding Odyssey's provision of continuous care services prior to the Company's acquisition of Odyssey in August 2010. Although the covered conduct related to services prior to the Company's acquisition of Odyssey, the CIA, for operational and organizational consistency, relates to all of the Company's hospice operations.

Under the CIA, Odyssey must maintain its compliance officer and its compliance committee, which must be chaired by the compliance officer and meet at least quarterly. Odyssey must also provide general and special training for covered persons,

David A. Causby

Mr. Causby has served as executive vice president and chief operating officer of the Company since October 2013. He served as senior vice president and president, home health division, of the Company from May 2011 to October 2013 and as senior vice president of operations for the home health division from 2008 to May 2011. He previously held various other positions with the Company, including vice president of operations for the home health division and vice president of operations for the western region and the Carolinas region. He joined Healthfield in 2003 as assistant vice president for the Carolinas.

John N. Camperlengo

Mr. Camperlengo has served as general counsel and secretary of the Company since May 2010 and as senior vice president of the Company since May 2008. He served as chief compliance officer of the Company from May 2008 to March 2012 and deputy general counsel of the Company from May 2008 to May 2010. From November 2007 to May 2008, Mr. Camperlengo served as vice president and chief compliance officer of Duane Reade Holdings, Inc., a retail pharmacy chain. From 2005 to 2007, Mr. Camperlengo served as vice president and deputy general counsel and as chief compliance officer of the Company. He served as assistant vice president and associate general counsel of the Company from 2003 to 2005, having joined the Company as senior counsel in 2000.

Jeff Shaner

Mr. Shaner has served as senior vice president and president of operations of the Company since October 2013. He served as senior vice president and president, hospice division, of the Company from May 2011 to October 2013 and as senior vice president of operations for the hospice division from August 2010 to May 2011. From 2004 to 2010, Mr. Shaner held various operational positions with the Company, including vice president of operations for the home health division and vice president of operations for the southeast region. In 2002, he joined Total Care, Inc., which was subsequently acquired by Healthfield, as area vice president. Mr. Shaner also serves as president of the Gentiva Hospice Foundation.

Charlotte A. Weaver

Dr. Weaver has served as senior vice president and chief clinical officer of the Company since July 2008. From May 2007 to July 2008, Dr. Weaver served as vice president—executive director, nursing research of Cerner Corporation, an international supplier of healthcare software for electronic healthcare record and business operations. From 1999 to 2007, she served as vice president/chief nurse officer of Cerner Corporation.

PART II

Item 5. Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities

Market Information

The Company's common stock is quoted on The Nasdaq Global Select Market under the symbol "GTIV."

The following table sets forth the high and low sales prices for shares of the Company's common stock for each quarter during 2013 and 2012:

2013	High	Low
1st Quarter	$ 12.90	$ 9.20
2nd Quarter	11.90	9.09
3rd Quarter	13.85	8.47
4th Quarter	13.54	10.28

2012	High	Low
1st Quarter	$ 8.99	$ 6.25
2nd Quarter	9.04	5.13
3rd Quarter	12.85	6.05
4th Quarter	11.79	9.20

The graph and table above, based on data furnished by Research Data Group, Inc., assume that $100 was invested on December 28, 2008 in each of Gentiva's common stock, the NASDAQ Composite Index and the Peer Group and that all dividends (if any) were reinvested.

Item 6. Selected Financial Data

The following table provides selected historical consolidated financial data of the Company as of and for each of the years in the five-year period ended December 31, 2013. The data has been derived from the Company's audited consolidated financial statements. The historical financial information may not be indicative of the Company's future performance. Prior to 2010, the Company's fiscal year ended on the Sunday nearest to December 31st, which was January 3, 2010 for fiscal year 2009. As a result of this policy, fiscal year 2009 included 53 weeks of activity. In 2010, the Company adopted a change to a calendar year reporting period from its then current fiscal year reporting. As such, fiscal year 2010 ended on December 31, 2010 instead of January 2, 2011, the date designated under its prior fiscal year end reporting calendar. Due to the change to a calendar year reporting period in 2010 and the extra week in 2009, the Company's reporting periods included 365 days in fiscal year 2011, 362 days in fiscal year 2010 and 371 days in fiscal year 2009.

	For the Year				
(in thousands, except per share amounts)	2013	2012	2011	2010	2009
Statement of Operations Data					
Net revenues	$ 1,726,644 (1)	$ 1,712,804	$ 1,798,778	$ 1,414,459 (8)	$ 1,118,811
Gross profit	784,464 (1)	804,063	850,323	734,385 (8)	584,614
Selling, general and administrative expenses	(701,716) (1),(7)	(655,766) (7)	(730,407) (7)	(606,864) (7),(8)	(480,461) (7)
Goodwill, intangibles and other long-lived asset impairment	(610,436) (4)	(19,132) (4)	(643,305) (4)	—	—
(Loss) income from continuing operations attributable to Gentiva shareholders	(598,994) (5)	26,796 (2),(3)	(458,840)	55,290	67,331
Discontinued operations, net of tax (6)	—	—	8,315	(3,135)	(8,149)
Net (loss) income attributable to Gentiva shareholders	(598,994) (5)	26,796 (2),(3)	(450,525)	52,155	59,182 (9)
Basic earnings per share:					
(Loss) income from continuing operations attributable to Gentiva shareholders	$ (18.75)	$ 0.88	$ (15.13)	$ 1.86	$ 2.31
Discontinued operations, net of tax	—	—	0.28	(0.11)	(0.28)
Net (loss) income attributable to Gentiva shareholders	(18.75)	0.88	(14.85)	1.75	2.03
Weighted average shares outstanding—basic	31,954	30,509	30,336	29,724	29,103
Diluted earnings per share:					
(Loss) income from continuing operations attributable to Gentiva shareholders	$ (18.75)	$ 0.87	$ (15.13)	$ 1.81	$ 2.26
Discontinued operations, net of tax	—	—	0.28	(0.10)	(0.28)
Net (loss) income attributable to Gentiva shareholders	(18.75)	0.87	(14.85)	1.71	1.98
Weighted average shares outstanding—diluted	31,954	30,687	30,336	30,468	29,822
Balance Sheet Data (at end of year)					
Cash items and short-term investments	$ 86,957	$ 207,052	$ 164,912	$ 104,752	$ 152,410
Working capital	94,291	226,128	225,139	124,764	190,918
Total assets	1,262,617	1,510,934	1,530,328	2,120,128	1,060,603
Long-term debt and capital leases	1,124,432	910,182	973,261	1,026,760	232,466
Gentiva's shareholders' equity	(303,069)	233,162	199,938	635,574	571,163
Common shares outstanding	36,375	30,748	30,779	30,158	29,480

(1) Effective October 18, 2013, the Company completed the acquisition of Harden Healthcare Holdings, Inc., and its home health, hospice, and community care businesses. The Company also completed several other smaller acquisitions during 2013. See Note 4 to the Company's consolidated financial statements for additional information.

(2) For the year ended December 31, 2012, net income includes an $8.0 million pre-tax gain related to the (i) sale of the Phoenix area hospice operations, (ii) the sale of the Gentiva consulting business and (iii) the sale of eight home health branches and four hospice branches in Louisiana. See Note 4 to the Company's consolidated financial statements.

Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations

The following discussion and analysis provides information which management believes is relevant to an assessment and understanding of Gentiva's results of operations and financial position. This discussion and analysis should be read in conjunction with the Company's consolidated financial statements and related notes included elsewhere in this report.

Overview

Gentiva Health Services, Inc. ("Gentiva" or the "Company") is a leading provider of home health services, hospice services and community care services serving patients through approximately 550 locations in 40 states.

The Company provides a single source for skilled nursing; physical, occupational, speech and neurorehabilitation services; hospice services; social work; nutrition; disease management education; help with daily living activities; and other therapies and services. Gentiva's revenues are generated from federal and state government programs, commercial insurance and individual consumers.

The federal and state government programs under which the Company generates a majority of its net revenues are subject to legislative and other risk factors that can make it difficult to determine future reimbursement rates for Gentiva's services to its patients. In March 2010, President Obama signed into law the Affordable Care Act which represents a $39.5 billion reduction in Medicare home health spending over an extended period. The law phases in the reductions over seven years, including rebasing of Medicare reimbursement rates over a four year period beginning in 2014, with reductions resulting from rebasing of 3.5 percent per year. The Company anticipates that many of the provisions of the Affordable Care Act may be subject to further clarification and modification through the rule-making process.

On November 22, 2013, the CMS issued the final rule for 2014 home health prospective payment system rates, which included (i) a market basket increase of 2.3 percent, (ii) rebasing of Medicare reimbursement rates, with annual reductions of 3.5 percent for each of the next four years beginning January 2014, (iii) changes in the Wage Index with no overall impact and (iv) rebasing all case mix weights to 1.0 from an average case mix weight of 1.3464 in 2012, as provided for under the Affordable Care Act. CMS has provided that the case mix weight rebasing is offset by increasing the base episodic rate by a similar amount which will increase the base episodic rate for 2014 to $2,869 from the 2013 rate of $2,138. The rule also provided for changes in low utilization payments amounts ("LUPAs") and the removal of 170 diagnosis codes, among other changes. CMS predicts that, on average, home health agencies will experience an approximate 1.05 percent reduction in reimbursement for 2014. In August 2013, CMS released a final rule, effective for hospice services provided October 1, 2013 through September 30, 2014, which provides for a 1.0 percent increase for Medicare hospice rates, consisting of a 2.5 percent market basket increase, offset by a 0.8 percent budget neutrality adjustment factor and estimated wage index changes of 0.7 percent. In addition, on March 1, 2013, the automatic reductions in Federal spending, known as "sequestration," were put in place, which mandated an additional 2 percent reduction in Medicare home health and hospice payments, beginning April 1, 2013.

The commercial insurance industry is continually seeking ways to control the cost of services to patients that it covers. One of the ways it seeks to control costs is to require greater efficiencies from its providers, including home healthcare companies. Various states have addressed budget pressures by considering or implementing reductions in various healthcare programs, including reductions in rates or changes in patient eligibility requirements. The Company has also decided to reduce participation in certain Medicaid and other state and county programs.

The Company believes that several marketplace factors can contribute to its future growth. First, the Company is a leader in a highly fragmented home healthcare and hospice industry populated by more than 16,000 Medicare certified providers of varying size and resources. Second, the cost of a home healthcare visit to a patient can be significantly lower than the cost of an average day in a hospital or skilled nursing institution and third, the demand for home care is expected to grow, primarily due to an aging U.S. population. In addition, the Company expanded its service offerings in 2013 to include community care services through its Harden acquisition in order to expand it presence along the continuum of care. The Company expects to capitalize on these factors through a determined set of strategic priorities, as follows: growing revenues from services provided to the geriatric population, with a particular emphasis on expanding the penetration of the Company's innovative specialty programs; focusing on clinical associate recruitment, retention and productivity; evaluating and closing opportunistic acquisitions; seeking further operating leverage through more efficient utilization of existing resources; implementing technology to support the Company's various initiatives; and strengthening the Company's balance sheet to support future growth. The Company anticipates executing these strategies by continuing to expand its sales presence, making operational improvements and deploying new technologies, providing employees with leadership training and instituting retention initiatives, ensuring strong ethics and corporate governance, and focusing on shareholder value.

Significant Developments

Acquisitions

Effective October 18, 2013, the Company completed the acquisition of certain net assets relating to the home health, hospice and community care businesses of Harden Healthcare Holdings, Inc. ("Harden") pursuant to an Agreement and Plan of Merger dated as of September 18, 2013. Total consideration for the acquisition was $426.8 million, exclusive of transaction costs, consisting of approximately $365.0 million in cash, $53.8 million in shares of Gentiva's common stock and additional contingent consideration of $9.5 million, recorded at estimated fair value of approximately $8.1 million.

In addition, during 2013 the Company completed three other acquisitions for total cash consideration of $6.1 million. These transactions were done primarily to extend the Company's geographic coverage areas for home health and hospice services.

A summary of the transactions for 2013, 2012 and 2011 and the consideration paid are as follows (in millions):

Acquisitions:	Geographic Service Area	Date	Consideration
Harden Healthcare Holdings, Inc	Nationwide	October 18, 2013	$ 426.8
Appalachian Regional Health Systems	North Carolina	September 30, 2013	2.7
Wake Forest Baptist Health Care at Home, LLC	North Carolina	August 23, 2013	2.4
Hope Hospice, Inc.	Indiana	April 30, 2013	1.0
Family Home Care Corporation	Washington and Idaho	August 31, 2012	12.3
North Mississippi Hospice	Mississippi	August 31, 2012	4.7
Advocate Hospice	Indiana	July 22, 2012	5.5
Odyssey HealthCare of Augusta, LLC	Georgia	April 29, 2011	0.3

In addition, during 2012 the Company sold various home health and hospice operations based in Louisiana and Phoenix and sold off its consulting business. A summary of the Company's operations which were sold during 2012 and 2011 are as follows (in millions):

Dispositions:	Date	Consideration
Phoenix area hospice operations	November 30, 2012	$ 3.5
Gentiva Consulting	May 31, 2012	0.3
Louisiana home health and hospice operations	Second Quarter 2012	6.4
Certain home health branches-Utah, Michigan, Nevada and Brooklyn, New York	Fourth Quarter 2011	1.6

The impact of these transactions has been reflected in the Company's results of operations and financial condition from their respective closing dates. See Note 4 for more information.

Results of Operations

Year Ended December 31, 2013 Compared to Year Ended December 31, 2012

The comparison of results of operations between 2013 and 2012 has been impacted significantly by the following items:

- The Company closed a significant number of branch operations, sold a number of operating units and completed several acquisitions affecting the reporting periods presented, including the Harden transaction effective October 18, 2013. As a result of these activities, the Company's net revenues comparisons were positively impacted for 2013 by approximately $91.1 million as compared to the corresponding periods of 2012. See Note 4.
- The Company performed its annual impairment test as of December 31, 2013 for its Home Health, Hospice and Community Care reporting units. Based on this assessment, the Company recorded non-cash impairment charges relating to the goodwill and intangibles of its Hospice segment of approximately $379.8 million and $6.3 million, respectively, for the year 2013.
- At March 31, 2013, the Company performed an interim impairment test of its Hospice reporting unit. Based on the results of the interim impairment test, the Company recorded a non-cash impairment charge relating to goodwill of approximately $220.8 million. As part of that analysis, the Company reviewed the valuation of its owned real estate utilized in the Hospice business. The analysis indicated that two of the Company's hospice inpatient units had

Home Health

The following table reflects the impact on net revenues for 2013 relating to businesses acquired, closed or divested in 2013 and 2012 (in millions):

	2012	2013	Impact
Medicare	$ 7.9	$ 36.4	$ 28.5
Medicaid and Local Government	1.4	1.4	—
Commercial Insurance and Other:			
Paid at episodic rates	1.1	0.8	(0.3)
Other	2.3	6.9	4.6
Total net revenues	$ 12.7	$ 45.5	$ 32.8

Home Health segment revenues are derived from all three payer groups: Medicare, Medicaid and Local Government, and Commercial Insurance and Other. Net revenues in 2013 were $965.8 million, an increase of $17.8 million, or 1.9 percent, from $948.0 million in 2012. The increase is primarily attributable to the Harden acquisition offset by (i) the net decrease in Medicare reimbursement rates, effective January 1, 2013, (ii) the effect of the 2 percent Medicare rate reduction, known as sequestration, and (iii) the Company's decision to exit certain managed care contracts, partially offset by growth in the Company's Medicare business.

The Company's episodic revenues increased 1.5 percent during 2013. A summary of the Company's combined Medicare and non-Medicare Prospective Payment System ("PPS") business paid at episodic rates follows (dollars in millions):

	2013	2012	Percentage Variance
Home Health			
Medicare	$ 787.3	$ 749.0	5.1 %
Non-Medicare PPS	59.6	85.2	(30.1)%
Total	$ 846.9	$ 834.2	1.5 %

Key Company statistics related to episodic revenues were as follows:

	2013	2012	Percentage Variance
Episodes			
Medicare	271,500	255,700	6.2 %
Non-Medicare PPS	21,700	32,100	(32.4)%
Total episodes	293,200	287,800	1.9 %
Revenue per episode	$ 2,890	$ 2,900	(0.3)%

Episode volume for the year ended December 31, 2013 increased 1.9 percent while admissions increased by 0.5 percent, from 198,000 admissions in 2012 to 199,000 admissions in 2013. There were approximately 1.47 and 1.45 episodes for each admission during 2013 and 2012, respectively.

Revenues generated from Medicare were $787.3 million during 2013, an increase of 5.1 percent as compared to $749.0 million in 2012. Medicare revenues represented approximately 82 percent and 79 percent of total Home Health revenues, respectively, for 2013 and 2012. For both 2013 and 2012, Medicare and non-Medicare PPS revenues as a percent of total Home Health revenues were 88 percent.

Revenues from Medicaid and Local Government payer sources were $43.8 million for 2013 as compared to $46.8 million for 2012. Revenues from Commercial Insurance and Other payer sources, excluding non-Medicare PPS revenues, were $75.1 million and $67.0 million for 2013 and 2012, respectively.

Revenues from the Company's consulting services business, which was sold in May 2012, approximated $1.4 for the year ended December 31, 2012.

The overall decrease in gross profit within the Home Health segment as outlined above resulted from (i) the net decrease in Medicare reimbursement rates for 2013, partially offset by (ii) closed or divested branches with lower gross profit percentages and (iii) continued elimination or reduction of certain low margin Medicaid and local government business and commercial business.

Hospice gross profit as a percentage of revenues decreased, as noted in the table above, for 2013 as compared to 2012. The decrease was primarily due to incremental reserves related to eligibility billing reviews.

Gross profit was impacted by depreciation expense of $0.7 million and $1.0 million for 2013 and 2012, respectively.

Selling, General and Administrative Expenses

Selling, general and administrative expenses increased 7.0 percent, or $45.9 million, to $701.7 million for 2013, as compared to $655.8 million for 2012.

If charges, as noted below, relating to cost savings initiatives, acquisition and integration costs and legal settlements of $27.5 million for 2013 and $5.7 million for 2012 were excluded, the increase in selling, general and administrative expenses would have been approximately 3.7 percent, or $24.1 million, for 2013 as compared to 2012.

The increase in selling, general and administrative expenses in 2013 as compared to 2012, was primarily attributable to (i) cost savings initiatives ($26.8 million), (ii) Home Health field operating, selling and administrative costs ($16.4 million), (iii) Hospice field operating, selling and administrative costs ($8.7 million), (iv) Community Care field operating, selling and administrative costs ($6.2 million), (v) increase in provision for doubtful accounts ($2.9 million) and (iii) equity-based compensation expense ($0.5 million). These costs were partially offset by an decrease in (i) corporate administrative expenses ($4.5 million), (ii) depreciation and amortization ($6.2 million) and (iii) legal settlements ($4.9 million).

Depreciation and amortization expense included in selling, general and administrative expenses was $19.4 million in 2013, as compared to $25.6 million for 2012.

Gain on Sale of Assets and Businesses, Net

For the year ended December 31, 2012, the Company recorded a gain before income taxes of approximately $8.0 million, in connection with the sale of assets associated with (i) the sale of its Phoenix area hospice operations, (ii) the sale of the Gentiva consulting business and (iii) the sale of eight home health branches and four hospice branches in Louisiana.

Interest Income and Interest Expense and Other

For 2013 and 2012, net interest expense and other was approximately $110.4 million and $89.9 million, respectively, consisting primarily of interest expense of $113.1 million and $92.6 million, respectively, associated with the term loan borrowings, fees associated with the Company's credit agreement and outstanding letters of credit and amortization of debt issuance costs. Interest expense was partially offset by interest income of $2.7 million earned on investments and existing cash balances for each of 2013 and 2012.

Net interest expense and other included charges of $19.1 million for 2013 relating to the write-off of deferred debt issuance costs and fees associated with the Company entering a new credit agreement, dated October 18, 2013. Net interest expense and other included charges of $0.5 million for 2012 relating to the write-off of deferred debt issuance costs associated with the reduction in the Company's revolving credit facility.

Income Tax Expense

The Company recorded an income tax benefit of $39.6 million for 2013, representing a current tax benefit of $2.9 million and a deferred tax benefit of $36.7 million. The Company's effective income tax rate for 2013 was 6.2 percent. The difference between the federal statutory income tax rate of 35.0 percent and the Company's effective rate of 6.2 percent for 2013 is primarily due to state income taxes, net of federal benefit (approximately 0.6 percent), partially offset by the impairment of goodwill (approximately 29.2 percent) and other items (approximately 0.1 percent).

The Company recorded an income tax provision of $17.3 million for 2012, representing a current tax benefit of $6.3 million and a deferred tax provision of $23.5 million. The Company's effective income tax rate for 2012 was 36.5 percent. The difference between the federal statutory income tax rate of 35.0 percent and the Company's effective rate of 36.5 percent for 2012 is primarily due to state income taxes, net of federal benefit (approximately 4.6 percent) and other items (approximately 0.9 percent), partially offset by changes in tax reserves (approximately 3.4 percent).

Year Ended December 31, 2012 Compared to Year Ended December 31, 2011

The comparison of results of operations between 2012 and 2011 has been impacted significantly by the following items:

- During the third quarter of 2012, the Company initiated an effort to re-brand all of its branch operations under the single Gentiva name. In connection with this re-branding effort, the Company recorded a $19.1 million non-cash write-off of remaining trade name balances, which is reflected in goodwill, intangibles and other long-lived asset impairment in the Company's consolidated statements of comprehensive income.
- The Company recorded net charges relating to restructuring, acquisition and integration activities, and legal settlements of $5.7 million and $49.1 million for 2012 and 2011, respectively.
- The Company closed a significant number of branch operations, sold a number of operating units and completed several acquisitions affecting the reporting periods presented as follows:
  - During the fourth quarter of 2012, the Company sold its Phoenix area hospice operations.
  - During the third quarter of 2012, the Company completed the acquisitions of Family Home Care, North Mississippi Hospice and Advocate Hospice.
  - During the second quarter of 2012, the Company sold eight home health branches and four hospice branches in Louisiana.
  - During the fourth quarter of 2011, the Company closed 34 locations (25 home health and 9 hospice) and sold 9 home health branches as a result of a comprehensive review of its branch structure, support infrastructure and other significant expenditures in response to the challenging Medicare reimbursement rate environment. In addition, during the first quarter of 2012 the Company closed four additional home health branches.
  - As a result of these activities, the Company's net revenues comparisons were negatively impacted for 2012 by approximately $70.1 million as compared to the corresponding periods of 2011. See Note 4 to the Company's consolidated financial statements for more information.
- In anticipation of a settlement of claims alleged by the owner of CareCentrix and working capital adjustments as set forth in the stock purchase agreement, during the fourth quarter of 2012, the Company recorded a $6.5 million adjustment to the seller financing note receivable to reflect its revised estimated fair value of $3.4 million, which is recorded in equity in net loss of CareCentrix.
- The Company sold its equity investment in CareCentrix and recognized dividend income of approximately $8.6 million in 2011, representing a 12% cumulative preferred dividend received on the sale of the Company's preferred stock investment in CareCentrix. The Company also recognized an approximate $67.1 million net gain on the sale of the remaining common and preferred stock of CareCentrix.
- During the third quarter of 2011, the Company determined a triggering event had occurred and performed an interim impairment test of its identifiable intangible assets and goodwill. The triggering event was the change in business climate, including uncertainties around Medicare reimbursement as the federal government worked to reduce the federal deficit. The interim test concluded that the fair value of certain identifiable intangible assets, as well as goodwill, was less than their carrying value. As such, the Company recognized an impairment loss of approximately $602.1 million during the third quarter and first nine months of 2011.
- In connection with the Odyssey acquisition, the Company conducted a strategic evaluation of its various field operating systems to review alternatives towards achieving a comprehensive platform, capable of handling both its Home Health and Hospice business segments. During the third quarter of 2011, the Company continued to progress with its review of alternatives to replacing various field operating systems and in connection with that review recorded a non-cash impairment charge of approximately $40.3 million related to developed software. In addition, the Company conducted a review of real estate it owned in Dothan, Alabama, which indicated that the estimated fair value of the real estate was lower than the carrying value and recorded a non-cash impairment charge of approximately $0.9 million. These charges are recorded in goodwill, intangible assets and other long-lived asset impairment in the Company's consolidated statements of comprehensive income for 2011.
- The Company disposed of its Rehab Without Walls® business during the third quarter of 2011. The Company recognized a gain of approximately $9.1 million associated with the sale of this business. The Company also concluded that the assets of the homemaker services agency business in Illinois met the definition of assets held for sale and included both the Rehab Without Walls® business and the homemaker services agency business in discontinued operations for all periods presented.

Key Company statistics related to episodic revenues were as follows:

	2012	2011	Percentage Variance
Episodes	287,800	287,600	0.1 %
Revenue per episode	$ 2,900	$ 3,050	(4.9)%

Episode volume for the year ended December 31, 2012 increased 0.1 percent while admissions decreased by 0.8 percent, from 199,600 admissions in 2011 to 198,000 admissions in 2012. There were approximately 1.45 and 1.44 episodes for each admission during 2012 and 2011, respectively.

Revenues generated from Medicare were $749.0 million during 2012, a decrease of 6.3 percent as compared to $799.2 million in 2011. Medicare revenues represented approximately 79 percent of total Home Health revenues in both 2012 and 2011. In 2012, Medicare and non-Medicare PPS revenues as a percent of total Home Health revenues were 88 percent as compared to 87 percent for 2011.

Revenues from Medicaid and Local Government payer sources were $46.8 million for 2012 as compared to $52.3 million for 2011. Revenues from Commercial Insurance and Other payer sources, excluding non-Medicare PPS revenues, were $67.0 million and $83.4 million for 2012 and 2011, respectively. The reduction is a result of the Company's decision to reduce participation in certain Medicaid and other state and county programs, its strategy to reduce or eliminate certain lower gross margin business and the impact of the closed or divested branches.

Net revenues from the Company's Rehab Without Walls® unit were $15.3 million in 2011. Net revenues from the Company's homemaker services agency business in Illinois were $7.5 million in 2011. These amounts are included within discontinued operations within the Company's consolidated statements of comprehensive income.

Revenues from the Company's consulting services business, which was sold in May 2012, approximated $1.4 million and $3.7 million in 2012 and 2011, respectively.

Hospice

The following table reflects the impact on net revenues for 2012 relating to businesses acquired, closed or divested in 2012 and 2011 (in millions):

	2012	2011	Variance
Medicare	$ 7.0	$ 21.4	$ (14.4)
Medicaid and Local Government	0.1	1.1	(1.0)
Commercial Insurance and Other:	0.2	0.8	(0.6)
Total net revenues	$ 7.3	$ 23.3	$ (16.0)

Hospice revenues are derived from all three payer groups. Net revenues in 2012 were $764.8 million as compared to $786.2 million in 2011. Key Company statistics relating to Hospice were as follows:

	2012	2011	Percentage Variance
Patient days (in thousands)	4,959	5,092	(2.6)%
Revenue per patient day	$ 154	$ 154	— %

For 2012, Average Daily Census ("ADC") approximated 13,600 patients, compared to 14,000 patients for 2011. The average length of stay of patients at discharge was 96 days in 2012 and 89 days in 2011. In 2012 and 2011, approximately 98 percent and 97 percent, respectively, of hospice revenues were generated from routine home care while approximately 2 percent and 3 percent, respectively, of hospice revenues were generated from a combination of general inpatient care, continuous home care and respite care.

Medicare revenues were $715.5 million for 2012 as compared to $729.1 million for 2011. Medicaid and Local Government revenues amounted to $27.7 million for 2012 as compared to $30.8 million for 2011. Revenues derived from Commercial Insurance and Other payers for 2012 were $21.6 million as compared to $26.3 million for 2011.

Dividend Income

The Company sold its equity investment in CareCentrix and recognized dividend income of approximately $8.6 million in 2011, representing a 12 percent cumulative preferred dividend received on the sale of the Company's preferred stock investment in CareCentrix. The Company also recognized an approximate $67.1 million net gain on the sale of the common and preferred stock of CareCentrix, which is recorded as equity in net earnings of CareCentrix, including gain on sale in the Company's consolidated financial statements.

Interest Income and Interest Expense and Other

For 2012 and 2011, net interest expense and other was approximately $89.9 million and $88.6 million, respectively, consisting primarily of interest expense of $92.6 million and $91.3 million, respectively, associated with the term loan borrowings, fees associated with the Company's credit agreement and outstanding letters of credit and amortization of debt issuance costs. Interest expense was partially offset by interest income of $2.7 million earned on investments and existing cash balances for each of 2012 and 2011.

Net interest expense and other included charges of $0.5 million for 2012 relating to the write-off of deferred debt issuance costs associated with the reduction in the Company's revolving credit facility and charges of $3.8 million for 2011 relating to the write-off of deferred debt issuance costs and fees associated with the termination of the Company's interest rate swaps in connection with the refinancing of the Company's Term Loan A and Term Loan B facilities.

Income Tax Expense

The Company recorded an income tax provision of $17.3 million for 2012, representing a current tax benefit of $6.3 million and a deferred tax provision of $23.5 million. The Company's effective income tax rate for 2012 was 36.5 percent. The difference between the federal statutory income tax rate of 35.0 percent and the Company's effective rate of 36.5 percent for 2012 is primarily due to state income taxes, net of federal benefit (approximately 4.6 percent) and other items (approximately 0.9 percent), partially offset by changes in tax reserves (approximately 3.4 percent).

The Company recorded a federal and state income tax benefit of $75.8 million for 2011, representing a current tax provision of $10.2 million and a deferred tax benefit of $86.0 million. The difference between the federal statutory income tax rate of 35.0 percent and the Company's effective rate of 12.6 percent for 2011 is primarily due to goodwill impairment (23.6 percent), a reduction in tax reserves and valuation allowances (approximately 0.6 percent) offset somewhat by state taxes, net of federal benefit and other items (approximately 1.8 percent).

Discontinued Operations, Net of Tax

For the year ended December 31, 2011, discontinued operations, net of tax reflected a gain of $8.3 million, or $0.28 per diluted share. For 2011, discontinued operations included a pre-tax gain of approximately $9.1 million on the sale of the Rehab Without Walls® business and a pre-tax gain of approximately $2.4 million on the sale of the IDOA business or $0.38 per diluted share.

Net Income (Loss) Attributable to Gentiva Shareholders

For 2012, net income attributable to Gentiva shareholders was $26.8 million, or $0.87 per diluted share, as compared to a net loss of $450.5 million, or $14.85 per diluted share, for 2011.

The Company uses adjusted income from continuing operations, a non-GAAP financial measure, as a supplemental measure of Company performance. The Company defines adjusted income from continuing operations attributable to Gentiva shareholders as income from continuing operations attributable to Gentiva shareholders, excluding (i) tax reserves relating to the OIG settlement, (ii) charges relating to cost savings and other restructuring, legal settlements, and acquisition and integration activities, (iii) gain on sale of businesses, (iv) dividend income, (v) gain on sale of CareCentrix included in equity in net earnings of CareCentrix, net of tax, and (vi) goodwill, intangibles and other long-lived asset impairment. The Company considers adjusted income from continuing operations to be a useful metric for management and investors to evaluate and compare the ongoing operating performance of the Company's business on a consistent basis across reporting periods, as it eliminates the effect of items that are not indicative of the Company's core operating performance. Management uses adjusted income from continuing operations attributable to Gentiva shareholders to evaluate overall performance and compare current operating results with other companies in the healthcare industry and should not be considered in isolation or as a substitute for income from continuing operations, net income, operating income or cash flow statement data determined in accordance with accounting principles generally accepted in the United States. Since adjusted income from continuing operations attributable to Gentiva shareholders is not a measure of financial performance under accounting principles generally accepted in the United States and is susceptible to varying calculations, it may not be comparable to similarly titled measures in other companies.

Liquidity and Capital Resources

Liquidity

The Company's principal source of liquidity is the collection of its accounts receivable. For healthcare services, the Company grants credit without collateral to its patients, most of whom are insured under governmental payer or third party commercial arrangements. Additional liquidity is provided from existing cash balances and the Company's credit arrangements, principally through its revolving credit facility, and could be provided in the future through the issuance of up to $300 million of debt or equity securities under a universal shelf registration statement filed with the SEC in November 2013 and generally effective until December 2016. Any issuance of securities under the shelf registration statement would be subject to compliance with applicable strict limitations and requirements under the Company's credit arrangements and indenture covering its senior notes.

The Company's new credit agreement entered into on October 18, 2013 provides for $925.0 million in senior secured credit facilities for the Company, comprising term loan facilities aggregating $825.0 million and a revolving credit facility of $100 million. See Note 12 to the Company's consolidated financial statements for additional information.

During 2013, net cash provided by operating activities was $37.1 million. In addition, the Company had proceeds of $817.5 million from issuance of debt under its new senior secured term loan facilities, $27.0 million from borrowings under revolving credit facility and $3.2 million from issuances under the Company's Employee Stock Purchase Plan ("ESPP"). During 2013, the Company used $610.2 million for the repayment of debt under its previous facility that was then terminated, $359.4 million for acquisitions, $15.2 million for debt issuance costs and $19.1 million for capital expenditures.

Net cash provided by operating activities decreased by $88.9 million, from $126.0 million for the year ended December 31, 2012 to $37.1 million for the year ended December 31, 2013. The decrease was primarily due to the decline in net cash provided by operations prior to changes in assets and liabilities ($75.6 million), accounts receivable ($34.0 million) and prepaid expenses and other current assets ($2.5 million), partially offset by changes in current liabilities ($23.1 million) and other ($0.1 million).

Adjustments to add back non-cash items affecting net (loss) income are summarized as follows (in thousands):

	For the Year Ended		
	December 31, 2013	December 31, 2012	Variance
OPERATING ACTIVITIES:			
Net (loss) income	$ (598,507)	$ 27,680	$ (626,187)
Adjustments to add back non-cash items affecting net income:			
Depreciation and amortization	20,110	26,580	(6,470)
Amortization of debt issuance costs	14,715	13,300	1,415
Write-off of debt issuance costs	16,085	461	15,624
Provision for doubtful accounts	6,730	4,066	2,664
Equity-based compensation expense	8,210	7,645	565
Windfall tax benefits associated with equity-based compensation	(119)	(88)	(31)
Goodwill, intangibles and other long-lived asset impairment	610,436	19,132	591,304
Gain on sale of assets and businesses, net	—	(8,014)	8,014
Equity in net loss of CareCentrix, including gain on sale, net of tax	—	2,301	(2,301)
Deferred income tax (benefit) expense	(36,660)	23,513	(60,173)
Total cash provided by operations prior to changes in assets and liabilities	$ 41,000	$ 116,576	$ (75,576)

The $75.6 million difference in "Total cash provided by operations prior to changes in assets and liabilities" between the 2013 and 2012 periods is primarily related to changes in net (loss) income, after adjusting for components of income that do not have an impact on cash, such as depreciation and amortization, equity-based compensation expense, goodwill, intangibles and other long-lived asset impairment, gain on sale of businesses and deferred income taxes.

($2 million), payroll and related taxes ($20 million) and obligations under insurance programs ($26 million), partially offset by decreases in Medicare liabilities ($3 million). The changes in current liabilities are described above in the discussion on net cash provided by operating activities.

Days Sales Outstanding ("DSO") as of December 31, 2013 were 49 days, a decrease of 2 days from December 31, 2012.

At the commencement of an episode of care under the Medicare and non-Medicare PPS for Home Health, the Company records accounts receivable and deferred revenue based on an expected reimbursement amount. Accounts receivable is adjusted upon the receipt of cash and deferred revenue is amortized into revenue over the average patient treatment period. For informational purposes, if net accounts receivable and deferred revenue were combined for purposes of determining an alternative DSO calculation, which measures open net accounts receivable divided by average daily recognized revenues, the alternative DSO would have been 42 days at December 31, 2013 and 43 days at December 31, 2012.

DSO at December 31, 2013 for Home Health and Hospice were 60 and 42 days, respectively, compared to 55 and 46 days, respectively, at December 31, 2012. DSO at December 31, 2013 for Community Care was 28 days.

Accounts receivable attributable to major payer sources of reimbursement at December 31, 2013 and December 31, 2012 were as follows (in thousands):

	December 31, 2013				
	Total	0 - 90 days	91 - 180 days	181 - 365 days	Over 1 year
Medicare	$ 214,366	$ 186,154	$ 20,601	$ 5,552	$ 2,059
Medicaid and Local Government	48,183	44,234	3,251	637	61
Commercial Insurance and Other	35,659	28,072	5,807	1,789	(9)
Self - Pay	2,377	1,413	669	241	54
Gross Accounts Receivable	$ 300,585	$ 259,873	$ 30,328	$ 8,219	$ 2,165

	December 31, 2012				
	Total	0 - 90 days	91 - 180 days	181 - 365 days	Over 1 year
Medicare	$ 192,541	$ 172,954	$ 14,979	$ 3,212	$ 1,396
Medicaid and Local Government	31,259	26,771	3,039	1,418	31
Commercial Insurance and Other	34,377	27,550	4,293	2,132	402
Self - Pay	1,680	792	577	243	68
Gross Accounts Receivable	$ 259,857	$ 228,067	$ 22,888	$ 7,005	$ 1,897

The Company participates in Medicare, Medicaid and other federal and state healthcare programs. The Company's revenue mix by major payer classifications was as follows:

	2013	2012	2011
Medicare	84%	86%	85%
Medicaid and Local Government	7	4	5
Commercial Insurance and Other:			
Paid at episodic rates	3	5	4
Other	6	5	6
Total net revenues	100%	100%	100%

The Affordable Care Act also imposed additional therapy assessment requirements. A professional qualified therapist assessment must take place at least once every 30 days during a therapy patient's course of treatment. For those qualified patients needing 13 or more or 19 or more therapy visits, a qualified therapist must perform the therapy service required, re-assess the patient, and measure and document the effectiveness of the 13th visit and the 19th visit for all therapy disciplines caring for the patient.

Hospice

In July 2012, CMS released a final rule, effective for hospice services provided October 1, 2012 through September 30, 2013, that provided for a 0.9 percent increase for Medicare hospice rates, consisting of a 2.6 percent market basket increase, offset by a 0.7 percent productivity adjustment factor, a 0.6 percent budget neutrality adjustment factor, estimated wage index changes of 0.1 percent and a reduction of 0.3 percent defined by the Affordable Care Act. In August 2013, CMS released a final rule, effective for hospice services provided October 1, 2013 through September 30, 2014, which provides for a 1.0 percent increase for Medicare hospice rates, consisting of a 2.5 percent market basket increase, offset by a 0.8 percent budget neutrality adjustment factor and estimated wage index changes of 0.7 percent.In addition, on March 1, 2013, the automatic reductions in Federal spending, known as "sequestration," were put in place, which mandated an additional 2 percent reduction in Medicare hospice payments, beginning April 1, 2013.

Overall payments made by Medicare for hospice services are subject to cap amounts calculated by Medicare. Total Medicare payments for hospice services are compared to the aggregate cap amount for the hospice cap period. In August 2013, CMS announced the cap amount for the 2013 cap year of $26,158 per beneficiary, which period ran from November 1, 2012 through October 31, 2013.

Community Care

Reimbursement for community care services that we provide is primarily through Medicaid and managed care providers and rates can vary state by state. There are currently various legislative efforts under way to increase minimum wage laws that could significantly impact the wage rates for personal care attendants we utilize to provide such services.

There are certain standards and regulations that the Company must adhere to in order to continue to participate in Medicare, Medicaid and other federal and state healthcare programs. As part of these standards and regulations, the Company is subject to periodic audits, examinations and investigations conducted by, or at the direction of, governmental investigatory and oversight agencies. Periodic and random audits conducted or directed by these agencies could result in a delay in or adjustment to the amount of reimbursements received under these programs. Violation of the applicable federal and state health care regulations can result in our exclusion from participating in these programs and can subject the Company to substantial civil and/or criminal penalties. The Company believes that it is currently in compliance with these standards and regulations.

Credit Arrangements

On October 18, 2013, Gentiva entered into a new senior secured credit agreement providing for (i) a six-year $670 million term Loan B facility, (ii) a five-year $155 million Term Loan C facility and (iii) a five-year $100 million revolving credit facility (collectively, the "New Credit Agreement"), which replaced the Company's existing Credit Agreement. The New Credit Agreement's revolving credit facility also includes borrowing capacity of $80 million available for letters of credit and $15 million for borrowings on same-day notice, referred to as swing line loans.

The Company used cash on hand and proceeds from the New Credit Agreement to (i) pay the cash purchase price in connection with the Harden transaction, (ii) repay all amounts outstanding under Harden's then existing credit facility, which was then terminated, (iii) repay all amounts outstanding under Gentiva's then existing credit facility as further described below and (iv) pay various fees and expenses incurred in connection with the Harden transaction and related financing.

Prior to October 18, 2013, Gentiva maintained a credit agreement which initially consisted of (i) a $200 million Term Loan A facility, (ii) a $550 million Term Loan B facility and (iii) a $110 million revolving credit facility. On October 18, 2013, remaining outstanding borrowings under the former Credit Agreement, which consisted of term loan borrowings of $585.2 million, were repaid and that Credit Agreement was terminated. In connection with that termination and entering into the Company's New Credit Agreement, the Company performed a debt modification analysis and based on that analysis wrote-off a portion of its existing prepaid debt issuance costs of approximately $16.1 million, which is reflected in interest expense and other in the Company's consolidated statement of comprehensive income for the year ended December 31, 2013, and capitalized debt issuance costs of approximately $24.2 million.

As of December 31, 2013, advances under the revolving credit facility may be made, and letters of credit may be issued, up to the $100 million borrowing capacity of the facility at any time prior to the facility expiration date of October 18, 2018.

The Company's maximum consolidated leverage ratio is as follows:

Four Fiscal Quarters Ending	Maximum Consolidated Leverage Ratio
March 31, 2014 to March 31, 2015	≤ 6.75:1
June 30, 2015 to March 31, 2016	≤ 6.50:1
June 30, 2016 to March 31, 2017	≤ 6.25:1
June 30, 2017 to December 31, 2017	≤ 6.00:1
March 31, 2018 and each fiscal quarter thereafter	≤ 5.75:1

As of December 31, 2013, the Company's consolidated leverage ratio was 5.5x. As of December 31, 2013, the Company was in compliance with all covenants in the New Credit Agreement.

Insurance Programs

The Company may be subject to workers' compensation claims and lawsuits alleging negligence or other similar legal claims. The Company maintains various insurance programs to cover these risks with insurance policies subject to substantial deductibles and retention amounts. The Company recognizes its obligations associated with these programs in the period the claim is incurred. The Company estimates the cost of both reported claims and claims incurred but not reported, up to specified deductible limits and retention amounts, based on its own specific historical claims experience and current enrollment statistics, industry statistics and other information. These estimates and the resulting reserves are reviewed and updated periodically.

The Company is responsible for the cost of individual workers' compensation claims and individual professional liability claims up to $500 thousand per incident which occurred prior to March 15, 2002 and $1 million per incident thereafter. The Company also maintains excess liability coverage relating to professional liability and casualty claims which provides insurance coverage for individual claims of up to $25 million in excess of the underlying coverage limits. Payments under the Company's workers' compensation program are guaranteed by letters of credit.

Capital Expenditures

The Company's capital expenditures for 2013 were $19.1 million as compared to $11.8 million for 2012. The Company intends to make investments and other expenditures to upgrade its computer technology and system infrastructure and comply with regulatory changes in the industry, among other things. In this regard, management expects that capital expenditures will range between $15 million and $18 million for 2014. Management expects that the Company's capital expenditure needs will be met through operating cash flow and available cash reserves.

Cash Resources and Obligations

The Company had cash and cash equivalents of approximately $87.0 million as of December 31, 2013, including operating funds of approximately $5.5 million exclusively relating to a non-profit hospice operation managed in Florida.

The Company anticipates that repayments to Medicare for (i) payments received in excess of hospice cap limits, (ii) partial episode payments and (iii) prior year cost report settlements will be made periodically. These amounts are included in Medicare liabilities in the accompanying consolidated balance sheets.

On March 13, 2012, the Company announced that its Board of Directors had authorized the repurchase of up to $5,000,000 of shares of the Company's outstanding common stock (the "2012 Repurchase Program"). The repurchases can occur periodically in the open market or through privately negotiated transactions based on market conditions and other factors. During 2013, the Company did not repurchase any shares of its outstanding common stock. As of December 31, 2013, the Company had remaining authorization under the 2012 Repurchase Program to repurchase common stock with an aggregate purchase price of up to $1.5 million, subject to the additional limitations set forth below. During 2012, the Company repurchased 605,077 shares of its outstanding common stock for total consideration of approximately $5.0 million.

The Company's New Credit Agreement provides for repurchases of the Company's common stock not to exceed $7.5 million per year, and not to exceed $25.0 million per year if the consolidated leverage ratio is less than or equal to 3.5:1.0 immediately after giving effect on a pro forma basis to the repurchase. The indenture governing the Company's Senior Notes also contains limitations on the Company's repurchases of its common stock.

Litigation and Government Matters

The Company is a party to certain legal actions and government investigations. See Item 3, "Legal Proceedings" and Note 15 to the Company's consolidated financial statements.

Settlement Issues

Corporate Integrity Agreement

As previously disclosed, in connection with the execution of a settlement agreement with the United States, effective February 15, 2012, relating to an investigation of the provision of continuous care services by Odyssey prior to its acquisition by the Company, Odyssey concurrently entered into a Corporate Integrity Agreement ("CIA") with the Office of Inspector General of the Department of Health and Human Services. As required by the CIA, Odyssey's eligibility review team performs an annual review of the eligibility of selected Odyssey Medicare beneficiaries for the hospice services they received. Any overpayments identified by Odyssey are paid back to the various Medicare administrative contractors by April 1st of the following year. The Company has recorded the impact of the completed audits and established estimated reserves for ongoing audits of approximately $12.0 million and $4.9 million for the years ended December 31, 2013 and 2012, respectively, which is reflected as a reduction of net revenues in the Company's consolidated statements of comprehensive income.

PRRB Appeal

In connection with the audit of the Company's 1997 cost reports, the Medicare fiscal intermediary made certain audit adjustments related to the methodology used by the Company to allocate a portion of its residual overhead costs. The Company filed cost reports for years subsequent to 1997 using the fiscal intermediary's methodology. The Company believed the methodology it used to allocate such overhead costs was accurate and consistent with past practice accepted by the fiscal intermediary; as such, the Company filed appeals with the Provider Reimbursement Review Board ("PRRB") concerning this issue with respect to cost reports for the years 1997, 1998 and 1999. The Company's consolidated financial statements for the years 1997, 1998 and 1999 had reflected use of the methodology mandated by the fiscal intermediary. In June 2003, the Company and its Medicare fiscal intermediary signed an Administrative Resolution relating to the issues covered by the appeals pending before the PRRB. Under the terms of the Administrative Resolution, the fiscal intermediary agreed to reopen and adjust the Company's cost reports for the years 1997, 1998 and 1999 using a modified version of the methodology used by the Company prior to 1997. This modified methodology will also be applied to cost reports for the year 2000, which are finalized and being settled. The Administrative Resolution required that the process to (i) reopen all 1997 cost reports, (ii) determine the adjustments to allowable costs through the issuance of Notices of Program Reimbursement and (iii) make appropriate payments to the Company, be completed in early 2004. Cost reports relating to years subsequent to 1997 were to be reopened after the process for the 1997 cost reports was completed.

The fiscal intermediary completed the reopening of all 1997, 1998 and 1999 cost reports and determined that the adjustment to allowable costs aggregated $15.9 million which the Company has received and recorded as adjustments to net revenues in the fiscal years 2004 through 2006. The 2000 cost reports are now finalized and being settled by CMS. In connection with the settlements, the Company has recorded approximately $4.0 million as a positive adjustment to net revenues in 2013.

Impact of Inflation

The Company does not believe that the general level of inflation has had a material impact on its results of operations during the past three years.

Critical Accounting Policies and Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions and select accounting policies that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The most critical estimates relate to revenue recognition, which incorporates the impact of various revenue adjustments including payment caps under the Medicare program for hospice, the collectibility of accounts receivable and related reserves, impairment tests for goodwill and other indefinite-lived intangible assets, obligations under insurance programs, including workers' compensation, professional liability, property and general liability and employee health and welfare insurance programs. A description of the critical accounting policies and a discussion of the significant estimates and judgments associated with such policies are described below.

Medicare Settlement Issues under Interim Payment System

Prior to October 1, 2000, reimbursement of Medicare home healthcare services was based on reasonable allowable costs incurred in providing services to eligible beneficiaries subject to both per visit and per beneficiary limits in accordance with the Interim Payment System established through the Balanced Budget Act of 1997. These costs were reported in annual cost reports which were filed with CMS and were subject to audit by the fiscal intermediary engaged by CMS. During the third quarter of 2013, the fiscal intermediary finalized its audit of the fiscal 2000 cost reports which are now being settled by CMS. In connection with the finalized audit and expected settlements, the Company recorded approximately $4.0 million as a positive adjustment to net revenues in the Company's consolidated statement of comprehensive income for the year ended December 31, 2013.

Settlement liabilities are recorded at the time of any probable and reasonably estimable event and any positive settlements are recorded as revenue in the Company's consolidated statements of comprehensive income in the period in which such gain contingencies are realized.

Causes and Impact of Change on Revenue

For each of the sources of revenue, the principal elements in addition to those described above which can cause change in the amount of revenue to be realized are (i) an inability to obtain appropriate billing documentation, (ii) an inability to obtain authorizations acceptable to the payer, (iii) utilization of services at levels other than authorized and (iv) other reasons unrelated to credit risk.

Revenue adjustments resulting from differences between estimated and actual reimbursement amounts are recorded as adjustments to net revenues or recorded against allowance for doubtful accounts, depending on the nature of the adjustment. These are determined by Company management and reviewed from time to time, but no less often than quarterly. Each of the elements described here and under each of the various sources of revenue can effect change in the estimates. Although it is not possible to predict the degree of change that might be effected by a variation in one or more of the elements described, the Company believes that changes in these elements could cause a change in estimate which could have a material impact on the consolidated financial statements. There have not been any material revisions in these estimates for the periods presented in this report.

Billing and Receivables Processing

The Company's billing systems record revenues at net expected reimbursement based on established or contracted fee schedules. The systems provide for an initial contractual allowance adjustment from "usual and customary" charges, which is typical for the payers in the healthcare field. The Company records an initial contractual allowance at the time of billing and reduces the Company's revenue to expected reimbursement levels. Changes in contractual allowances, if any, are recorded each month. Changes in the nature of contractual allowances have not been material for the periods presented in this filing.

"Accounts Receivable" section below further outlines matters considered with respect to estimating the allowance for doubtful accounts.

Accounts Receivable

Collection Policy

The process for estimating the ultimate collection of receivables involves significant assumptions and judgments. The Company believes that its collection and reserve processes, along with the monitoring of its billing processes, help to reduce the risk associated with material revisions to reserve estimates resulting from adverse changes in reimbursement experience, revenue adjustments and billing functions. Collection processes are performed in accordance with the Fair Debt Collections Practices Act and include reviewing aging and cash posting reports, contacting payers to determine why payment has not been made, resubmission of claims when appropriate and filing appeals with payers for claims that have been denied. Collection procedures generally include follow up contact with the payer at least every 30 days from invoice date, and a review of collection activity at 90 days to determine continuation of internal collection activities or potential referral to collection agencies. The Company's bad debt policy includes escalation procedures and guidelines for write-off of an account, as well as the authorization required, once it is determined that the open account has been worked by the Company's internal collectors and/or collection agencies in accordance with the Company's standard procedures and resolution of the open account through receipt of payment is determined to be remote. The Company reviews each account individually and does not have either a threshold dollar amount or aging period that it uses to trigger a balance write-off, although the Company does have a small balance write-off policy for non-governmental accounts with debit balances under $10.

Workers' compensation and professional and general liability costs associated with continuing operations were $33.9 million, $21.0 million and $15.1 million for the years ended December 31, 2013, 2012 and 2011, respectively. The Company's workers' compensation and professional and general liability costs relating to discontinued operations were approximately $0.5 million for the year ended December 31, 2011. The increase in expense for 2013 relates to overall recent trends of rising healthcare costs and the results from a review, conducted by the Company's third-party claims administrators, of established case loss reserves on all open claims in excess of $10,000 and settlements in excess of established reserves. Other drivers of differences in costs between years relate primarily to the number and severity of claims incurred in each reported period as well as changes in the cost of insurance coverage. Workers' compensation and professional liability claims, including any changes in estimate relating thereto, are recorded primarily in cost of services sold in the Company's consolidated statements of comprehensive income. There have not been any material revisions in estimates of prior year costs for the periods presented in this report.

The Company maintains insurance coverage on individual claims. The Company is responsible for the cost of individual workers' compensation claims and individual professional liability claims up to $500 thousand per incident that occurred prior to March 15, 2002, and $1 million per incident thereafter. The Company also maintains excess liability coverage relating to professional liability and casualty claims which provides insurance coverage for individual claims of up to $25 million in excess of the underlying coverage limits. Payments under the Company's workers' compensation program are guaranteed by letters of credit. The Company believes that its present insurance coverage and reserves are sufficient to cover currently estimated exposures, but there can be no assurance that the Company will not incur liabilities in excess of recorded reserves or in excess of its insurance limits.

The Company provides employee health and welfare benefits under a self insured program and maintains stop loss coverage for individual claims in excess of $400 thousand for 2013. For the years ended December 31, 2013, 2012 and 2011, employee health and welfare benefit costs associated with continuing operations were $86.6 million, $87.5 million and $93.0 million, respectively. Employee health and welfare benefit costs associated with discontinued operations were $0.7 million for December 31, 2011. Differences in costs between years relate primarily to increased enrollment and the number and severity of individual claims incurred in each reported period. Changes in estimates of the Company's employee health and welfare claims are recorded in cost of services sold for clinical associates and in selling, general and administrative costs for administrative associates in the Company's consolidated statements of comprehensive income. There have not been any material revisions in estimates of prior year costs for the periods presented in this report.

The Company also maintains Directors and Officers liability insurance coverage with an aggregate limit of $60 million.

Item 7A. Quantitative and Qualitative Disclosures About Market Risk

Generally, the fair market value of fixed rate debt will increase as interest rates fall and decrease as interest rates rise. The Company is exposed to market risk from fluctuations in interest rates. The interest rate on the Company's borrowings under the New Credit Agreement can fluctuate based on both the interest rate option (i.e., base rate or Eurodollar rate plus applicable margins) and the interest period. As of December 31, 2013, the total amount of outstanding debt subject to interest rate fluctuations was $852.0 million. A hypothetical 100 basis point change in short-term interest rates as of that date would result in an increase or decrease in interest expense of $8.5 million per year, assuming a similar capital structure.

GENTIVA HEALTH SERVICES, INC. AND SUBSIDIARIES
CONSOLIDATED BALANCE SHEETS
(In thousands, except share and per share amounts)

	December 31, 2013	December 31, 2012
ASSETS		
Current assets:		
Cash and cash equivalents	$ 86,957	$ 207,052
Accounts receivable, less allowance for doubtful accounts of $10,680 and $8,777 at December 31, 2013 and December 31, 2012, respectively	289,905	251,080
Deferred tax assets, net	28,153	12,263
Prepaid expenses and other current assets	64,746	45,632
Total current assets	469,761	516,027
Notes receivable from CareCentrix	28,471	28,471
Fixed assets, net	49,375	41,414
Intangible assets, net	256,282	193,613
Goodwill	390,081	656,364
Other assets	68,647	75,045
Total assets	$ 1,262,617	$ 1,510,934
LIABILITIES AND EQUITY		
Current liabilities:		
Current portion of long-term debt	$ 45,325	$ 25,000
Accounts payable	15,659	13,445
Payroll and related taxes	64,857	45,357
Deferred revenue	43,864	37,444
Medicare liabilities	23,894	27,122
Obligations under insurance programs	82,634	56,536
Accrued nursing home costs	22,219	18,428
Other accrued expenses	77,018	66,567
Total current liabilities	375,470	289,899
Long-term debt	1,124,432	910,182
Deferred tax liabilities, net	9,825	42,165
Other liabilities	53,084	33,988
Commitments and contingencies (Note 17)		
Equity:		
Gentiva shareholders' equity:		
Common stock, $0.10 par value; authorized 100,000,000 shares; issued 37,713,302 and 32,009,286 shares at December 31, 2013 and December 31, 2012, respectively	3,771	3,201
Additional paid-in capital	462,262	399,148
Treasury stock, at cost, 1,337,882 and 1,260,879 shares at December 31, 2013 and December 31, 2012, respectively	(18,773)	(17,852)
Accumulated deficit	(750,329)	(151,335)
Total Gentiva shareholders' equity	(303,069)	233,162
Noncontrolling interests	2,875	1,538
Total equity	(300,194)	234,700
Total liabilities and equity	$ 1,262,617	$ 1,510,934

See notes to consolidated financial statements.

GENTIVA HEALTH SERVICES, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CHANGES IN SHAREHOLDERS' EQUITY
(In thousands, except share amounts)

	Common Stock		Additional Paid-in Capital	Retained Earnings (Deficit)	Accumulated Other Comprehensive Income (Loss)	Treasury Stock	Noncontrolling Interests	Total
	Shares	Amount						
Balance at December 31, 2010	30,799,091	$ 3,080	$ 372,106	$ 272,394	$ 478	$ (12,484)	$ 2,658	$ 638,232
Comprehensive (loss) income:								
Net (loss) income	—	—	—	(450,525)	—	—	641	(449,884)
Unrealized loss on interest rate swap, net of tax	—	—	—	—	(768)	—	—	(768)
Realized loss on interest rate swap	—	—	—	—	290	—	—	290
Total comprehensive (loss) income	—	—	—	(450,525)	(478)	—	641	(450,362)
Income tax benefits associated with the exercise of non-qualified stock options	—	—	257	—	—	—	—	257
Equity-based compensation expense	—	—	7,548	—	—	—	—	7,548
Other non-cash compensation expense	—	—	407	—	—	—	—	407
Net issuance of stock upon exercise of stock options and under stock plans for employees and directors	636,173	64	7,837	—	—	—	—	7,901
Acquisition of noncontrolling interest	—	—	(352)	—	—	—	32	(320)
Distribution to partnership interests	—	—	—	—	—	—	(738)	(738)
Treasury shares:								
Common stock received from Healthfield escrow (14,334 shares)	—	—	—	—	—	(394)	—	(394)
Balance at December 31, 2011	31,435,264	3,144	387,803	(178,131)	—	(12,878)	2,593	202,531
Comprehensive income:								
Net income	—	—	—	26,796	—	—	884	27,680
Total comprehensive income	—	—	—	26,796	—	—	884	27,680
Income tax expense associated with the exercise of non-qualified stock options	—	—	(223)	—	—	—	—	(223)
Equity-based compensation expense	—	—	7,645	—	—	—	—	7,645
Net issuance of stock upon exercise of stock options and under stock plans for employees and directors	574,022	57	3,923	—	—	—	—	3,980
Acquisition of non-controlling interest	—	—	—	—	—	—	(1,113)	(1,113)
Distribution to partnership interests	—	—	—	—	—	—	(826)	(826)
Treasury shares:								
Stock repurchase (605,077 shares)	—	—	—	—	—	(4,974)	—	(4,974)
Balance at December 31, 2012	32,009,286	3,201	399,148	(151,335)	—	(17,852)	1,538	234,700
Comprehensive (loss) income:								
Net (loss) income	—	—	—	(598,994)	—	—	487	(598,507)
Total comprehensive (loss) income	—	—	—	(598,994)	—	—	487	(598,507)
Income tax expense associated with the exercise of non-qualified stock options	—	—	(1,507)	—	—	—	—	(1,507)
Equity-based compensation expense	—	—	8,210	—	—	—	—	8,210
Net issuance of stock upon exercise of stock options and under stock plans for employees and directors	891,602	89	3,142	—	—	—	—	3,231
Issuance of stock in connection with Harden acquisition	4,812,414	481	53,269	—	—	—	—	53,750
Minority interest capital contribution	—	—	—	—	—	—	1,600	1,600
Distribution to partnership interests	—	—	—	—	—	—	(750)	(750)
Treasury shares:								
Stock withheld (77,003 shares) for payroll tax withholdings related to equity-based compensation	—	—	—	—	—	(921)	—	(921)
Balance at December 31, 2013	37,713,302	$ 3,771	$ 462,262	$ (750,329)	$ —	$ (18,773)	$ 2,875	$ (300,194)

See notes to consolidated financial statements.

SUPPLEMENTAL SCHEDULE OF NON-CASH INVESTING AND FINANCING ACTIVITY:

During the year 2013, the Company issued 4,812,414 shares of its common stock in connection with the acquisition of certain net assets relating to the home health, hospice and community care businesses of Harden Healthcare Holdings, Inc.

In connection with the acquisition of The Healthfield Group, Inc. on February 28, 2006, the Company received 14,334 shares of common stock in 2011 from the Healthfield escrow account to satisfy certain pre-acquisition liabilities paid by the Company.

For years 2013, 2012 and 2011 deferred tax expense associated with stock compensation deductions of $1.5 million, $0.2 million and a deferred tax benefit of $0.3 million, respectively, have been credited to shareholders' equity.

See notes to consolidated financial statements.

Furthermore, during 2011 the Company sold its IDOA business based in Illinois and its Rehab Without Walls® business. A summary of these transactions follows (in millions):

Discontinued operations:	Date	Consideration
IDOA	October 14, 2011	$ 2.4
Rehab Without Walls®	September 10, 2011	9.8

The Company considered these business units as operating segments and, as such, the financial results of these businesses were reported as discontinued operations for all periods presented in the Company's consolidated financial statements.

During 2011, the Company sold its equity investment in CareCentrix Holdings Inc. The Company recorded accumulated and unpaid dividends on the preferred shares of approximately $8.6 million for the year ended December 31, 2011, which are reflected in dividend income in the Company's consolidated statement of comprehensive income. The Company also recorded a net gain of approximately $67.1 million, which is reflected in equity in net earnings of CareCentrix, including gain on sale in the Company's consolidated statement of comprehensive income. See Note 7 for additional information.

The impact of these transactions have been reflected in the Company's results of operations and financial condition from their respective closing dates. See Note 4 for more information.

Note 2. Summary of Significant Accounting Policies

Consolidation

The Company's consolidated financial statements include the accounts and operations of the Company and its subsidiaries in which the Company owns more than a 50 percent interest. Noncontrolling interests, which relate to the minority ownership held by third party investors in certain of the Company's hospice programs, are reported below net income under the heading "Net income attributable to noncontrolling interests" in the Company's consolidated statements of comprehensive income for the years ended December 31, 2013, 2012 and 2011 and presented as a component of equity in the Company's consolidated balance sheets at December 31, 2013 and 2012. All material balances and transactions between the consolidated entities have been eliminated.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions and select accounting policies that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The most critical estimates relate to revenue recognition, which incorporates the impact of various revenue adjustments including payment caps under the Medicare program for hospice, the collectibility of accounts receivable and related reserves, impairment tests for goodwill and other indefinite-lived intangible assets, obligations under insurance programs, including workers' compensation, professional liability, property and general liability and employee health and welfare insurance programs.

A description of the critical accounting policies and a discussion of the significant estimates and judgments associated with such policies are described below.

Significant Accounting Policies and Estimates

Revenue Recognition

Revenues recognized by the Company are subject to a number of elements which impact both the overall amount of revenue realized as well as the timing of the collection of the related accounts receivable. In each category described below, the impact of the estimate, if applicable, undertaken by the Company with respect to these elements is reflected in net revenues in the consolidated statements of comprehensive income. See further discussion of the elements below under the heading "Causes and Impact of Change on Revenue."

Home Health Episodic Net Revenues

Under the home health Prospective Payment System ("PPS") of reimbursement, for Medicare and Medicare Advantage programs paid at episodic rates, the Company estimates net revenues to be recorded based on a reimbursement rate which is determined using relevant data, relating to each patient's health status including clinical condition, functional abilities and service needs, as well as applicable wage indices to give effect to geographic differences in wage levels of employees providing

obtain authorizations acceptable to the payer, (iii) utilization of services at levels other than authorized and (iv) other reasons unrelated to credit risk.

Revenue adjustments resulting from differences between estimated and actual reimbursement amounts are recorded as adjustments to net revenues or recorded against allowance for doubtful accounts, depending on the nature of the adjustment. These are determined by Company management and reviewed from time to time, but no less often than quarterly. Each of the elements described here and under each of the various sources of revenue can effect change in the estimates. Although it is not possible to predict the degree of change that might be effected by a variation in one or more of the elements described, the Company believes that changes in these elements could cause a change in estimate which could have a material impact on the consolidated financial statements. There have not been any material revisions in these estimates for the periods presented in this report.

Billing and Receivables Processing

The Company's billing systems record revenues at net expected reimbursement based on established or contracted fee schedules. The systems provide for an initial contractual allowance adjustment from "usual and customary" charges, which is typical for the payers in the healthcare field. The Company records an initial contractual allowance at the time of billing and reduces the Company's revenue to expected reimbursement levels. Changes in contractual allowances, if any, are recorded each month. Changes in the nature of contractual allowances have not been material for the periods presented in this filing.

"Accounts Receivable" section below further outlines matters considered with respect to estimating the allowance for doubtful accounts.

Accounts Receivable

Collection Policy

The process for estimating the ultimate collection of receivables involves significant assumptions and judgments. The Company believes that its collection and reserve processes, along with the monitoring of its billing processes, help to reduce the risk associated with material revisions to reserve estimates resulting from adverse changes in reimbursement experience, revenue adjustments and billing functions. Collection processes are performed in accordance with the Fair Debt Collections Practices Act and include reviewing aging and cash posting reports, contacting payers to determine why payment has not been made, resubmission of claims when appropriate and filing appeals with payers for claims that have been denied. Collection procedures generally include follow up contact with the payer at least every 30 days from invoice date, and a review of collection activity at 90 days to determine continuation of internal collection activities or potential referral to collection agencies. The Company's bad debt policy includes escalation procedures and guidelines for write-off of an account, as well as the authorization required, once it is determined that the open account has been worked by the Company's internal collectors and/or collection agencies in accordance with the Company's standard procedures and resolution of the open account through receipt of payment is determined to be remote. The Company reviews each account individually and does not have either a threshold dollar amount or aging period that it uses to trigger a balance write-off, although the Company does have a small balance write-off policy for non-governmental accounts with debit balances under $10.

The Company's policy is to bill for patient co-payments and make good faith efforts to collect such amounts. At the end of each reporting period, the Company estimates the amount of outstanding patient co-payments that will not be collected and the amount of outstanding co-payments that may be waived due to financial hardship based on a review of historical trends. This estimate is made as part of the Company's evaluation of the adequacy of its allowance for doubtful accounts. There have not been any material revisions in this estimate for the periods presented in this report.

Accounts Receivable Reserve Methodology

The Company has implemented a standardized approach to estimate and review the collectibility of its receivables based on accounts receivable aging trends. The Company analyzes historical collection trends, reimbursement experience and revenue adjustment trends by major payers, including Medicare and other payers, as well as by business lines as an integral part of the estimation process related to determining the valuation allowance for accounts receivable. In addition, the Company assesses the current state of its billing functions on a quarterly basis in order to identify any known collection or reimbursement issues to determine the impact, if any, on its reserve estimates, which involve judgment. Revisions in reserve estimates are recorded as an adjustment to the provision for doubtful accounts, which is reflected in selling, general and administrative expenses for continuing operations and in discontinued operations, net of tax in the consolidated statements of comprehensive income. The provision for doubtful accounts relating to continuing operations amounted to $6.7 million and $4.1 million in 2013 and 2012, respectively. The provision for doubtful accounts relating to continuing operations and discontinued operations amounted to $8.4 million and $0.1 million, respectively, in 2011. The allowance for doubtful accounts at December 31, 2013 and 2012 was

The Company provides employee health and welfare benefits under a self insured program and maintains stop loss coverage for individual claims in excess of $400 thousand for 2013. For the years ended December 31, 2013, 2012 and 2011, employee health and welfare benefit costs associated with continuing operations were $86.6 million, $87.5 million and $93.0 million, respectively. Employee health and welfare benefit costs associated with discontinued operations were $0.7 million for December 31, 2011. Differences in costs between years relate primarily to increased enrollment and the number and severity of individual claims incurred in each reported period. Changes in estimates of the Company's employee health and welfare claims are recorded in cost of services sold for clinical associates and in selling, general and administrative costs for administrative associates in the Company's consolidated statements of comprehensive income. There have not been any material revisions in estimates of prior year costs for the periods presented in this report.

The Company also maintains Directors and Officers liability insurance coverage with an aggregate limit of $60 million.

Other Accounting Policies

Cash and Cash Equivalents

The Company considers all investments with a maturity date three months or less from their date of acquisition to be cash equivalents, including money market funds invested in U.S. Treasury securities, short-term treasury bills and commercial paper. Cash and cash equivalents also included amounts on deposit with several major financial institutions in excess of the maximum amount insured by the Federal Deposit Insurance Corporation. Management believes that these major financial institutions are viable entities.

The Company had operating funds of approximately $5.5 million and $5.4 million at December 31, 2013 and 2012, respectively, which relate exclusively to a non-profit hospice operation managed in Florida.

Investments

During 2011, the Company sold its investment in CareCentrix Holdings Inc. The Company recorded accumulated and unpaid dividends on the preferred shares it held of approximately $8.6 million in 2011, which is reflected in dividend income in the Company's consolidated statements of comprehensive income. The Company also recorded a net gain of approximately $67.1 million, which is reflected in equity in net earnings of CareCentrix, including gain on sale in the Company's consolidated statements of comprehensive income.

As of December 31, 2013 and 2012, the Company held an investment, at cost, in CareCentrix Holdings Inc. of $0.9 million for shares that it expects to receive in settlement of certain tax amounts owed to the Company as set forth in the stock purchase agreement.

At December 31, 2013 and December 31, 2012, the Company had assets of $34.7 million and $27.7 million, respectively, held in a Rabbi Trust for the benefit of participants in the Company's non-qualified defined contribution retirement plan. The corresponding amounts payable to the plan participants are equivalent to the underlying value of the assets held in the Rabbi Trust. Assets held in a Rabbi Trust and amounts payable to plan participants are classified in other assets and other liabilities, respectively, in the Company's consolidated balance sheets.

Debt Issuance Costs

The Company amortizes deferred debt issuance costs over the term of its credit agreement and senior notes. As of December 31, 2013 and 2012, the Company had unamortized debt issuance costs of $28.3 million and $44.2 million, respectively, recorded in other assets in the Company's consolidated balance sheets.

On October 18, 2013, the Company entered into a new senior secured credit agreement and terminated the Company's existing credit agreement. In accordance with applicable guidance, due to changes in certain of the Company's participating lenders under the new credit agreement, the Company performed a debt modification analysis. That analysis resulted in the Company recording a write-off of a portion of its prepaid debt issuance costs of approximately $16.1 million, for the year ended December 31, 2013, which is reflected in interest expense in the Company's consolidated statement of income and capitalized debt issuance costs of approximately $24.2 million, which are being amortized over the life of the New Credit Agreement utilizing an effective interest rate methodology. See Note 10.

During 2012 and 2011, the Company recorded additional write-offs of prepaid debt issuance costs of approximately $0.5 million and $3.5 million, respectively, in conjunction with various amendments of its former credit facility which are reflected in interest expense in the Company's consolidated statements of comprehensive income.

that the fair value of an indefinite-lived intangible asset is less than its carrying amount. If a company concludes that this is the case, it must perform the two-step test. Otherwise, a company can skip the two-step test. The Company adopted ASU 2012-02 in the first quarter of 2013 and the adoption of ASU 2012-02 did not have a material impact on the Company's consolidated financial statements.

Note 4. Acquisitions and Dispositions

Acquisitions

During 2013, 2012 and 2011, the Company completed several acquisitions as further described below.

Harden Healthcare Holdings, Inc.

Effective October 18, 2013, the Company completed the acquisition of certain net assets relating to the home health, hospice and community care businesses of Harden Healthcare Holdings, Inc. ("Harden") pursuant to an Agreement and Plan of Merger dated as of September 18, 2013. The Company completed the acquisition as an entrance into the community care business, primarily throughout Texas, Oklahoma, Missouri and Kansas, and to expand its geographic coverage for its home health and hospice businesses. Total consideration for the acquisition was $426.8 million, exclusive of transaction costs, consisting of approximately $365.0 million in cash, $53.8 million in shares of Gentiva's common stock and additional contingent consideration of $9.5 million, recorded at estimated fair value of approximately $8.1 million. The contingent consideration includes (i) consulting agreements entered into with Capstar Partners, LLC and another former executive of Harden and (ii) a sub-lease termination agreement entered into with Capstar Investment Partners, L.P. See Note 16 for further information.

In connection with the acquisition, the Company entered into a new Senior Secured Credit Agreement providing for (i) a six-year $670 million Term Loan B facility, (ii) a five-year $155 million Term Loan C facility and (iii) a five-year $100 million revolving credit facility, which replaced the Company's existing credit agreement. The Company's existing credit agreement was terminated upon consummation of the Harden transaction. The Company utilized a combination of cash on hand and proceeds from the new senior secured term loan facility and a portion of the new revolving credit facility to fund the acquisition consideration, repay all amounts outstanding under Harden's then existing credit facility, which was then terminated, and repay all amounts outstanding under the Company's then existing credit facility, which was then terminated. See Note 12.

The financial results of Harden are included in the Company's consolidated financial statements from the acquisition date. The purchase price for the acquisition was allocated to the underlying assets acquired and liabilities assumed based on their estimated fair values at the date of the acquisition. Estimated fair values were based on various valuation methodologies, including market studies and a replacement cost method for fixed assets, an income approach using primarily discounted cash flow techniques for amortizable intangible assets, a cost approach considering both replacement cost and opportunity cost methods for indefinite-lived intangible assets and an estimated realizable value approach using historical trends and other relevant information for accounts receivable and certain accrued liabilities. For certain other assets and liabilities, including accounts payable and other accrued liabilities, the fair value was assumed to represent carrying value due to their short maturities. The excess of the purchase price over the fair value of the net identifiable tangible and intangible assets acquired was recorded as goodwill.

The fair values recorded were based upon a preliminary valuation. Estimates and assumptions used in such valuation are subject to change, which could be significant, within the measurement period (up to one year from the acquisition date). The primary areas of the preliminary valuation that are not yet finalized relate to the fair values of amounts for income taxes for certain tax carryforwards inclusive of associated limitations and valuation allowances, amounts payable to the former Harden shareholders for utilization of tax carryforwards, and the final amount of residual goodwill. The Company expects to continue to obtain information to assist it in determining the fair values of the net assets acquired at the acquisition date during the measurement period.

The unaudited pro forma results above reflect adjustments for (i) interest on debt incurred calculated using the Company's weighted average interest rate of 7.7 percent, (ii) income tax provision using an enacted tax rate of 40.0 percent, (iii) amortization of incremental identifiable intangible assets and (iv) acquisition and integration costs incurred. The information presented above is for illustrative purposes only and is not necessarily indicative of results that would have been achieved if the acquisition had occurred as of the beginning of the Company's 2012 reporting period.

Other Acquisitions

Appalachian Regional Health Systems

Effective September 30, 2013, the Company completed its acquisition of the assets and business of Appalachian Regional Health Systems, a provider of home health services with offices in Boone and Newland, North Carolina. Total consideration of $2.7 million, subject to post-closing adjustments, consisted of $2.1 million from the Company's existing cash reserves and $0.6 million held in escrow for certain post closing matters.

Wake Forest Baptist Health Care at Home, LLC

Effective August 23, 2013, the Company acquired 60 percent interest in the membership units of Wake Forest Baptist Health Care at Home, LLC for approximately $2.4 million, consisting of $2.2 million in cash and $0.2 million of other assets, and entered into an operating agreement with Wake Forest University Baptist Medical Center to provide home health services in the Winston-Salem, North Carolina geographical area.

Hope Hospice, Inc

Effective April 30, 2013, the Company completed its acquisition of the assets and business, pursuant to an asset purchase agreement, of Hope Hospice, Inc., a provider of hospice services located in Rochester, Indiana. Total non-cash consideration of $1.0 million consisted of the assumption of Hope Hospice's outstanding debt and existing liabilities as of the closing date.

Family Home Care Corporation

Effective August 31, 2012, the Company completed its acquisition of the assets and business of Family Home Care Corporation, one of the leading providers of home health and hospice services in the Washington and Idaho markets. Total consideration of $12.3 million, excluding transaction costs and subject to post-closing adjustments, was paid at the time of closing from the Company's existing cash reserves.

North Mississippi Hospice

Effective August 31, 2012, the Company completed its acquisition of the assets and business of North Mississippi Hospice, a provider of hospice services with offices in Oxford, Southhaven and Tupelo, Mississippi. Total consideration of $4.7 million, excluding transaction costs and a post-closing adjustment of $0.2 million, was paid from the Company's existing cash reserves.

Advocate Hospice

Effective July 22, 2012, the Company completed its acquisition of the assets and business of Advocate Hospice, a provider of hospice services located in Danville, Indiana, for consideration of $5.5 million, excluding transaction costs and subject to post-closing adjustments. The consideration included entering into an option purchase agreement with a third party covering membership interests in Advocate Hospice. The consideration was paid at the time of closing from the Company's existing cash reserves.

Additional consideration of up to $2.0 million is payable under the option agreement if certain earnout conditions are met, which the Company estimated fair value at acquisition date of $1.9 million, on a discounted cash flow basis. At December 31, 2012, the Company estimated the fair value of the contingent consideration at $1.1 million based upon certain average daily census growth targets and recorded an $0.8 million adjustment to the contingent consideration. During the second quarter of 2013, the average daily census growth target was met and the Company paid $1.5 million from the escrow to the sellers and retained $0.5 million in escrow for remaining indemnification provisions under the agreement. As such, the Company recorded a $0.9 million charge to adjust the contingent consideration to fair value, which is reflected in selling, general and administrative expense in the Company's consolidated statements of comprehensive income for the period ended December 31, 2013. During the third quarter of 2013, in accordance with the escrow agreement, an additional $0.2 million was paid to the sellers from the escrow fund.

The major classes of assets sold and liabilities assumed of the Home Health and Hospice branch operations that were sold were as follows (in thousands):

	2012	
	As of Date of Sale	December 31, 2011
Assets:		
Accounts receivable, net	$ 561	$ 526
Fixed assets, net	271	338
Intangible assets	1,356	1,356
Other assets	485	640
Total assets	2,673	2,860
Liabilities:		
Medicare liabilities	(86)	(18)
Other accrued Expenses	(405)	(41)
Total liabilities	(491)	(59)
Total	$ 2,182	$ 2,801

Discontinued Operations

Homemaker Services Agency and Rehab Without Walls® Operations

Effective October 14, 2011, the Company completed the sale of its homemaker services business ("IDOA") to Premier Home Health Care Services, Inc., pursuant to an asset purchase agreement, for total consideration of approximately $2.4 million, consisting of (i) cash proceeds of approximately $2.0 million and (ii) an escrow fund of approximately $0.4 million, to be received by the Company subject to certain post closing conditions. During 2012, the Company reduced the escrow fund receivable to approximately $0.3 million as a result of certain post closing conditions and received such funds during 2012.

Effective September 10, 2011, the Company completed the sale of its Rehab Without Walls® business to Southern Home Care Services, Inc., pursuant to an asset purchase agreement, for total consideration of approximately $9.8 million. The consideration consisted of (i) cash proceeds of approximately $9.2 million and (ii) an escrow fund of approximately $0.6 million which was received by the Company during 2012.

The assets of the Rehab Without Walls® and the IDOA businesses that were sold were as follows (in thousands):

	December 31, 2011
Non-current assets:	
Fixed assets, net	$ 183
Other assets	109
Total non-current assets	292
Total	$ 292

Net revenues and operating results for the year 2011 for Rehab Without Walls® and the IDOA businesses were (in thousands):

	For the Year Ended December 31, 2011
Net revenues	$ 22,819
Income before income taxes	$ 2,430
Gain on sale of business	11,475
Income tax expense	(5,590)
Discontinued operations, net of tax	$ 8,315

The estimated fair value of the acquisition contingent liabilities were determined using a discounted cash flow approach utilizing level 2 and level 3 inputs which included observable market discount rates, fixed payment schedules, and assumptions based on achieving certain pre-defined performance criteria. See Notes 4 and 16 for further information.

The following table provides a summary of changes in fair value of the Company's Level 3 financial assets (in thousands):

	Estimated Fair Value
Balance at December 31, 2011	$ —
Advocate Hospice fair value of acquisition contingent liability	1,100
Balance at December 31, 2012	1,100
Fair value adjustment of Advocate Hospice acquisition contingent liability	900
Fair value of Harden acquisition contingent liability	8,081
Payment of contingent liability	(2,062)
Included in earnings	91 (1)
Balance at December 31, 2013	$ 8,110

(1) Accretion of the present value of the contingent liability is recorded in interest expense and other on the Company's consolidated statements of comprehensive (loss) income. A 1 percent change in the discount rate would have an impact on the fair value of the contingent liability of approximately $0.2 million.

Other Financial Instruments

The carrying amount and estimated fair value of the Company's other financial instruments were as follows (in thousands):

	December 31, 2013		December 31, 2012	
	Carrying Amount	Estimated Fair Value	Carrying Amount	Estimated Fair Value
Assets:				
Note receivable from CareCentrix	$ 25,000	$ 26,403	$ 25,000	$ 25,220
Seller financing note receivable from CareCentrix	3,471	3,471	3,471	3,471
Liabilities:				
Long-term obligations	$ 1,177,000	$ 1,183,863	$ 935,182	$ 912,818

The estimated fair values of the notes receivable from CareCentrix were determined from Level 3 inputs based on an income approach using the discounted cash flow method. The fair values represent the net present value of (i) the after tax cash flows relating to each note's annual income stream plus (ii) the return of the invested principal using a maturity date of March 19, 2017, after considering assumptions relating to risk factors and economic conditions. The estimated fair value of the seller financing note receivable from CareCentrix approximates its carrying amount due to the expected pay-off of the note as part of a proposed settlement with the owners of CareCentrix. See Note 7 for additional information.

In determining the estimated fair value of long-term debt, Level 2 inputs based on the use of bid and ask prices were considered. Due to the infrequent number of transactions that occur related to the long-term debt, the Company does not believe an active market exists for purposes of this disclosure.

Cash Flow Hedge

The Company may utilize derivative financial instruments to manage interest rate risk. Derivatives are held only for the purpose of hedging such risk, not for speculative purposes. The Company's derivative instruments consisted of (i) a one year interest rate cap with a notional value of $220.0 million and (ii) until March 9, 2011, a two year forward starting interest rate swaps with notional value of $300.0 million, each agreement designated as a cash flow hedge of the variability of cash flows associated with a portion of the Company's variable rate term loans. During the first quarter of 2011, the Company terminated the two year forward starting interest rate swaps in connection with the refinancing of the Company's Term Loan A and Term Loan B facilities under its senior secured credit agreement. The Company paid approximately $0.3 million to terminate the interest rate swaps, which is reflected in interest expense and other in the Company's consolidated statement of comprehensive income in 2011. The Company's interest rate cap expired in November 2011. The Company currently holds no derivative financial instruments.

Corporate Integrity Agreement

Under Odyssey's five-year Corporate Integrity Agreement ("CIA") with the Office of Inspector General of the United States Department of Health and Human Services ("OIG"), which became effective on February 15, 2012, Odyssey must engage a third party to perform verification and unallowable cost reviews. In addition, Odyssey's eligibility review team must review the eligibility of Odyssey's Medicare beneficiaries for the hospice services those beneficiaries received and prepare an eligibility review report. Odyssey must submit to the OIG annually a report with respect to the status of, and findings regarding, Odyssey's compliance activities. Any overpayments identified by Odyssey are paid back to the various Medicare administrative contractors by April 1st of the following year. If Odyssey fails to comply with the terms of the CIA, it will be subject to penalties. In connection with the outcomes of these eligibility reviews, the Company has recorded the impact of these audits and established related reserves for ongoing audits of approximately $12.0 million and $4.9 million for the years ended December 31, 2013 and 2012, respectively, which is reflected as a reduction of net revenues in the Company's consolidated statements of comprehensive income.

PRRB Appeal

During 2013, the Company finalized its year 2000 cost reports, which are currently being settled by CMS. In connection with the finalized audit and the cost report settlements, the Company has recorded approximately $4.0 million as a positive adjustment to net revenues in the Company's consolidated statement of comprehensive income for the year ended December 31, 2013. See Note 15 for additional information.

Accounts Receivable

Accounts receivable attributable to major payer sources of reimbursement are as follows (in thousands):

	December 31, 2013	December 31, 2012
Medicare	$ 214,366	$ 192,541
Medicaid and Local Government	48,183	31,259
Commercial Insurance and Other	38,036	36,057
Gross Accounts Receivable	300,585	259,857
Less: Allowance for doubtful accounts	(10,680)	(8,777)
Net Accounts Receivable	$ 289,905	$ 251,080

The Commercial Insurance and Other payer group included self-pay accounts receivable relating to patient co-payments of $2.4 million and $1.7 million, respectively, as of December 31, 2013 and December 31, 2012.

The Company's only financing receivable is the notes receivable from CareCentrix, Inc. The Company measures impairment based on the present value of expected cash flows after considering assumptions relating to risk factors and economic conditions. On an ongoing basis, the Company assesses the credit quality based on the Company's review of CareCentrix, Inc.'s financial position and receipt of interest payments when due. Based on the Company's analysis, as of December 31, 2013 and 2012, the Company had no allowances for credit losses.

Note 7. Investment in and Notes Receivable from CareCentrix

Effective September 19, 2011, the Company sold its remaining investment in CareCentrix Holdings. The Company recorded accumulated and unpaid dividends on the preferred shares of approximately $8.6 million for 2011, which were reflected in dividend income in the Company's consolidated statements of comprehensive income. The Company also recorded a net gain of approximately $67.1 million, including an escrow of approximately $10.6 million, which was reflected in equity in net earnings of CareCentrix, in the Company's consolidated statements of comprehensive income.

The Company holds a $25.0 million subordinated promissory note from CareCentrix, Inc. In connection with the sale of the Company's ownership interest in CareCentrix Holdings on September 19, 2011, the maturity date of the note was extended to the earlier of March 19, 2017 or a sale of CareCentrix Holdings. The note bears interest at a fixed rate of 10 percent, which is payable quarterly. Interest on the CareCentrix promissory note, which is included in interest income in the Company's consolidated statements of comprehensive income, amounted to $2.5 million for each of the years 2013, 2012 and 2011.

Pursuant to the terms of the stock purchase agreement, approximately $10.6 million of the sale price due to the Company was placed into an escrow fund for future indemnification claims. During the year 2012, approximately $0.7 million of the escrow fund was paid out to cover expenses related to an indemnified claim.

In connection with the Odyssey acquisition, the Company conducted a strategic evaluation of its various field operating systems, including the Company's LifeSmart clinical management system, to review alternatives towards achieving a comprehensive platform, capable of handling both its Home Health and Hospice business segments. During 2011, the Company completed its review of alternatives to replacing various field operating systems and, in connection with that review, recorded a non-cash impairment charge of approximately $40.3 million related to developed software. In addition, the Company conducted a review of real estate it owned in Dothan, Alabama which indicated that the estimated fair value of the real estate was lower than the carrying value, and recorded a non-cash impairment charge of approximately $0.9 million. These charges are recorded in goodwill, intangibles and other long-lived asset impairment in the Company's consolidated statement of comprehensive income for the year ended December 31, 2011.

Note 9. Identifiable Intangible Assets and Goodwill

The Company is required to test goodwill and other indefinite-lived intangible assets for impairment on an annual basis and between annual tests if current events or circumstances require an interim impairment assessment. The Company allocates goodwill to its various reporting units upon the acquisition of the assets or stock of another third party business operation. The Company compares the fair value of each reporting unit to the carrying amount of their allocated net assets to determine if there is a potential impairment of goodwill. If the fair value of a reporting unit is less than its carrying value, an impairment loss is recorded to the extent that the fair value of the goodwill within the reporting unit is less than the carrying value of its goodwill. To determine the fair value of the Company's reporting units, the Company uses a present value (discounted cash flow) technique corroborated by market multiples when available, a reconciliation to market capitalization or other valuation methodologies and reasonableness tests, as appropriate. Determining the fair value of a reporting unit is judgmental in nature and requires the use of significant estimates and assumptions, including revenue growth rates, operating margins, discount rates and future market conditions, among others. The future occurrence of a potential indicator of impairment, such as, but not limited to, a significant adverse change in legal factors or business climate, reductions of projected patient census, an adverse action or assessment by a regulator, as well as other unforeseen factors, would require an interim assessment for some or all of the reporting units.

If the carrying amount of an indefinite-lived intangible asset exceeds its fair value, an impairment loss is recognized. Fair values of other indefinite-lived intangible assets are determined based on discounted cash flows or appraised values, as appropriate.

The Company's operations include three reporting units: Home Health, Hospice and Community Care. To determine fair value of each of these reporting units, the Company considered the income approach, which determines fair value based on estimated future cash flows of each reporting unit, discounted by an estimated weighted-average cost of capital ("discount rate"), which reflects the overall level of inherent risk of a reporting unit and the rate of return an outside investor would expect to earn. The Company determined that discounted cash flow is the best indicator to determine fair value.

The Company performed its annual impairment test as of December 31, 2013 for its Home Health, Hospice and Community Care reporting units. For purposes of the annual impairment test, the Company applied certain assumptions that included, but were not limited to, patient census projections, gross margin assumptions consistent with the Company's historical trends combined with the expectations of operating efficiencies and economies of scale. The Company used discount rates of 9.9 percent to calculate the fair value of its Home Health, Hospice and Community Care reporting units. Based on this assessment, for the year ended December 31, 2013, the Company recorded a non-cash impairment charge associated with its Hospice reporting unit of approximately $386.1 million, which is reflected in goodwill, intangibles and other long-lived asset impairment in the Company's consolidated statement of comprehensive income. The impairment primarily related to continued lower than expected average daily census in 2013 and lower expected growth in both volume and reimbursement rate assumptions in future years. The total allocated goodwill assigned to the Company's Home Health, Hospice and Community Care reporting units were $123.5 million, $150.0 million and $116.6 million, respectively, at December 31, 2013.

At March 31, 2013, the Company determined that a triggering event had occurred due to lower than expected average daily census and higher than expected discharge rates during the quarter and performed an interim impairment test of its Hospice reporting unit. For purposes of the interim impairment test, the Company applied certain assumptions that included, but were not limited to, patient census projections, gross margin assumptions consistent with the Company's historical trends combined with the expectations of operating efficiencies and economies of scale. To determine fair value, the Company considered the income approach, which determines fair value based on estimated future cash flows of the reporting unit, discounted by an estimated weighted-average cost of capital ("discount rate"), which reflects the overall level of inherent risk of a reporting unit and the rate of return an outside investor would expect to earn. The Company used a discount rate of 9.5 percent to calculate the fair value of its Hospice reporting unit. Based on the results of the interim impairment test, the Company's Hospice reporting unit had an estimated fair value of approximately $555.0 million. As such, the Company recorded a non-cash impairment charge relating to goodwill of approximately $220.8 million, which is reflected in goodwill,

During 2011, the Company undertook a comprehensive review of its branch structure, support infrastructure and other significant expenditures in order to reduce its ongoing operating costs given the challenging rate environment that the Company was facing. As a result of this effort, the Company closed or divested 46 home health branches and 13 hospice branches in late 2011 and early 2012. In connection with these activities, during 2011, the Company recorded charges of $1.1 million related to disposition of intangible assets for certain of the closed or divested branches. Approximately $0.7 million of these charges are recorded in gain on sale of assets and businesses, net and the remaining $0.4 million are recorded as selling, general and administrative expenses in the Company's consolidated statement of comprehensive income for the year ended December 31, 2011.

For 2013, 2012 and 2011, the Company recorded amortization expense of approximately $4.8 million, $10.0 million, and $13.0 million, respectively. The estimated amortization expense for each of the next five succeeding years approximates $5.7 million for 2014, $4.1 million for 2015, $3.1 million for 2016, $2.4 million for 2017, and $1.6 million for 2018.

The gross carrying amount of goodwill as of December 31, 2013 and December 31, 2012 and activity during the years 2013 and 2012 were as follows (in thousands):

	Goodwill, Gross				Accumulated Impairment Losses			
	Home Health	Hospice	Community Care	Total	Home Health	Hospice	Total	Net
Balance at December 31, 2011	$ 267,058	$ 831,648	$ —	$ 1,098,706	$ (263,370)	$ (193,667)	$ (457,037)	$ 641,669
Goodwill acquired during 2012	5,331	9,364	—	14,695	—	—	—	14,695
Balance at December 31, 2012	272,389	841,012	—	1,113,401	(263,370)	(193,667)	(457,037)	656,364
Goodwill acquired during 2013	114,435	103,273	116,645	334,353	—	—	—	334,353
Impairment losses during 2013	—	—	—	—	—	(600,636)	(600,636)	(600,636)
Balance at December 31, 2013	$ 386,824	$ 944,285	$ 116,645	$ 1,447,754	$ (263,370)	$ (794,303)	$ (1,057,673)	$ 390,081

The Company expects that substantially all of the goodwill acquired will be deductible for tax purposes with the exception of the Harden transaction which the Company expects approximately 20 percent of the goodwill to be tax deductible.

Medicare Licenses and Certificates of Need

Medicare licenses and certificates of need ("CON") represent the largest component of identifiable intangible assets. A Medicare license, which represents a provider number issued by the federal or state government, is a necessary requirement for any health care provider to be eligible to receive reimbursement for patient services under the government programs. A CON is a formal acknowledgment by a state government that a particular health care service, program or capital expenditure meets the identified needs of the state in providing health care to its population. For home health or hospice providers in certain regulated states, a CON functions as a permit or authorization to provide services in certain designated areas (i.e., counties or service areas) indefinitely. The CON process varies from state to state and is designed to prevent unnecessary duplication of services by regulating the number of providers that can engage in particular types of services within the service area. Currently, 17 states and the District of Columbia require CONs in order to operate a Medicare-certified home health agency, and 13 states and the District of Columbia require CONs in order to operate a Medicare-certified hospice agency. Without CON authority in these jurisdictions, a party is precluded from providing these services. The issuance of new CONs by most of these states has been very limited.

The amounts set forth in the table above for "Indefinite-lived intangible assets—Medicare licenses and certificates of need" reflect the value of Medicare licenses and CONs acquired during 2006 and thereafter. The carrying values of Medicare licenses were determined using a replacement cost and an opportunity cost approach, recognizing the time and expense to obtain a license as if such license had not previously existed in the geographic areas. The carrying values of CONs were determined using an income approach, recognizing that CONs represent a right to conduct business in otherwise restricted areas as discussed above and should be recognized as an intangible asset apart from goodwill in accordance with authoritative guidance.

The Company has also classified the Medicare licenses and CONs as indefinite-lived, and therefore determined that the value of these Medicare licenses and CONs should not be amortized, in accordance with authoritative guidance that states "if no legal, regulatory, contractual, competitive, economic, or other factors limit the useful life of an intangible asset to the reporting entity, the useful life of the asset shall be considered to be indefinite." The holder of a Medicare license may continue to provide services indefinitely as long as the healthcare provider continues to meet eligibility requirements. The holder of a CON may provide services in CON-approved counties indefinitely as long as services continue to be provided in a manner consistent with and as authorized by the respective CON. Furthermore, CONs are not subject to obsolescence because of

The costs incurred and cash expenditures associated with these activities during 2013, 2012 and 2011 were as follows (in thousands):

	Cost Savings Initiatives	Acquisition & Integration	Legal Settlements	Total
Balance at December 31, 2010	$ 2,893	$ 3,984	$ 12,500	$ 19,377
Charge in 2011	15,259	7,879	26,000	49,138
Cash expenditures	(7,680)	(8,155)	(12,500)	(28,335)
Non-cash expenditures	(1,801)	—	—	(1,801)
Balance at December 31, 2011	8,671	3,708	26,000	38,379
Charge in 2012	1,701	(989)	4,958	5,670
Cash expenditures	(8,544)	(1,492)	(30,958)	(40,994)
Non-cash expenditures	(143)	(216)	—	(359)
Balance at December 31, 2012	1,685	1,011	—	2,696
Charge in 2013	8,742	18,797	—	27,539
Cash expenditures	(3,525)	(9,550)	—	(13,075)
Non-cash expenditures	(656)	(79)	—	(735)
Non-cash reclassification	476	(476)	—	—
Balance at December 31, 2013	$ 6,722	$ 9,703	$ —	$ 16,425

The balance of unpaid charges relating to cost savings initiatives, and acquisition and integration activities aggregated $16.4 million and $2.7 million at December 31, 2013 and December 31, 2012, respectively. These items were included in other accrued expenses in the Company's consolidated balance sheets.

As of December 31, 2013 and December 31, 2012, the Company's long-term debt consisted of the following (in thousands):

	December 31, 2013	December 31, 2012
Credit Agreement:		
Term Loan A, matured October 18, 2013	$ —	$ 143,750
Term Loan B, matured October 18, 2013	—	466,432
Term Loan B, maturing October 18, 2019, net of unamortized discount of $6.508 million as of December 31, 2013	663,492	—
Term Loan C, maturing October 18, 2018, net of unamortized discount of $0.735 million as of December 31, 2013	154,265	—
11.5% Senior Notes due 2018	325,000	325,000
Revolving Credit Facility	27,000	—
Total debt	1,169,757	935,182
Less: current portion of long-term debt	(45,325)	(25,000)
Total long-term debt	$ 1,124,432	$ 910,182

As of December 31, 2013, advances under the revolving credit facility may be made, and letters of credit may be issued, up to the $100 million borrowing capacity of the facility at any time prior to the facility expiration date of October 18, 2018. Outstanding letters of credit were $52.0 million and $45.4 million at December 31, 2013 and December 31, 2012, respectively. The letters of credit were issued to guarantee payments under the Company's workers' compensation program and for certain other commitments. As of December 31, 2013, the Company's unused and available borrowing capacity under the New Credit Agreement was $21.0 million. As governed by the indenture covering the unsecured senior notes, the Company has a maximum permitted borrowing capacity, as defined, under its New Credit Agreement which may limit the Company's ability to borrow up to the full capacity of the revolving credit facility.

The Term Loan B facility is subject to mandatory principal payments of $6.7 million per year, payable in equal quarterly installments, with the remaining balance of the original $670 million loan payable on October 18, 2019. The Term Loan C facility is subject to annual mandatory principal payments, payable in equal quarterly installments. The mandatory principal payments for 2014 are $11.6 million and increase each year through the maturity date of the loan, October 18, 2018.

As of December 31, 2013, the mandatory aggregate principal payments of long-term debt were $18.3 million for 2014, $26.1 million in 2015, $29.9 million in 2016, $37.7 million in 2017, $76.5 million in 2018 and $636.5 million thereafter under the New Credit Agreement, and $325.0 million due in 2018 under the Senior Notes. The weighted average cash interest rate on outstanding borrowings was 7.7 percent per annum at December 31, 2013 and 8.2 percent per annum at December 31, 2012.

The Company may voluntarily repay outstanding loans under the revolving credit facility or the term loans at any time without premium or penalty, other than customary "breakage" costs with respect to LIBOR loans. Prepayment and commitment reductions will be required in connection with (i) certain asset sales, (ii) certain extraordinary receipts such as certain insurance proceeds, (iii) cash proceeds from the issuance of debt, and (iv) 75 percent of "Excess Cash Flow" (as defined in the New Credit Agreement) with two step-downs based on the Company's leverage ratio.

The interest rate per annum on borrowings under the New Credit Agreement is based on, at the option of the Company, (i) the Eurodollar Rate, adjusted for certain costs plus an Applicable Margin or (ii) the Base Rate, plus an Applicable Rate. The Base Rate represents the highest of (x) the Barclays Bank prime rate, (y) the federal funds rate plus 0.50 percent or (z) the Eurodollar Rate adjusted for certain costs plus 1.00 percent. In connection with determining the interest rates on the Term Loan B and Term Loan C facilities, in no event shall the Eurodollar Rate be less than 1.25 percent and the Base Rate be less than 2.25 percent. The Company may select interest periods of one, two, three or six months for Eurodollar Rate loans. Interest is payable at the end of the selected interest period. The Company must also pay a fee of 0.50 percent per annum on unused commitments under the revolving credit facility.

From January 1, 2013 through October 17, 2013, the interest rate on borrowings under the former Credit Agreement for term Loan A was 6.25 percent and Term Loan B was 6.50 percent per annum. For the period subsequent to October 17, 2013, under the New Credit Agreement the interest rate on Term Loan B borrowings is 6.50 percent, Term Loan C borrowings is 5.75 percent and revolving credit borrowings is 4.69 percent.

On or after September 1, 2014, Gentiva may redeem all or part of the Senior Notes at redemption prices set forth below plus accrued and unpaid interest and Additional Interest, if any, as defined in the indenture relating to the Senior Notes during the twelve month period beginning on September 1 of the years indicated below:

Year	Percentage
2014	105.750%
2015	102.875%
2016 and thereafter	100.000%

Note 13. Shareholders' Equity

The Company's authorized capital stock includes 25,000,000 shares of preferred stock, $.01 par value, of which 1,000 shares have been designated Series A Cumulative Non-voting Redeemable Preferred Stock ("cumulative preferred stock").

On October 18, 2013, the Company issued 4,812,414 shares of its common stock in connection with the acquisition of certain net assets relating to the home health, hospice and community care businesses of Harden.

On March 13, 2012, the Company announced that its Board of Directors had authorized the repurchase of up to $5,000,000 of shares of the Company's outstanding common stock (the "2012 Repurchase Program"). The repurchases can occur periodically in the open market or through privately negotiated transactions based on market conditions and other factors. During 2013, the Company did not repurchase any shares of its outstanding common stock. As of December 31, 2013, the Company had remaining authorization under the 2012 Repurchase Program to repurchase common stock with an aggregate purchase price of up to $1.5 million, subject to the additional limitations set forth below.

The Company's New Credit Agreement provides for repurchases of the Company's common stock not to exceed $7.5 million per year, and not to exceed $25.0 million per year if the consolidated leverage ratio is less than or equal to 3.5:1.0 immediately after giving effect on a pro forma basis to the repurchase. The indenture governing the Company's Senior Notes also contains limitations on the Company's repurchases of its common stock.

Note 14. Equity-Based Compensation Plans

The Company provides several equity-based compensation plans under which the Company's officers, employees and non-employee directors may participate, including (i) the 2004 Equity Incentive Plan (amended and restated as of March 16, 2011, as further amended by Amendment Nos. 1 and 2 thereto) ("2004 Plan"), (ii) the Stock & Deferred Compensation Plan for Non-Employee Directors ("DSU Plan") and (iii) the Employee Stock Purchase Plan ("ESPP"). Collectively, these equity-based compensation plans permit the grants of (i) incentive stock options, (ii) non-qualified stock options, (iii) stock appreciation rights, (iv) restricted stock, (v) performance units, (vi) stock units and (vii) cash, as well as allow employees to purchase shares of the Company's common stock under the ESPP at a pre-determined discount.

Under the 2004 Plan, 7.8 million shares of common stock are available for grant, which includes the additional 1.6 million shares of common stock last authorized on May 9, 2013 by the shareholders of the Company for issuance under the 2004 Plan. The maximum number of shares of common stock for which grants may be made in any calendar year to any 2004 Plan participant is 500,000. Under the 2004 Plan, stock options granted on and after February 25, 2009 will have a maximum term of seven years. Options granted prior to February 25, 2009 retain their ten year term. As of December 31, 2013, the Company had 1,850,597 shares available for issuance under the 2004 Plan.

For the year ended December 31, 2013, the Company recorded equity-based compensation expense, as calculated on a straight-line basis over the vesting periods of the related equity instruments, of $8.2 million as compared to $7.6 million and $7.5 million for the corresponding periods of 2012 and 2011, which were reflected as selling, general and administrative expense in the consolidated statements of comprehensive income. During 2011, the Company recorded non-cash compensation expense of approximately $0.4 million associated with modifications of stock options for a former executive officer, which is reflected as selling, general and administrative expense in the consolidated statements of comprehensive income.

Performance Based Awards

The Company may grant performance based awards under its 2004 Plan that are either settled in shares of the Company's common stock or settled in cash depending on the individual award type. Performance based awards may result in the issuance of a range of shares of common stock or cash based on the achievement of defined levels of performance criteria. Performance based awards also carry a three-year service period requirement from the date of grant to vest. Forfeitures are estimated utilizing the Company's historical forfeiture experience.

A summary of Gentiva's performance based share award activity by grant year as of December 31, 2013 is presented below:

	2010	2011	Number of Performance Share Units	Weighted-Average Exercise
Service period to vest:	3 years	3 years		
Performance range of target:	0% - 150%	0% - 200%		
Performance measured on:	EPS	EPS		
Performance measurement period:	1/3 based on 2010 results	90% based on 2011 results		
	1/3 based on 2011 results	10% based on 2013 results		
	1/3 based on 2012 results			
Performance target achieved:	2010 - 150%	2011 - 200%		
	2011 - 150%	2013 - 0%		
	2012 - 0%			
Performance share units:				
Balance as of December 31, 2012	33,700	166,750	200,450	$ 26.31
Forfeited	—	(1,800)	(1,800)	26.67
Change in performance achievement expectations	—	(6,650)	(6,650)	26.58
Issued	(33,700)	(158,300)	(192,000)	26.29
Balance as of December 31, 2013	—	—	—	$ —

These performance share units carry performance criteria measured on annual diluted earnings per share targets and fully vest at the end of a three-year service period provided the performance criteria are met. There were no grants of performance share units for 2012 or 2013.

As of December 31, 2013, all performance share units were fully vested and the Company had no unrecognized compensation cost related to performance based share awards. As of December 31, 2012, the Company had $1.5 million of total unrecognized compensation cost related to performance based share awards, which is expected to be recognized over a weighted-average period of 1.0 year.

A summary of Gentiva's performance based cash award activity by grant year as of December 31, 2013 is presented below:

	2012	2013
Service period to vest:	3 years	3 years
Performance range of target:	0% - 200%	0% - 240%
Performance measured on:	EPS	EPS
Performance measurement period:	1/2 based on 2012 results	60% based on 2013 results
	1/2 based on 2014 results	40% based on 2015 results
Performance target achieved:	2012 - 85%	2013 - 0%
Performance cash:		
Balance as of December 31, 2012	$ 1,293,687	$ —
Earned	1,225,589	1,005,832
Issued	—	—
Balance as of December 31, 2013	$ 2,519,276	$ 1,005,832

Note 15. Legal Matters

Litigation

In addition to the matters referenced in this Note 15, the Company is party to certain legal actions arising in the ordinary course of business, including legal actions arising out of services rendered by its various operations, personal injury and employment disputes. Management does not expect that these other legal actions will have a material adverse effect on the business, financial condition, results of operations, liquidity or capital resources of the Company.

On May 10, 2010, a collective and class action complaint entitled Lisa Rindfleisch et al. v. Gentiva Health Services, Inc. was filed in the United States District Court for the Eastern District of New York against the Company in which five former employees ("Plaintiffs") alleged wage and hour law violations. The former employees claimed they were paid pursuant to "an unlawful hybrid" compensation plan that paid them on both a per visit and an hourly basis, thereby voiding their exempt status and entitling them to overtime pay. Plaintiffs alleged continuing violations of federal and state law and sought damages under the Fair Labor Standards Act ("FLSA"), as well as under the New York Labor Law and North Carolina Wage and Hour Act ("NCWHA"). On October 8, 2010, the Court granted the Company's motion to transfer the venue of the lawsuit to the United States District Court for the Northern District of Georgia. On April 13, 2011, the Court granted Plaintiffs' motion for conditional certification of the FLSA claims as a collective action. On May 26, 2011, the Court bifurcated the FLSA portion of the suit into a liability phase, in which discovery closed on January 15, 2013, and a potential damages phase, to be scheduled pending outcome of the liability phase. Following a motion for partial summary judgment by the Company regarding the New York state law claims, Plaintiffs agreed voluntarily to dismiss those claims in a filing on December 12, 2011. Plaintiffs filed a motion for certification of a North Carolina state law class for NCWHA claims on January 20, 2012. On August 29, 2012, the Court denied Plaintiffs' motion for certification of a North Carolina state law class. The Company filed a motion for partial summary judgment on Plaintiffs' claims under the NCWHA on March 22, 2012, which the Court granted on January 16, 2013. On February 14, 2013, the Company filed two motions for partial summary judgment with regard to the Company's liability for Plaintiffs' FLSA claims. On the same day, Plaintiffs filed a motion for partial summary judgment in their favor with regard to the Company's liability. On July 26, 2013, the Court denied the Company's motion for summary judgment with regard to the Company's liability for Plaintiffs' FLSA claims and granted Plaintiffs' motion for summary judgment. On November 4, 2013, the Court denied the Company's motion to amend the District Court's July 26 Order to certify two legal issues for immediate interlocutory appeal to the Eleventh Circuit Court of Appeals. In its Order, the Court established a 30-day deadline for the Company to file its motion for decertification of the FLSA collective action class, which the Company then filed on December 4, 2013. If the District Court denies the Company's motion for decertification, the case will move into the damages phase of the litigation. If the District Court grants the Company's motion for decertification, the case will move into the damages phase of the litigation for the five named Plaintiffs only. While the parties continue to prepare to litigate the damages phase of the lawsuit and potential decertification of the collective action, the case remains conditionally certified with a class of approximately 1,000 allegedly similar employees seeking attorneys' fees, back wages and liquidated damages going back three years under the FLSA.

Based on the information the Company has at this time in the Rindfleisch lawsuit, the Company is unable to assess the probable outcome or potential liability, if any, arising from this proceeding on the business, financial condition, results of operations, liquidity or capital resources of the Company. The Company does not believe that an estimate of a reasonably possible loss or range of loss can be made for this lawsuit at this time. The Company intends to defend itself vigorously in this lawsuit.

On June 11, 2010, a collective and class action complaint entitled Catherine Wilkie, individually and on behalf of all others similarly situated v. Gentiva Health Services, Inc. was filed in the United States District Court for the Eastern District of California against the Company in which a former employee alleged wage and hour violations under the FLSA and California law. The complaint alleged that the Company paid some of its employees on both a per visit and hourly basis, thereby voiding their exempt status and entitling them to overtime pay. The complaint further alleged that California employees were subject to violations of state laws requiring meal and rest breaks, overtime pay, accurate wage statements and timely payment of wages. The plaintiff sought class certification, attorneys' fees, back wages, penalties and damages going back three years on the FLSA claim and four years on the state wage and hour claims. The Company denies the plaintiff's allegations but, following a March 2012 mediation, agreed to pay a total settlement amount of $5 million to settle the collective and class action claims. The federal district court granted final approval of the settlement on March 26, 2013, and funds were disbursed to the participating class members, 99 percent of whom timely negotiated their settlement checks. The unclaimed wages will escheat to the State of California, and any balance remaining will be distributed to a *cy pres* beneficiary at the conclusion of the escheat process. A status conference is scheduled for June 22, 2015, at which time the parties will present a final accounting of the settlement fund, and the court is expected to approve distribution of the residual to the *cy pres* beneficiary and dismiss the case.

officer/director. As a result of the court's decision, on March 6, 2014, the court entered final judgment in favor of all defendants on lead plaintiff's claims under Sections 11 and 15 of the 1933 Act.

Given the preliminary stage of the action, the Company is unable to assess the probable outcome or potential liability, if any, arising from the action on the business, financial condition, results of operations, liquidity or capital resources of the Company. The Company does not believe that an estimate of a reasonably possible loss or range of loss can be made for the action at this time. The defendants intend to defend themselves vigorously in the action.

Shareholder Derivative Litigation

On January 4, 2011 and October 31, 2011, two actions were filed against certain of Gentiva's current and former directors in Superior Court of DeKalb County in the State of Georgia, alleging, among other things, that Gentiva's board of directors breached its fiduciary duties to the Company. The actions were consolidated and, on February 9, 2012, plaintiffs filed a consolidated complaint (the "Georgia State Court Action"). The Georgia State Court Action, which named certain of Gentiva's current and former directors as defendants, alleged, among other things, that Gentiva's board of directors had actual or constructive knowledge that the Company's public disclosures misrepresented and failed to disclose that the Company improperly increased the number of in-home therapy visits to patients for the purpose of triggering higher reimbursement rates under HH PPS, which caused an artificial inflation in the price of Gentiva's common stock. On March 26, 2012, defendants filed a motion to dismiss the Georgia State Court Action and further requested a transfer to the Superior Court of Cobb County. On October 12, 2012, the Cobb County court granted defendants' motion to dismiss the consolidated complaint with prejudice. On November 30, 2012, one of the plaintiffs in the Georgia State Court Action made a demand on Gentiva's board of directors to take action to remedy the breaches of fiduciary duty alleged in the Georgia State Court Action. The board of directors formed a committee (the "Committee") to consider the demand.

On October 7 and October 13, 2011, two actions were filed against certain of Gentiva's current and former directors and officers in the United States District Court for the Northern District of Georgia, alleging, among other things, that Gentiva's board of directors breached its fiduciary duties to the Company. The actions also asserted a claim under Section 14(a) of the Securities Exchange Act of 1934. The actions were consolidated and, on March 5, 2012, plaintiffs filed a consolidated complaint (the "Georgia Federal Court Action"). The Georgia Federal Court Action, which named certain of Gentiva's current and former directors and officers as defendants, alleged, among other things, that Gentiva's board of directors had actual or constructive knowledge that the Company's public disclosures misrepresented and failed to disclose that the Company improperly increased the number of in-home therapy visits to patients for the purpose of triggering higher reimbursement rates under the HH PPS, which caused an artificial inflation in the price of Gentiva's common stock. The complaint further alleged that the Company's Proxy Statement for its 2010 Annual Meeting of Shareholders was materially false and misleading. On April 16, 2012, defendants filed a motion to dismiss the Georgia Federal Court Action and, on February 11, 2013, the court granted defendants' motion to dismiss with prejudice. On March 11, 2013, one of the plaintiffs in the Georgia Federal Court Action filed a notice of appeal to the United States Court of Appeals for the Eleventh Circuit. On April 10, 2013, that plaintiff and defendants filed a joint motion to dismiss the appeal with prejudice in the Eleventh Circuit. On April 30, 2013, that motion was granted. On August 2, 2013 and September 24, 2013, respectively, each of the plaintiffs in the Georgia Federal Court Action made a demand on Gentiva's board of directors to take action to remedy the breaches of fiduciary duty alleged in the Georgia Federal Court Action. The demands were considered by the Committee along with the November 30, 2012 demand, and, after conducting an investigation of the allegations contained in each of the three demands, the Committee and the Board determined that taking any or all of the demanded actions would not serve the best interests of Gentiva and its shareholders. Accordingly, the Board voted unanimously to reject the demands.

Government Matters

PRRB Appeal

In connection with the audit of the Company's 1997 cost reports, the Medicare fiscal intermediary made certain audit adjustments related to the methodology used by the Company to allocate a portion of its residual overhead costs. The Company filed cost reports for years subsequent to 1997 using the fiscal intermediary's methodology. The Company believed the methodology it used to allocate such overhead costs was accurate and consistent with past practice accepted by the fiscal intermediary; as such, the Company filed appeals with the Provider Reimbursement Review Board ("PRRB") concerning this issue with respect to cost reports for the years 1997, 1998 and 1999. The Company's consolidated financial statements for the years 1997, 1998 and 1999 had reflected use of the methodology mandated by the fiscal intermediary. In June 2003, the Company and its Medicare fiscal intermediary signed an Administrative Resolution relating to the issues covered by the appeals pending before the PRRB. Under the terms of the Administrative Resolution, the fiscal intermediary agreed to reopen and adjust the Company's cost reports for the years 1997, 1998 and 1999 using a modified version of the methodology used by the Company prior to 1997. This modified methodology will also be applied to cost reports for the year 2000, which are

recorded at estimated fair value of approximately $8.1 million. Under the terms of the related Agreement and Plan of Merger dated as of September 18, 2013 ("Merger Agreement"), R. Steven Hicks, one of the Harden selling stockholders and one of the Company's directors, received 481,288 shares of Gentiva's common stock. In addition, five trusts, of which Mr. Hicks was trustee, received an aggregate of 484,715 shares of Gentiva's common stock, and two entities, of which one Mr. Hicks was the managing member and of which the other Mr. Hicks was managing partner of its general partner, received an aggregate of 1,955,905 shares of Gentiva's common stock. Mr. Hicks, the five trusts (in the aggregate) and the two entities (in the aggregate) also received approximately $0.89 million, $0.89 million and $3.6 million, respectively, in cash consideration pursuant to the terms of the Merger Agreement.

Pursuant to the Merger Agreement, Mr. Hicks serves as "Stockholder Representative" of the former Harden securityholders who are signatory to the Merger Agreement. In that capacity, Mr. Hicks is responsible for representing the interests of the former securityholders under the Merger Agreement, including in respect of any indemnity claims that may arise.

In connection with the Company's acquisition of Harden Healthcare Holdings, effective October 18, 2013, the Company entered into a Stockholders' Agreement among the Harden sellers and R. Steven Hicks, one of the Company's directors, pursuant to which the Company's Board of Directors agreed to appoint Mr. Hicks to serve on the Board of Directors as its Vice Chairman and to nominate Mr. Hicks for election at the Annual Meeting. Pursuant to the Stockholders' Agreement, the Company also (i) agreed to file, not later than 30 days following the closing date, a shelf registration statement on Form S-3 registering the resale of shares of Gentiva's common stock issued to the Harden sellers in connection with the acquisition and (ii) granted the Harden sellers certain piggyback registration rights, subject to customary cutback provisions. In November 2013, the Company filed the shelf registration statement on Form S-3, which was declared effective by the Securities and Exchange Commission in December 2013.

On October 18, 2013, the Company also entered into a five-year Consulting Agreement with Capstar Partners, LLC ("Capstar"), a Texas limited partnership of which Mr. Hicks has been Chairman since 2000, pursuant to which Capstar will provide the Company with certain transitional, strategic or commercial matters, including assistance with the development and maintenance of relationships with key customers and third party payors. Pursuant to the Consulting Agreement, the Company has agreed to pay Capstar, for each of five calendar years commencing January 1, 2014, an amount equal to $1.0 million per year if the reimbursement rate for certain healthcare services in the State of Texas exceeds a specified base reimbursement rate. If for any reason such reimbursement rate fails to exceed the specified base reimbursement rate, Capstar will not be entitled to any payment under the Consulting Agreement for such year. In addition, on October 18, 2013, the Company entered into an agreement pursuant to which Capstar Investment Partners, L.P., a Texas limited partnership in which Mr. Hicks has an indirect material interest ("Capstar L.P."), agreed to terminate a certain sublease agreement in connection with the Company's acquisition of Harden. Under the agreement, the Company agreed to pay Capstar L.P., for each of five calendar years commencing January 1, 2014, an amount equal to either (i) $750,000 if the reimbursement rate for certain healthcare services in the State of Texas exceeds the specified base reimbursement rate for such year and (ii) $0 if such reimbursement rate fails to exceed the specified base reimbursement rate for such year. Effective December 31, 2013, Capstar L.P. assigned its right under the sublease termination agreement to Capstar. Although the Company's policies did not require that the Company's Audit Committee pre-approve the transactions as Mr. Hicks was not a director prior to the acquisition of Harden, the transactions were reviewed by the Company's Board of Directors prior to closing.

Note 17. Commitments

The Company rents certain properties under non-cancelable, long-term operating leases, which expire at various dates. Certain of these leases require additional payments for taxes, insurance and maintenance and, in many cases, provide for renewal options. Rent expense under all leases associated with the Company's continuing operations was $45.9 million in 2013, $45.3 million in 2012 and $47.9 million in 2011. Rent expense associated with the Company's discontinued operations amounted to $0.6 million for 2011.

Deferred income tax assets and deferred tax liabilities are as follows (in thousands):

	December 31, 2013	December 31, 2012
Deferred tax assets		
Current:		
Reserves and allowances	$ 18,840	$ 8,833
Payroll and related accruals	5,343	5,953
Net operating loss carryforwards, state	6,216	—
Other	409	446
Less: valuation allowance	(777)	(511)
Total current deferred tax assets	30,031	14,721
Noncurrent:		
Equity compensation	17,376	16,940
Deferred rent	2,241	2,935
Net operating loss carryforwards, federal	12,141	—
Capital loss carryforward	232	—
Federal tax credit carryforwards	4,408	4,809
Other	5,920	3,669
Less: valuation allowance	(2,864)	(2,367)
Total noncurrent deferred tax assets	39,454	25,986
Total deferred tax assets	69,485	40,707
Deferred tax liabilities:		
Current:		
Prepaid assets	(1,873)	(2,458)
Other	(5)	—
Total current deferred tax liabilities	(1,878)	(2,458)
Noncurrent:		
Fixed assets	(2,684)	(1,409)
Intangible assets	(40,544)	(51,546)
Developed software	(3,568)	(4,559)
Financing fees	(1,940)	(10,637)
Other	(543)	—
Total non-current deferred tax liabilities	(49,279)	(68,151)
Total deferred tax liabilities	(51,157)	(70,609)
Net deferred tax assets (liabilities)	$ 18,328	$ (29,902)

At December 31, 2013 and 2012, current net deferred tax assets were $28.2 million and $12.3 million, respectively and non-current net deferred tax liabilities were $9.8 million and $42.2 million, respectively.

At December 31, 2013, the Company had a federal tax credit carryforwards of $4.4 million, a federal net operating loss of $34.7 million, and a federal capital loss carryforward of $0.7 million. The Company had a deferred tax asset of $4.4 million for the federal tax credit carryforwards, $12.1 million for the federal net operating loss, and $0.2 million for the federal capital loss carryforwards. A valuation allowance of $0.2 million has been recorded to reduce the deferred tax asset for the capital loss carryforward to its estimated realizable value. The Company had state net operating loss carryforwards of approximately $133.0 million that expire beginning in 2014. Deferred tax assets relating to the state net operating loss carryforward approximate $6.2 million. A valuation allowance of $3.4 million has been recorded to reduce this deferred tax asset to its estimated realizable value since certain state net operating loss carryforwards may expire before realization. The majority of the federal carryforwards and approximately $15.6 million of the state net operating losses are from the Harden Healthcare Holdings, Inc. acquisition and are subject to Internal Revenue Code §382 limitations.

Note 20. Business Segment Information

The Company's operations involve servicing its patients and customers through its Home Health, Hospice, and Community Care segments.

Home Health

The Home Health segment is comprised of direct home nursing and therapy services operations, including specialty programs. The Company conducts direct home nursing and therapy services operations through licensed and Medicare-certified agencies, located in 38 states, from which the Company provides various combinations of skilled nursing and therapy services and paraprofessional nursing services to adult and elder patients. The Company's direct home nursing and therapy services operations also deliver services to its customers through focused specialty programs that include:

- Gentiva Orthopedics, which provides individualized home orthopedic rehabilitation services to patients recovering from joint replacement or other major orthopedic surgery;
- Gentiva Safe Strides®, which provides therapies for patients with balance issues who are prone to injury or immobility as a result of falling;
- Gentiva Cardiopulmonary, which helps patients and their physicians manage heart and lung health in a home-based environment;
- Gentiva Neurorehabilitation, which helps patients who have experienced a neurological injury or condition by removing the obstacles to healing in the patient's home; and
- Gentiva Senior Health, which addresses the needs of patients with age-related diseases and issues to effectively and safely stay in their homes.

In addition, through May 31, 2012, the Company provided consulting services to home health agencies, which included operational support, billing and collection activities, and on-site agency support and consulting. For 2011, the Company's Rehab Without Walls® and IDOA businesses are reflected as discontinued operations in accordance with applicable accounting guidance. See Note 4 for additional information.

Hospice

The Hospice segment serves terminally ill patients and their families through Medicare-certified providers operating in 30 states. Comprehensive management of the healthcare services and products needed by hospice patients and their families are provided through the use of an interdisciplinary team. Depending on a patient's needs, each hospice patient is assigned an interdisciplinary team comprised of a physician, nurse(s), home health aide(s), medical social worker(s), chaplain, dietary counselor and bereavement coordinator, as well as other care professionals.

The Hospice segment also delivers services through focused specialty programs that include:

- Memory Care Specialty Program, which provides an individualized disease management program addressing the physical needs specific to Alzheimer's and dementia patients and support mechanisms for their caregivers; and
- Cardiac Specialty Program, which helps patients and their physicians aggressively manage symptoms associated with heart disease, focusing on quality of life and pain control.

Community Care

The Community Care segment serves patients who have chronic or long-term disabilities who need help with routine personal care operating in 5 states: Texas, Missouri, Oklahoma, North Carolina and Kansas. These services include help with personal needs, such as bathing and dressing, and household activities, such as laundry and shopping, all of which help enable the patient to remain at home. Community Care services are funded primarily through state Medicaid programs which vary state to state.

Corporate Expenses

Corporate expenses consist of costs relating to executive management and corporate and administrative support functions that are not directly attributable to a specific segment, including equity-based compensation expense. Corporate and administrative support functions represent primarily information services, accounting and finance, tax compliance, risk management, procurement, marketing, clinical administration, training, legal and human resource benefits and administration.

Other Information

The Company's senior management evaluates performance and allocates resources based on operating contributions of the reportable segments, which exclude corporate expenses, depreciation, amortization and net interest costs, but include revenues and all other costs (including special items) directly attributable to the specific segment. Segment assets represent net

Segment information about the Company's operations is as follows (in thousands):

	Home Health		Hospice		Community Care	Total	
For the year ended December 31, 2013							
Net revenue	$ 965,848		$ 715,190		$ 45,606	$ 1,726,644	
Operating contribution	$ 113,809	(1)	$ 78,810	(1)	$ 6,385	$ 199,004	
Corporate expenses						(96,146)	(1)
Goodwill, intangibles and other long-lived asset impairment						(610,436)	(3)
Depreciation and amortization						(20,110)	
Interest expense and other, net						(110,384)	(2)
(Loss) from continuing operations before income taxes and equity in earnings of affiliate						$ (638,072)	
Segment assets	$ 406,806		$ 357,044	(3)	172,418	$ 936,268	
Corporate assets						326,349	(3)
Total assets						$ 1,262,617	
For the year ended December 31, 2012							
Net revenue	$ 948,019		$ 764,785		$ —	$ 1,712,804	
Operating contribution	$ 125,445	(1)	$ 133,133	(1)	$ —	$ 258,578	
Corporate expenses						(83,700)	(1)
Goodwill, intangibles and other long-lived asset impairment						(19,132)	(3)
Depreciation and amortization						(26,581)	
Gain on sale of businesses						8,014	
Interest expense and other, net						(89,947)	(2)
Income from continuing operations before income taxes and equity in loss of affiliate						$ 47,232	
Segment assets	$ 242,603	(3)	$ 858,502	(3)	$ —	$ 1,101,105	
Corporate assets						409,829	
Total assets						$ 1,510,934	
For the year ended December 31, 2011							
Net revenue	$ 1,012,566		$ 786,212		$ —	$ 1,798,778	
Operating contribution	$ 126,194	(1)	$ 139,723	(1)	$ —	$ 265,917	
Corporate expenses						(115,861)	(1)
Goodwill, intangibles and other long-lived asset impairment						(643,305)	(3)
Dividend income						8,590	(4)
Depreciation and amortization						(30,140)	
Gain on sale of assets and businesses, net						1,061	
Interest expense and other, net						(88,610)	(2)
(Loss) from continuing operations before income taxes and equity in earnings of affiliate						$ (602,348)	
Segment assets	$ 239,751	(3)	$ 905,284	(3)	$ —	$ 1,145,035	
Corporate assets						385,293	(3)
Total assets						$ 1,530,328	

(1) For the years ended December 31, 2013, 2012 and 2011, the Company recorded charges relating to cost savings initiatives and other restructuring costs, acquisition and integration costs and legal settlements of $27.5 million, $5.7 million and $49.1 million, respectively. See Note 10 for additional information.

Note 21. Supplemental Guarantor and Non-Guarantor Financial Information

Gentiva's guarantor subsidiaries are guarantors to the Company's debt securities which are registered under the Securities Act of 1933, as amended. The condensed consolidating financial statements presented below are provided pursuant to Rule 3-10 of Regulation S-X. Separate financial statements of each subsidiary guaranteeing Gentiva's debt securities are not presented because the guarantor subsidiaries are jointly and severally, fully and unconditionally liable under the guarantees, subject to certain customary release provisions and 100 percent owned by the Company. There are no restrictions on the ability to obtain funds from these subsidiaries by dividends or other means.

The following condensed consolidating financial statements include the balance sheets as of December 31, 2013 and December 31, 2012, statements of comprehensive income for the years ended December 31, 2013, December 31, 2012 and December 31, 2011 and statements of cash flows for the years ended December 31, 2013, December 31, 2012 and December 31, 2011 of (i) Gentiva Health Services, Inc., (ii) its guarantor subsidiaries, and (iii) its non-guarantor subsidiaries, (in each case, reflecting investments in its consolidated subsidiaries under the equity method of accounting) along with eliminations necessary to arrive at the information for the Company on a consolidated basis. Reclassifications have been made to the 2012 Condensed Consolidating Balance Sheet to conform to the current year presentation which reflects the Company's debt issuance costs and the unamortized discount on the Company's term loans under Gentiva Health Services, Inc., with the accompanying debt, and not as assets and liabilities of the guarantor subsidiaries. The condensed consolidating financial statements should be read in conjunction with the accompanying consolidated financial statements.

Condensed Consolidating Balance Sheet
December 31, 2012
(In thousands)

	Gentiva Health Services, Inc.	Guarantor Subsidiaries	Non-Guarantor Subsidiaries	Eliminations	Consolidated Total
ASSETS					
Current assets:					
Cash and cash equivalents	$ 166,140	$ —	$ 40,912	$ —	$ 207,052
Receivables, net	—	245,191	19,744	(13,855)	251,080
Deferred tax assets, net	—	10,280	1,983	—	12,263
Prepaid expenses and other current assets	—	36,899	8,733	—	45,632
Total current assets	166,140	292,370	71,372	(13,855)	516,027
Note receivable from CareCentrix	—	28,471	—	—	28,471
Fixed assets, net	—	41,066	348	—	41,414
Intangible assets, net	—	193,513	100	—	193,613
Goodwill	—	650,300	6,064	—	656,364
Investment in subsidiaries	1,002,204	27,210	—	(1,029,414)	—
Other assets	44,219	30,820	6	—	75,045
Total assets	$ 1,212,563	$ 1,263,750	$ 77,890	$ (1,043,269)	$ 1,510,934
LIABILITIES AND EQUITY					
Current liabilities:					
Current portion of long-term debt	$ 25,000	$ —	$ —	$ —	$ 25,000
Accounts payable	—	27,300	—	(13,855)	13,445
Other current liabilities	—	202,321	49,133	—	251,454
Total current liabilities	25,000	229,621	49,133	(13,855)	289,899
Long-term debt	910,182	—	—	—	910,182
Deferred tax liabilities, net	—	42,165	—	—	42,165
Other liabilities	—	33,979	9	—	33,988
Total Gentiva shareholders' equity	277,381	957,985	27,210	(1,029,414)	233,162
Noncontrolling interests	—	—	1,538	—	1,538
Total equity	277,381	957,985	28,748	(1,029,414)	234,700
Total liabilities and equity	$ 1,212,563	$ 1,263,750	$ 77,890	$ (1,043,269)	$ 1,510,934

Condensed Consolidating Statement of Comprehensive Income
For the Year Ended December 31, 2012
(In thousands)

	Gentiva Health Services, Inc.	Guarantor Subsidiaries	Non-Guarantor Subsidiaries	Eliminations	Consolidated Total
Net revenues	$ —	$ 1,666,368	$ 61,656	$ (15,220)	$ 1,712,804
Cost of services sold	—	884,903	39,058	(15,220)	908,741
Gross profit	—	781,465	22,598	—	804,063
Selling, general and administrative expenses	—	(638,975)	(16,791)	—	(655,766)
Goodwill, intangibles and other long-lived asset impairment	—	(19,132)	—	—	(19,132)
Gain on sale of assets and businesses, net	—	8,014	—	—	8,014
Interest (expense) and other, net	(90,054)	—	107	—	(89,947)
Equity in earnings of subsidiaries	79,622	3,038	—	(82,660)	—
(Loss) income before income taxes and equity in net (loss) earnings of CareCentrix	(10,432)	134,410	5,914	(82,660)	47,232
Income tax benefit (expense)	37,228	(52,487)	(1,992)	—	(17,251)
Equity in net (loss) earnings of CareCentrix	—	(2,301)	—	—	(2,301)
Net income	26,796	79,622	3,922	(82,660)	27,680
Noncontrolling interests	—	—	(884)	—	(884)
Net income attributable to Gentiva shareholders	$ 26,796	$ 79,622	$ 3,038	$ (82,660)	$ 26,796
Comprehensive income	$ 26,796	$ 79,622	$ 3,922	$ (82,660)	$ 27,680

Condensed Consolidating Statement of Cash Flows
For the Year Ended December 31, 2013
(In thousands)

	Gentiva Health Services, Inc.	Guarantor Subsidiaries	Non-Guarantor Subsidiaries	Eliminations	Consolidated Total
OPERATING ACTIVITIES:					
Net cash (used in) provided by operating activities	$ (29,406)	$ 80,742	$ (10,194)	$ (4,037)	$ 37,105
INVESTING ACTIVITIES:					
Purchase of fixed assets	—	(18,690)	(385)	—	(19,075)
Proceeds from sale of businesses	—	508	—	—	508
Proceeds from the sale of assets	—	203	—	—	203
(Payments to) proceeds from affiliates	—	(7,400)	—	7,400	—
Acquisition of businesses	—	(356,935)	(2,500)	—	(359,435)
Net cash (used in) provided by investing activities	—	(382,314)	(2,885)	7,400	(377,799)
FINANCING ACTIVITIES:					
Proceeds from issuance of common stock	3,231	—	—	—	3,231
Windfall tax benefits associated with equity-based compensation	119	—	—	—	119
Payment of contingent consideration accrued at acquisition date	—	(1,675)	—	—	(1,675)
Proceeds from issuance of debt	817,525	—	—	—	817,525
Borrowings under revolving credit facility	27,000	—	—	—	27,000
Intercompany dividend	—	—	(2,300)	2,300	—
Repayment of long-term debt	(610,182)	—	—	—	(610,182)
Debt issuance costs	(15,187)	—	—	—	(15,187)
Investment in affiliate	—	—	5,000	(5,000)	—
Minority interest capital contribution	—	—	1,600	—	1,600
Majority interest capital contribution	—	—	2,400	(2,400)	—
Distribution to minority interests	—	—	(750)	—	(750)
Distribution to majority interests	—	—	(1,737)	1,737	—
Other	(889)	(28)	(165)	—	(1,082)
Net payments related to intercompany financing	(303,275)	303,275	—	—	—
Net cash provided by (used in) financing activities	(81,658)	301,572	4,048	(3,363)	220,599
Net change in cash and cash equivalents	(111,064)	—	(9,031)	—	(120,095)
Cash and cash equivalents at beginning of period	166,140	—	40,912	—	207,052
Cash and cash equivalents at end of period	$ 55,076	$ —	$ 31,881	$ —	$ 86,957

Condensed Consolidating Statement of Cash Flows
For the Year Ended December 31, 2011
(In thousands)

	Gentiva Health Services, Inc.	Guarantor Subsidiaries	Non-Guarantor Subsidiaries	Eliminations	Consolidated Total
OPERATING ACTIVITIES:					
Net cash (used in) provided by operating activities	$ (46,730)	$ 51,221	$ 650	$ —	$ 5,141
INVESTING ACTIVITIES:					
Purchase of fixed assets	—	(19,053)	(178)	—	(19,231)
Proceeds from sale of businesses	—	146,261	54	—	146,315
Acquisition of businesses	—	(320)	—	—	(320)
Net cash provided by (used in) investing activities	—	126,888	(124)	—	126,764
FINANCING ACTIVITIES:					
Proceeds from issuance of common stock	7,901	—	—	—	7,901
Windfall tax benefits associated with equity-based compensation	192	—	—	—	192
Repayment of long-term debt	(63,438)	—	—	—	(63,438)
Debt issuance costs	(15,460)	—	—	—	(15,460)
Repayment of capital lease obligations	(267)	—	—	—	(267)
Other	—	(22)	(651)	—	(673)
Net payments related to intercompany financing	178,087	(178,087)	—	—	—
Net cash provided by (used in) financing activities	107,015	(178,109)	(651)	—	(71,745)
Net change in cash and cash equivalents	60,285	—	(125)	—	60,160
Cash and cash equivalents at beginning of period	63,816	—	40,936	—	104,752
Cash and cash equivalents at end of period	$ 124,101	$ —	$ 40,811	$ —	$ 164,912

(3) For the fourth quarter of 2012, income (loss) before income taxes and equity in net earnings of CareCentrix, includes a $2.6 million pre-tax gain related to the sale of the Phoenix area hospice operations.

For the second quarter of 2012, income (loss) before income taxes and equity in net earnings of CareCentrix, includes a $5.4 million pre-tax gain associated with the sale of (i) the Gentiva consulting business and (ii) the sale of eight home health branches and four hospice branches in Louisiana.

(4) In anticipation of a settlement of claims alleged by the owner of CareCentrix and working capital adjustments as set forth in the stock purchase agreement, during the fourth quarter of 2012, the Company recorded a $6.5 million adjustment to the seller financing note receivable to reflect its revised estimated fair value of $3.4 million, which is recorded in equity in net loss of CareCentrix.

Management's Responsibility for Financial Statements

Management is responsible for the preparation of the Company's consolidated financial statements and related information appearing in this annual report on Form 10-K. Management believes that the consolidated financial statements fairly reflect the form and substance of transactions and that the financial statements reasonably present the Company's financial position and results of operations in conformity with generally accepted accounting principles. Management also has included in the Company's financial statements amounts that are based on estimates and judgments which it believes are reasonable under the circumstances.

The independent registered public accounting firm audits the Company's consolidated financial statements in accordance with the standards of the Public Company Accounting Oversight Board ("PCAOB") and provides an objective, independent review of the fairness of reported operating results and financial position.

The Board of Directors of the Company has an Audit Committee comprised of four independent directors. The Audit Committee meets at least quarterly with financial management, the internal auditors and the independent registered public accounting firm to review accounting, control, auditing and financial reporting matters.

Management's Report on Internal Control over Financial Reporting

Our management is responsible for establishing and maintaining adequate internal control over financial reporting, as such term is defined in Exchange Act Rule 13a-15(f). Under the supervision and with the participation of our management, including our principal executive officer and principal financial officer, we conducted an evaluation of the effectiveness of our internal control over financial reporting based on the framework in *Internal Control—Integrated Framework (1992)* issued by the Committee of Sponsoring Organizations of the Treadway Commission.

Based on our evaluation under the framework in *Internal Control—Integrated Framework (1992)*, our management concluded that our internal control over financial reporting was effective as of December 31, 2013.

In October 2013, the Company acquired Harden Healthcare Holdings, Inc. and its home health, hospice and community care businesses in a purchase business combination. Management has excluded Harden Healthcare Holdings, Inc. from its assessment of internal control over financial reporting as of December 31, 2013, as allowed by the PCAOB, due to the relative short period between the acquisition date and the internal control assessment date. Harden Healthcare Holdings, Inc. is a wholly-owned subsidiary whose total assets and total revenues represent 6 percent and 6 percent, respectively, of the related consolidated financial statement amounts as of and for the year ended December 31, 2013.

The effectiveness of our internal control over financial reporting as of December 31, 2013 has been audited by PricewaterhouseCoopers LLP, an independent registered public accounting firm, as stated in their report appearing on page 118.

Item 9. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure

There have been no such changes or disagreements.

Item 9A. Controls and Procedures

Section 404 of the Sarbanes-Oxley Act of 2002 requires management to include in this annual report on Form 10-K a report on management's assessment of the effectiveness of the Company's internal control over financial reporting, as well as an attestation report from the Company's independent registered public accounting firm on the effectiveness of the Company's internal control over financial reporting. Management's Report on Internal Control over Financial Reporting and the related attestation report from the Company's independent registered public accounting firm are located on pages 117 and 118, respectively, of this annual report on Form 10-K and are incorporated herein by reference.

Evaluation of disclosure controls and procedures.

The Company's Chief Executive Officer and Chief Financial Officer have evaluated the effectiveness of the design and operation of the Company's disclosure controls and procedures (as defined in the Securities Exchange Act of 1934 ("Exchange Act") Rule 13a-15(e)) as of the end of the period covered by this report. Based on that evaluation the Company's Chief Executive Officer and Chief Financial Officer have concluded that the Company's disclosure controls and procedures are effective as of the end of such period to ensure that information required to be disclosed by the Company in the reports that it files or submits under the Exchange Act is recorded, processed, summarized and reported within the time periods specified in the SEC's rules and forms.

Changes in internal control over financial reporting.

As required by Exchange Act Rule 13a-15(d), the Company's Chief Executive Officer and Chief Financial Officer evaluated the Company's internal control over financial reporting to determine whether any change occurred during the quarter ended December 31, 2013 that has materially affected, or is reasonably likely to materially affect, the Company's internal control over financial reporting. Based on that evaluation, there has been no such change during such quarter.

Item 9B. Other Information

None.

PART III

Item 10. Directors, Executive Officers and Corporate Governance

Information required by this item regarding our directors is incorporated herein by reference to information under the captions "Proposal 1 Election of Directors" and "Corporate Governance" to be contained in our Proxy Statement to be filed with the SEC with regard to our 2014 Annual Meeting of Shareholders ("2014 Proxy Statement"). See also the information regarding our executive officers at the end of PART I hereof, which is incorporated herein by reference.

Certain other information required by this item is incorporated herein by reference to information under the caption "Section 16(a) Beneficial Ownership Reporting Compliance" to be contained in our 2014 Proxy Statement.

We have adopted a Code of Ethics for Senior Financial Officers ("Code of Ethics") that applies to our executive chairman, principal executive officer, principal financial officer and principal accounting officer and controller. A copy of the Code of Ethics is posted on our Internet website www.gentiva.com under the "Investors" section. In the event that we make any amendment to, or grant any waiver from, a provision of the Code of Ethics that requires disclosure under applicable SEC rules, we intend to disclose such amendment or waiver on our website.

Item 11. Executive Compensation

Information required by this item concerning executive compensation and compensation of directors is incorporated herein by reference to information under the captions "Executive Compensation" and "Director Compensation" to be contained in our 2014 Proxy Statement.

Certain other information required by this item is incorporated herein by reference to information under the caption "Corporate Governance" to be contained in our 2014 Proxy Statement.

PART IV

Item 15. Exhibits and Financial Statement Schedules

(a)(1) Financial Statements

	Page No.
• Consolidated Balance Sheets as of December 31, 2013 and 2012	59
• Consolidated Statements of Comprehensive Income (Loss) for each of the three years in the period ended December 31, 2013	60
• Consolidated Statements of Changes in Shareholders' Equity for each of the three years in the period ended December 31, 2013	61
• Consolidated Statements of Cash Flows for each of the three years in the period ended December 31, 2013	62
• Notes to Consolidated Financial Statements	64
• Report of Independent Registered Public Accounting Firm	118

(a)(2) Financial Statement Schedule

• Schedule II—Valuation and Qualifying Accounts for each of the three years in the period ended December 31, 2013	116

(a)(3) Exhibits

Exhibit Number	Description
2.1	Agreement and Plan of Merger, dated as of September 18, 2013, by and among Gentiva Health Services, Inc., Javelin Merger Sub, Inc., Javelin Healthcare Holdings, LLC, Harden Healthcare Holdings, Inc., R. Steven Hicks, as representative of Harden's stockholders, the Harden stockholders party thereto and CTLTC Real Estate, LLC (1)
3.1	Amended and Restated Certificate of Incorporation of Company(2)
3.2	Amended and Restated By-Laws of Company(3)
4.1	Specimen of Common Stock(4)
4.2	Form of Certificate of Designation of Series A Cumulative Non-Voting Redeemable Preferred Stock(5)
4.3	Indenture, dated August 17, 2010, by and among Gentiva, the Guarantors party thereto and The Bank of New York Mellon Trust Company, N.A., as Trustee(6)
4.4	First Supplemental Indenture, dated as of August 17, 2012, among Gentiva, Odyssey HealthCare of Augusta, LLC, the other Guarantors party thereto and The Bank of New York Mellon Trust Company, N.A., as Trustee(7)
4.5	Second Supplemental Indenture, dated as of November 15, 2013, among Gentiva, the guaranteeing subsidiaries signatory thereto and The Bank of New York Mellon Trust Company, N.A., as Trustee+
4.6	Form of 11.5% Senior Note(6)
10.1	Executive Officers Bonus Plan, as amended(8)*
10.2	Amendment No. 1 to Executive Officers Bonus Plan, as amended(9)*
10.3	2004 Equity Incentive Plan (amended and restated as of March 16, 2011) (10)*
10.4	Amendment No. 1 to 2004 Equity Incentive Plan (amended and restated as of March 16, 2011)(11)*
10.5	Amendment No. 2 to 2004 Equity Incentive Plan (amended and restated as of March 16, 2011), as amended by Amendment No. 1(9)*
10.6	Form of Amendment & Consent to 2013 Awards(9)*

Exhibit Number	Description
10.35	Consulting Agreement, dated October 18, 2013, by and among Gentiva, Javelin Healthcare Holdings, LLC and Capstar Partners, LLC(29)*
10.36	Settlement Agreement, effective February 15, 2012, among the United States of America, Odyssey HealthCare, Inc. and three Relators(30)
10.37	Corporate Integrity Agreement, effective February 15, 2012, between the Office of Inspector General of the Department of Health and Human Services and Odyssey HealthCare, Inc.(30)
21.1	List of Subsidiaries of Company +
23.1	Consent of PricewaterhouseCoopers LLP, independent registered public accounting firm +
31.1	Certification of Chief Executive Officer pursuant to Rule 13a-14(a) +
31.2	Certification of Chief Financial Officer pursuant to Rule 13a-14(a) +
32.1	Certification of Chief Executive Officer pursuant to 18 U.S.C. Section 1350**
32.2	Certification of Chief Financial Officer pursuant to 18 U.S.C. Section 1350**
101.INS	XBRL Instance Document+
101.SCH	XBRL Taxonomy Extension Schema Document+
101.CAL	XBRL Taxonomy Definition Linkbase Document+
101.DEF	XBRL Definition Linkbase Document+
101.LAB	XBRL Taxonomy Extension Labels Linkbase Document+
101.PRE	XBRL Taxonomy Extension Presentation Linkbase Document+

SIGNATURES

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

GENTIVA HEALTH SERVICES, INC.

Date: March 12, 2014 By: /s/ Tony Strange
Tony Strange
Chief Executive Officer and President

Pursuant to the requirements of Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

Date: March 12, 2014 By: /s/ Tony Strange
Tony Strange
Chief Executive Officer, President and Director (Principal Executive Officer)

Date: March 12, 2014 By: /s/ Eric R. Slusser
Eric R. Slusser
Executive Vice President, Chief Financial Officer and Treasurer (Principal Financial Officer)

Date: March 12, 2014 By : /s/ David L. Gieringer
David L. Gieringer
Senior Vice President, Controller and Chief Accounting Officer (Principal Accounting Officer)

Date: March 12, 2014 By: /s/ Robert S. Forman, Jr.
Robert S. Forman, Jr.
Director

Date: March 12, 2014 By: /s/ Victor F. Ganzi
Victor F. Ganzi
Director

Date: March 12, 2014 By: /s/ R. Steven Hicks
R. Steven Hicks
Director

Date: March 12, 2014 By: /s/ Philip R. Lochner, Jr.
Philip R. Lochner, Jr.
Director

Date: March 12, 2014 By: /s/ Stuart Olsten
Stuart Olsten
Director

Date: March 12, 2014 By: /s/ Sheldon M. Retchin
Sheldon M. Retchin
Director

Date: March 12, 2014 By: /s/ Raymond S. Troubh
Raymond S. Troubh
Director

Date: March 12, 2014 By: /s/ Rodney D. Windley
Rodney D. Windley
Director

Exhibit Number	Description
10.20	Letter dated June 3, 2011 to Ronald A. Malone as to exercise date of his stock options(13)*
10.21	Letter dated January 5, 2009 to Tony Strange as to compensation(19)*
10.22	Relocation Reimbursement Letter Agreement with Eric R. Slusser dated July 30, 2010(22)*
10.23	Forms of Notices and Agreements covering awards of stock options and restricted stock under Company's 2004 Equity Incentive Plan(23)*
10.24	Form of Notice and Agreement covering certain awards of performance share units under Company's 2004 Equity Incentive Plan(24)*
10.25	Form of Notice and Agreement covering certain awards of performance share units under Company's 2004 Equity Incentive Plan(25)*
10.26	Form of Notice and Agreement covering certain performance cash awards under Company's 2004 Equity Incentive Plan(25)*
10.27	Form of Notice and Agreement covering certain performance cash awards under Company's 2004 Equity Incentive Plan(26)*
10.28	Summary Sheet of Company compensation to non-employee directors, effective May 10, 2012(27)*
10.29	Form of Non-Solicitation, Non-Competition and Confidentiality Agreement(13)*
10.30	Form of Indemnification Agreement with directors and officers(28)*
10.31	Senior Secured Credit Agreement, dated October 18, 2013, by and among Gentiva, Barclays Bank PLC, as Administrative Agent, Swing Line Lender and L/C Issuer, the other lenders party thereto, Merrill Lynch, Pierce, Fenner and Smith Incorporated, as Syndication Agent, and Bank of Montreal, General Electric Capital Corporation, Morgan Stanley Senior Funding, Inc. and SunTrust Bank, as Co-Documentation Agents(29)
10.32	Guaranty Agreement, dated October 18, 2013, by and among the Guarantors and Barclays Bank PLC, as Administrative Agent(29)
10.33	Security Agreement, dated October 18, 2013, by and among Gentiva, the Guarantors and Barclays Bank PLC, as Administrative Agent(29)
10.34	Stockholders' Agreement, dated October 18, 2013, by and among Gentiva, R. Steven Hicks, as Stockholders' Representative, and the former stockholders of Harden Healthcare Holdings, Inc. party thereto(29)
10.35	Consulting Agreement, dated October 18, 2013, by and among Gentiva, Javelin Healthcare Holdings, LLC and Capstar Partners, LLC(29)*
10.36	Settlement Agreement, effective February 15, 2012, among the United States of America, Odyssey HealthCare, Inc. and three Relators(30)
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32.2	Certification of Chief Financial Officer pursuant to 18 U.S.C. Section 1350**
101.INS	XBRL Instance Document+
101.SCH	XBRL Taxonomy Extension Schema Document+
101.CAL	XBRL Taxonomy Definition Linkbase Document+
101.DEF	XBRL Definition Linkbase Document+

CORPORATE INFORMATION

Board of Directors

Rodney D. Windley [1 (chair)]
Executive Chairman, Gentiva Health Services, Inc.

Tony Strange
Chief Executive Officer and President, Gentiva Health Services, Inc.

Robert S. Forman, Jr. [2 (chair), 3]
Technology Consultant

Victor F. Ganzi [2, 4 (chair), 5]
Former President and Chief Executive Officer, The Hearst Corporation

R. Steven Hicks [6]
Executive Chairman, Capstar Partners, LLC

Philip R. Lochner, Jr. [1, 3 (chair)]
Former Commissioner, Securities and Exchange Commission

Stuart Olsten [2, 4]
Former Chairman, Operating Board of MaggieMoo's International, LLC

Sheldon M. Retchin, M.D., M.S.P.H. [1, 3]
Chief Executive Officer, Virginia Commonwealth University Health System

Raymond S. Troubh [2, 4]
Financial Consultant

[1] Member of Clinical Quality Committee
[2] Member of Audit Committee
[3] Member of Corporate Governance and Nominating Committee
[4] Member of Compensation Committee
[5] Serves as Lead Director
[6] Serves as Vice Chairman

Officers and Key Management

Rodney D. Windley
Executive Chairman

Tony Strange
Chief Executive Officer and President

Eric R. Slusser
Executive Vice President, Chief Financial Officer and Treasurer

David A. Causby
Executive Vice President and Chief Operating Officer

John N. Camperlengo
Senior Vice President, General Counsel and Secretary

Jeff Shaner
Senior Vice President and President of Operations

Charlotte A. Weaver
Senior Vice President and Chief Clinical Officer

David L. Gieringer
Vice President, Controller and Chief Accounting Officer

John R. Hamilton
Vice President and Chief Compliance Officer

Corporate Headquarters

Gentiva Health Services, Inc.
3350 Riverwood Parkway, Suite 1400
Atlanta, GA 30339
Phone: 1.770.951.6450
www.gentiva.com

Common Stock

Gentiva Health Services' Common Stock is publicly traded on The NASDAQ Global Select Market® under the symbol GTIV.

Independent Registered Public Accounting Firm

PricewaterhouseCoopers LLP

Shareholder Services

Shareholders of record may contact Computershare Trust Company, N.A., regarding stock accounts, transfers, address changes and related matters. Information and services are available by telephone at 1.800.317.4445; on the Computershare website, **computershare.com/investor**; by mail at Computershare, P.O. Box 30170, College Station, TX 77842-3170; or by overnight service at Computershare, 211 Quality Circle, Suite 210, College Station, TX 77845.

Investor Information

Extensive additional information on Gentiva may be found at the Company's investor relations website, **investors.gentiva.com**.

Corporate Compliance and Governance

Gentiva conducts its business under the highest principles of corporate compliance, governance and disclosure. The Company is widely recognized as having one of the most comprehensive and stringent compliance programs found anywhere in the healthcare industry.

For more information on Gentiva Compliance programs, visit **gentiva.com/about/corporate_compliance.php**.

Gentiva's nine-member Board of Directors includes seven non-management directors, six of whom are independent. The Lead Director is responsible for presiding over regularly scheduled meetings of the independent directors and performs other functions as directed by the Board.

Gentiva has four standing Board Committees: Audit, Clinical Quality, Compensation, and Corporate Governance and Nominating. Except for the Clinical Quality Committee, these Committees are composed entirely of independent directors. For more information on Gentiva's corporate governance, including its Corporate Governance Guidelines and Board Committee charters, visit **investors.gentiva.com/governance.cfm**.

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November 5, 2014

Gentiva® Health Services Reports Third Quarter 2014 Revenue and Adjusted EBITDA Results

Net revenues of $498.0 million; Adjusted EBITDA of $48.5 million
Reaffirms FY 2014 guidance
Acquisition by Kindred remains on track for first quarter 2015 close
Non-cash restatement of results for certain current and prior periods due to correction for, and impairment of licenses for closed and consolidated locations

ATLANTA, Nov. 5, 2014 /PRNewswire/ -- Gentiva Health Services, Inc. (NASDAQ:GTIV), one of the largest providers of home health, hospice and community care services in the United States, today reported net revenues of $498.0 million, adjusted EBITDA of $48.5 million and adjusted income attributable to Gentiva shareholders per diluted share of $0.28. The Company also reaffirmed adjusted full-year 2014 guidance based on the Company's strong year-to-date operating results.

Adjusted EBITDA and adjusted income attributable to Gentiva shareholders excludes charges related to cost savings initiatives and acquisition and integration activities, losses on closed locations, merger related expenses and other special items.

"Our strong results this quarter reflect the continued success of our One Gentiva initiative and the momentum we are seeing across our business as we continue to execute our strategies," said Gentiva CEO Tony Strange. "We are working closely with Kindred to ensure a seamless transition and look forward to completing the transaction in the first quarter of 2015. We are very excited about the combination of Gentiva and Kindred, which will create the largest provider of post-acute integrated care in America and provide Gentiva employees with even greater opportunities in the future. I am proud of what we have accomplished and especially grateful to all of our employees for their continued commitment to our patients and our mission."

Other Highlights

At September 30, 2014, the Company reported cash and cash equivalents of $114.2 million. Total outstanding debt was $1.16 billion as of September 30, 2014. Total Company days sales outstanding, or DSOs, was 49 days at September 30, 2014.

For the third quarter of 2014, net cash provided by operating activities was $13.4 million. Free cash flow was $10.2 million for the third quarter of 2014. Free cash flow is calculated as net cash provided by operating activities less capital expenditures.

Rent expense for the third quarter of 2014 approximated $10.1 million.

Full-Year 2014 Outlook Comments

Based on the Company's strong year-to-date operating results, Gentiva reaffirmed its full-year 2014 Adjusted EBITDA range of $183 million to $195 million and adjusted income attributable to Gentiva shareholders of $0.95 to $1.15 on a diluted per share basis. Additionally, Gentiva reaffirmed its full-year 2014 net revenue range of $1.96 billion to $2.0 billion.

Gentiva's 2014 outlook includes the full-year impact of its Harden acquisition and the final 2014 Medicare home health and hospice reimbursement rates issued by the Centers for Medicare and Medicaid Services (CMS). The 2014 outlook excludes any ongoing losses from closed and consolidated locations as the operations are wound down.

Kindred Transaction Update

On October 9, 2014, Gentiva announced that it had reached a definitive merger agreement with Kindred Healthcare, Inc. ("Kindred") under which Kindred would acquire all of the outstanding shares of Gentiva common stock for $19.50 per share in a combination of cash and stock. The agreement was unanimously approved by the boards of directors of both companies and is expected to close in the first quarter of 2015.

Restatement of Results for License Accounting

Based on a recent review of the Company's licensure accounting for closed or consolidated locations, the Company determined that it should have accounted for the licenses related to closed or consolidated locations differently. Historically, the Company has incorrectly accounted for its indefinite-lived intangible assets related to closed or consolidated licenses on a pooled basis

and did not write off license costs when individual locations were closed or consolidated. The Company has determined it should amortize the full license cost over the period of closure or consolidation. The effect of the restatement will be to increase amortization expense in the periods impacted.

This restatement has no effect on the Company's revenues, adjusted EBITDA or adjusted income attributable to Gentiva shareholders and no impact on the Company's cash position or cash flows. Furthermore, this correction has no effect on the transaction with Kindred.

The impact of the restatement is expected to increase non-cash expenses by approximately $0.9 million in 2011, by approximately $4.6 million in 2013 and by approximately $1.1 million in the first quarter of 2014. Furthermore, the Company's 2013 goodwill and other long-lived asset impairment charges will increase by approximately $1.9 million.

Gentiva plans to issue its restated prior periods and full third quarter 2014 financial results by November 14, 2014 after the accounting review is completed.

Non-GAAP Financial Measures

The information provided in this press release includes certain non-GAAP financial measures as defined under Securities and Exchange Commission (SEC) rules. In accordance with SEC rules, the Company has provided, in the supplemental information and the footnotes to the tables, a reconciliation of those historical measures to the most directly comparable GAAP measures.

A reconciliation of Adjusted EBITDA and adjusted income attributable to Gentiva shareholders to net income, the most directly comparable GAAP measure, is not accessible on a forward-looking basis without unreasonable effort due to the inherent difficulties in predicting the charges for cost savings initiatives and acquisition and integration activities, the results of discontinued operations and the impact of any future acquisitions or divestitures, which can fluctuate significantly and may have a significant impact on net income.

About Gentiva Health Services, Inc.

Gentiva Health Services, Inc. is one of the nation's largest providers of home health, hospice and community care services, delivering innovative, high quality care to patients across the United States. Gentiva is a single source for skilled nursing; physical, occupational, speech and neurorehabilitation services; hospice services; social work; nutrition; disease management education; help with daily living activities; and other therapies and services. GTIV-G

(unaudited tables and notes follow)

A reconciliation of Adjusted EBITDA to Net income attributable to Gentiva shareholders follows: (1)

	3rd Quarter 2014
Adjusted EBITDA (1)	$ 48,498
Cost savings initiatives and acquisition and integration activities (2)	(479)
Impact of closed and consolidated locations	(321)
Impact of merger related expenses	(1,558)
EBITDA (2)	46,140
Depreciation and amortization	(7,286)
Interest expense and other, net	(24,719)
Income before income taxes and equity in net loss of CareCentrix	14,135
Income tax expense (3)	(5,601)
Equity in net loss of CareCentrix	(490)
Net income	8,044
Less: Net loss attributable to noncontrolling interests	2
Net income attributable to Gentiva shareholders	$ 8,046

A reconciliation of Adjusted income attributable to Gentiva shareholders to Net income (all items presented are net of tax): (1)

	3rd Quarter 2014
Adjusted income attributable to Gentiva shareholders	$ 10,610
Cost savings initiatives and acquisition and integration activities (2)	(297)
Loss on sale of CareCentrix included in equity in net loss of CareCentrix	(490)
Impact of closed and consolidated locations	(823)
Impact of merger related expenses	(954)
Income attributable to Gentiva shareholders	8,046

Add back: Net loss attributable to noncontrolling interests		(2)
Net income	$	8,044
Adjusted income attributable to Gentiva shareholders per diluted share	$	0.28
Cost savings initiatives and acquisition and integration activities (2)		(0.01)
Loss on sale of CareCentrix included in equity in net loss of CareCentrix		(0.01)
Impact of closed and consolidated locations		(0.02)
Impact of merger related expenses		(0.03)
Income attributable to Gentiva shareholders per diluted share		0.21
Add back: Net loss attributable to noncontrolling interests		—
Net income per diluted share	$	0.21

Notes:

1. Adjusted EBITDA, a non-GAAP financial measure, is defined as income before interest expense and other (net of interest income), income taxes, depreciation and amortization and excluding charges relating to (i) cost savings initiatives and acquisition and integration activities, (ii) impact of closed locations and (iii) impact of merger related expenses. Management uses Adjusted EBITDA to evaluate overall performance and compare current operating results with other companies in the healthcare industry. Adjusted EBITDA should not be considered in isolation or as a substitute for income from continuing operations, net income, operating income or cash flow statement data determined in accordance with accounting principles generally accepted in the United States. Because Adjusted EBITDA is not a measure of financial performance under accounting principles generally accepted in the United States and is susceptible to varying calculations, it may not be comparable to similarly titled measures in other companies.

   Adjusted income attributable to Gentiva shareholders is defined as income attributable to Gentiva shareholders, excluding (i) charges relating to cost savings initiatives and acquisition and integration activities, (ii) impact of closed locations, (iii) impact of merger related expenses and (iv) equity in net loss of CareCentrix.

2. Operating contribution and EBITDA included charges relating to cost savings and acquisition and integration activities of $0.5 million for the third quarter of 2014.

   For the third quarter of 2014, the Company recorded charges associated with cost savings initiatives of $0.2 million and acquisition and integration activities of $0.3 million related to the Company's acquisition of Harden Healthcare Holdings, Inc.. These costs consisted of legal, accounting and other professional fees and expenses.

   These charges were reflected as follows for segment reporting purposes (dollars in millions):

	3rd Quarter 2014	
Home Health	$	0.1
Hospice		0.1
Corporate expenses		0.3
Total	$	0.5

3. The Company's effective tax rate was a tax provision of 39.6% for the third quarter of 2014.

Forward-Looking Statements

Certain statements contained in this news release, including, without limitation, statements containing the words "believes," "anticipates," "intends," "expects," "assumes," "trends" and similar expressions, constitute "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements are based upon the Company's current plans, expectations and projections about future events. However, such statements involve known and unknown risks, uncertainties and other factors that may cause the actual results, performance or achievements of the Company to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements. These factors include, among others, the following: general economic and business conditions; demographic changes; changes in, or failure to comply with, existing governmental regulations; the impact on our Company of healthcare reform legislation and its implementation through governmental regulations; legislative proposals for healthcare reform; changes in Medicare, Medicaid and commercial payer reimbursement levels; the outcome of any inquiries into the Company's operations and business practices by governmental authorities; compliance with any corporate integrity agreement affecting the Company's operations; effects of competition in the markets in which the Company operates; liability and other claims asserted against the Company; ability to attract and retain qualified personnel; ability to access capital markets; availability and terms of capital; loss of significant contracts or reduction in revenues associated with major payer sources; ability of customers to pay for services; business disruption due to severe weather conditions, natural disasters, pandemic outbreaks, terrorist acts or cyber-attacks; availability, effectiveness, stability and security of the Company's information technology systems; ability to successfully integrate the operations of acquisitions the Company may make and achieve expected synergies and operational efficiencies within expected time-frames; ability to maintain compliance with its financial covenants under the Company's credit agreement; effect on liquidity of the Company's debt service requirements; and changes in estimates and judgments associated with critical accounting policies and estimates. For a detailed discussion of certain of these and other factors that could cause actual results to differ from those contained in this news release, please refer to the Company's various filings with the Securities and Exchange Commission, including the "Risk Factors" section contained in the

Company's annual report on Form 10-K for the year ended December 31, 2013.

Contact:

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Kekst and Company
(212) 521-4873

Nathan Riggs
Kekst and Company
(212) 521-4804

SOURCE Gentiva Health Services, Inc.

News Provided by Acquire Media

Attachment C, Contribution to the Orderly Development of Health Care-7(c) Board for Licensing Health Care Facilities License

Board for Licensing Health Care Facilities

State of Tennessee License No. 0000000148

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC. *to conduct and maintain a*

Home Care Organization THE HOME OPTION BY HARDEN HEALTH CARE

Located at 800 OAK RIDGE TURNPIKE, SUITE A 208, OAK RIDGE

County of ANDERSON *, Tennessee.*

This license shall expire OCTOBER 14 *,* 2015 *, and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 14TH *day of* OCTOBER *,* 2014 *.*

In the Distinct Category(ies) of:

SKILLED NURSING
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
MEDICAL SOCIAL SERVICES
HOME HEALTH AID SERVICES
MEDICAL SUPPLIES & APPLIANCES
HOMEMAKERS SERVICES
HOME HEALTH AGENCY

By Vincent J. Dario, MPH
DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By John J. Dreyzehner, MD
COMMISSIONER

DCF012

Attachment C, Contribution to the Orderly Development of Health Care-7(d) Licensure/Certification Inspection Report

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
EAST TENNESSEE REGION
5904 LYONS VIEW PIKE
KNOXVILLE, TENNESSEE 37919

April 8, 2013

Ms. Christy Craft, Administrator
The Home Option by Harden Health Care
800 Oak Ridge Turnpike, Suite A-208
Oak Ridge, TN 37830

Re: License # 148

Dear Ms. Craft:

The East Tennessee Regional Office conducted a licensure survey at your facility on March 11, 2013. As a result of the survey, no deficient practice was found.

If our office may be of assistance to you, please feel free to call (865) 588-5656.

Sincerely,

Karen B. Kirby /dt

Karen B. Kirby, RN
Regional Administrator

KBK/dt

Enclosure

Attachment C-Need-4
Census Information

Tennessee

People QuickFacts	Tennessee	USA
Population, 2013 estimate	6,495,978	316,128,839
Population, 2010 (April 1) estimates base	6,346,113	308,747,716
Population, percent change, April 1, 2010 to July 1, 2013	2.4%	2.4%
Population, 2010	6,346,105	308,745,538
Persons under 5 years, percent, 2013	6.2%	6.3%
Persons under 18 years, percent, 2013	23.0%	23.3%
Persons 65 years and over, percent, 2013	14.7%	14.1%
Female persons, percent, 2013	51.2%	50.8%
White alone, percent, 2013 (a)	79.1%	77.7%
Black or African American alone, percent, 2013 (a)	17.0%	13.2%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	1.2%
Asian alone, percent, 2013 (a)	1.6%	5.3%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.2%
Two or More Races, percent, 2013	1.7%	2.4%
Hispanic or Latino, percent, 2013 (b)	4.9%	17.1%
White alone, not Hispanic or Latino, percent, 2013	74.9%	62.6%
Living in same house 1 year & over, percent, 2009-2013	84.6%	84.9%
Foreign born persons, percent, 2009-2013	4.6%	12.9%
Language other than English spoken at home, pct age 5+, 2009-2013	6.6%	20.7%
High school graduate or higher, percent of persons age 25+, 2009-2013	84.4%	86.0%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	23.8%	28.8%
Veterans, 2009-2013	484,901	21,263,779
Mean travel time to work (minutes), workers age 16+, 2009-2013	24.3	25.5
Housing units, 2013	2,840,914	132,802,859
Homeownership rate, 2009-2013	67.8%	64.9%
Housing units in multi-unit structures, percent, 2009-2013	18.3%	26.0%
Median value of owner-occupied housing units, 2009-2013	$139,200	$176,700
Households, 2009-2013	2,475,195	115,610,216
Persons per household, 2009-2013	2.52	2.63
Per capita money income in past 12 months (2013 dollars), 2009-2013	$24,409	$28,155
Median household income, 2009-2013	$44,298	$53,046
Persons below poverty level, percent, 2009-2013	17.6%	15.4%

Business QuickFacts	Tennessee	USA
Private nonfarm establishments, 2012	130,592[1]	7,431,808
Private nonfarm employment, 2012	2,344,047[1]	115,938,468
Private nonfarm employment, percent change, 2011-2012	1.9%[1]	2.2%
Nonemployer establishments, 2012	471,026	22,735,915
Total number of firms, 2007	545,348	27,092,908
Black-owned firms, percent, 2007	8.4%	7.1%
American Indian- and Alaska Native-owned firms, percent, 2007	0.5%	0.9%
Asian-owned firms, percent, 2007	2.0%	5.7%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	0.1%	0.1%
Hispanic-owned firms, percent, 2007	1.6%	8.3%
Women-owned firms, percent, 2007	25.9%	28.8%

Manufacturers shipments, 2007 ($1000)	140,447,760	5,319,456,312
Merchant wholesaler sales, 2007 ($1000)	80,116,528	4,174,286,516
Retail sales, 2007 ($1000)	77,547,291	3,917,663,456
Retail sales per capita, 2007	$12,563	$12,990
Accommodation and food services sales, 2007 ($1000)	10,626,759	613,795,732
Building permits, 2012	20,147	829,658

Geography QuickFacts	Tennessee	USA
Land area in square miles, 2010	41,234.90	3,531,905.43
Persons per square mile, 2010	153.9	87.4
FIPS Code	47	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Thursday, 04-Dec-2014 14:54:46 EST

Blount County, Tennessee

People QuickFacts	Blount County	Tennessee
Population, 2013 estimate	125,099	6,495,978
Population, 2010 (April 1) estimates base	123,016	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	1.7%	2.4%
Population, 2010	123,010	6,346,105
Persons under 5 years, percent, 2013	5.2%	6.2%
Persons under 18 years, percent, 2013	21.4%	23.0%
Persons 65 years and over, percent, 2013	17.9%	14.7%
Female persons, percent, 2013	51.5%	51.2%
White alone, percent, 2013 (a)	94.2%	79.1%
Black or African American alone, percent, 2013 (a)	2.9%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	0.4%
Asian alone, percent, 2013 (a)	0.9%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	1.5%	1.7%
Hispanic or Latino, percent, 2013 (b)	3.0%	4.9%
White alone, not Hispanic or Latino, percent, 2013	91.6%	74.9%
Living in same house 1 year & over, percent, 2009-2013	85.1%	84.6%
Foreign born persons, percent, 2009-2013	2.7%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	3.9%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	86.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	20.8%	23.8%
Veterans, 2009-2013	11,723	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	23.9	24.3
Housing units, 2013	55,427	2,840,914
Homeownership rate, 2009-2013	73.3%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	11.3%	18.3%
Median value of owner-occupied housing units, 2009-2013	$163,900	$139,200
Households, 2009-2013	48,728	2,475,195
Persons per household, 2009-2013	2.50	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$23,788	$24,409
Median household income, 2009-2013	$45,991	$44,298
Persons below poverty level, percent, 2009-2013	13.7%	17.6%

Business QuickFacts	Blount County	Tennessee
Private nonfarm establishments, 2012	2,285	130,592[1]
Private nonfarm employment, 2012	38,140	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	-0.3%	1.9%[1]
Nonemployer establishments, 2012	8,382	471,026
Total number of firms, 2007	10,063	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	0.3%	0.5%
Asian-owned firms, percent, 2007	0.9%	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	1.6%
Women-owned firms, percent, 2007	25.7%	25.9%

Manufacturers shipments, 2007 ($1000)	5,312,323	140,447,760
Merchant wholesaler sales, 2007 ($1000)	898,029	80,116,528
Retail sales, 2007 ($1000)	1,551,134	77,547,291
Retail sales per capita, 2007	$12,945	$12,563
Accommodation and food services sales, 2007 ($1000)	208,506	10,626,759
Building permits, 2012	335	20,147

Geography QuickFacts	Blount County	Tennessee
Land area in square miles, 2010	558.71	41,234.90
Persons per square mile, 2010	220.2	153.9
FIPS Code	009	47
Metropolitan or Micropolitan Statistical Area	Knoxville, TN Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Thursday, 04-Dec-2014 15:05:50 EST

Campbell County, Tennessee

People QuickFacts	Campbell County	Tennessee
Population, 2013 estimate	40,238	6,495,978
Population, 2010 (April 1) estimates base	40,716	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-1.2%	2.4%
Population, 2010	40,716	6,346,105
Persons under 5 years, percent, 2013	5.3%	6.2%
Persons under 18 years, percent, 2013	21.1%	23.0%
Persons 65 years and over, percent, 2013	18.8%	14.7%
Female persons, percent, 2013	51.3%	51.2%
White alone, percent, 2013 (a)	97.7%	79.1%
Black or African American alone, percent, 2013 (a)	0.5%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.3%	0.4%
Asian alone, percent, 2013 (a)	0.3%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	1.1%	1.7%
Hispanic or Latino, percent, 2013 (b)	1.3%	4.9%
White alone, not Hispanic or Latino, percent, 2013	96.6%	74.9%
Living in same house 1 year & over, percent, 2009-2013	86.7%	84.6%
Foreign born persons, percent, 2009-2013	0.7%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.5%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	70.4%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	9.5%	23.8%
Veterans, 2009-2013	2,950	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	25.6	24.3
Housing units, 2013	20,126	2,840,914
Homeownership rate, 2009-2013	69.2%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	11.4%	18.3%
Median value of owner-occupied housing units, 2009-2013	$91,500	$139,200
Households, 2009-2013	15,959	2,475,195
Persons per household, 2009-2013	2.51	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$16,812	$24,409
Median household income, 2009-2013	$31,943	$44,298
Persons below poverty level, percent, 2009-2013	23.8%	17.6%

Business QuickFacts	Campbell County	Tennessee
Private nonfarm establishments, 2012	586	130,592[1]
Private nonfarm employment, 2012	7,334	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	7.9%	1.9%[1]
Nonemployer establishments, 2012	2,513	471,026
Total number of firms, 2007	3,224	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	0.8%	1.6%

Women-owned firms, percent, 2007	16.2%	25.9%
Manufacturers shipments, 2007 ($1000)	333,944	140,447,760
Merchant wholesaler sales, 2007 ($1000)	134,440	80,116,528
Retail sales, 2007 ($1000)	361,821	77,547,291
Retail sales per capita, 2007	$8,920	$12,563
Accommodation and food services sales, 2007 ($1000)	35,438	10,626,759
Building permits, 2012	131	20,147

Geography QuickFacts	**Campbell County**	**Tennessee**
Land area in square miles, 2010	480.19	41,234.90
Persons per square mile, 2010	84.8	153.9
FIPS Code	013	47
Metropolitan or Micropolitan Statistical Area	Knoxville, TN Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
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S: Suppressed; does not meet publication standards
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Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Thursday, 04-Dec-2014 15:05:50 EST

ABOUT US FIND DATA BUSINESS & INDUSTRY PEOPLE & HOUSEHOLDS SPECIAL TOPICS NEWSROOM

Claiborne County, Tennessee

People QuickFacts	Claiborne County	Tennessee
Population, 2013 estimate	31,560	6,495,978
Population, 2010 (April 1) estimates base	32,213	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-2.0%	2.4%
Population, 2010	32,213	6,346,105
Persons under 5 years, percent, 2013	4.8%	6.2%
Persons under 18 years, percent, 2013	19.6%	23.0%
Persons 65 years and over, percent, 2013	17.9%	14.7%
Female persons, percent, 2013	51.2%	51.2%
White alone, percent, 2013 (a)	96.8%	79.1%
Black or African American alone, percent, 2013 (a)	1.1%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.3%	0.4%
Asian alone, percent, 2013 (a)	0.6%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	1.2%	1.7%
Hispanic or Latino, percent, 2013 (b)	1.0%	4.9%
White alone, not Hispanic or Latino, percent, 2013	95.9%	74.9%
Living in same house 1 year & over, percent, 2009-2013	89.2%	84.6%
Foreign born persons, percent, 2009-2013	1.0%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.4%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	74.5%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	13.3%	23.8%
Veterans, 2009-2013	2,138	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	25.8	24.3
Housing units, 2013	14,876	2,840,914
Homeownership rate, 2009-2013	75.0%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	7.0%	18.3%
Median value of owner-occupied housing units, 2009-2013	$94,900	$139,200
Households, 2009-2013	12,553	2,475,195
Persons per household, 2009-2013	2.46	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$18,583	$24,409
Median household income, 2009-2013	$33,229	$44,298
Persons below poverty level, percent, 2009-2013	22.9%	17.6%

Business QuickFacts	Claiborne County	Tennessee
Private nonfarm establishments, 2012	442	130,592[1]
Private nonfarm employment, 2012	6,824	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	-0.6%	1.9%[1]
Nonemployer establishments, 2012	1,990	471,026
Total number of firms, 2007	2,503	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25.9%

Manufacturers shipments, 2007 ($1000)	436,150	140,447,760
Merchant wholesaler sales, 2007 ($1000)	25,974	80,116,528
Retail sales, 2007 ($1000)	155,854	77,547,291
Retail sales per capita, 2007	$5,011	$12,563
Accommodation and food services sales, 2007 ($1000)	21,624	10,626,759
Building permits, 2012	50	20,147

Geography QuickFacts	Claiborne County	Tennessee
Land area in square miles, 2010	434.58	41,234.90
Persons per square mile, 2010	74.1	153.9
FIPS Code	025	47
Metropolitan or Micropolitan Statistical Area	None	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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F: Fewer than 25 firms
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Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
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ABOUT US FIND DATA BUSINESS & INDUSTRY PEOPLE & HOUSEHOLDS SPECIAL TOPICS NEWSROOM

Grainger County, Tennessee

People QuickFacts	Grainger County	Tennessee
Population, 2013 estimate	22,702	6,495,978
Population, 2010 (April 1) estimates base	22,652	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	0.2%	2.4%
Population, 2010	22,657	6,346,105
Persons under 5 years, percent, 2013	5.1%	6.2%
Persons under 18 years, percent, 2013	21.2%	23.0%
Persons 65 years and over, percent, 2013	17.9%	14.7%
Female persons, percent, 2013	49.9%	51.2%
White alone, percent, 2013 (a)	97.9%	79.1%
Black or African American alone, percent, 2013 (a)	0.7%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.3%	0.4%
Asian alone, percent, 2013 (a)	0.2%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	1.0%	1.7%
Hispanic or Latino, percent, 2013 (b)	2.7%	4.9%
White alone, not Hispanic or Latino, percent, 2013	95.4%	74.9%
Living in same house 1 year & over, percent, 2009-2013	87.7%	84.6%
Foreign born persons, percent, 2009-2013	1.1%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	2.3%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	74.3%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	10.5%	23.8%
Veterans, 2009-2013	1,580	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	33.4	24.3
Housing units, 2013	10,760	2,840,914
Homeownership rate, 2009-2013	81.0%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	2.8%	18.3%
Median value of owner-occupied housing units, 2009-2013	$91,400	$139,200
Households, 2009-2013	9,003	2,475,195
Persons per household, 2009-2013	2.50	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$17,933	$24,409
Median household income, 2009-2013	$32,364	$44,298
Persons below poverty level, percent, 2009-2013	20.4%	17.6%

Business QuickFacts	Grainger County	Tennessee
Private nonfarm establishments, 2012	217	130,592[1]
Private nonfarm employment, 2012	2,097	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	6.4%	1.9%[1]
Nonemployer establishments, 2012	1,458	471,026
Total number of firms, 2007	1,697	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	1.6%

Women-owned firms, percent, 2007	S	25.9%
Manufacturers shipments, 2007 ($1000)	171,296	140,447,760
Merchant wholesaler sales, 2007 ($1000)	8,638	80,116,528
Retail sales, 2007 ($1000)	79,483	77,547,291
Retail sales per capita, 2007	$3,515	$12,563
Accommodation and food services sales, 2007 ($1000)	6,097	10,626,759
Building permits, 2012	0	20,147

Geography QuickFacts	**Grainger County**	**Tennessee**
Land area in square miles, 2010	280.60	41,234.90
Persons per square mile, 2010	80.7	153.9
FIPS Code	057	47
Metropolitan or Micropolitan Statistical Area	Knoxville, TN Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
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Last Revised: Thursday, 04-Dec-2014 15:05:56 EST

Monroe County, Tennessee

People QuickFacts	Monroe County	Tennessee
Population, 2013 estimate	45,265	6,495,978
Population, 2010 (April 1) estimates base	44,517	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	1.7%	2.4%
Population, 2010	44,519	6,346,105
Persons under 5 years, percent, 2013	5.3%	6.2%
Persons under 18 years, percent, 2013	21.9%	23.0%
Persons 65 years and over, percent, 2013	18.8%	14.7%
Female persons, percent, 2013	50.5%	51.2%
White alone, percent, 2013 (a)	95.0%	79.1%
Black or African American alone, percent, 2013 (a)	2.3%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.6%	0.4%
Asian alone, percent, 2013 (a)	0.5%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	1.6%	1.7%
Hispanic or Latino, percent, 2013 (b)	3.7%	4.9%
White alone, not Hispanic or Latino, percent, 2013	91.7%	74.9%
Living in same house 1 year & over, percent, 2009-2013	83.2%	84.6%
Foreign born persons, percent, 2009-2013	2.2%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	3.5%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	77.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	10.5%	23.8%
Veterans, 2009-2013	3,738	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	27.2	24.3
Housing units, 2013	20,692	2,840,914
Homeownership rate, 2009-2013	73.6%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	7.1%	18.3%
Median value of owner-occupied housing units, 2009-2013	$115,300	$139,200
Households, 2009-2013	17,523	2,475,195
Persons per household, 2009-2013	2.52	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$19,643	$24,409
Median household income, 2009-2013	$37,595	$44,298
Persons below poverty level, percent, 2009-2013	19.6%	17.6%

Business QuickFacts	Monroe County	Tennessee
Private nonfarm establishments, 2012	714	130,592[1]
Private nonfarm employment, 2012	10,538	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	6.2%	1.9%[1]
Nonemployer establishments, 2012	2,704	471,026
Total number of firms, 2007	3,313	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25.9%

Manufacturers shipments, 2007 ($1000)	1,386,238	140,447,760
Merchant wholesaler sales, 2007 ($1000)	173,428	80,116,528
Retail sales, 2007 ($1000)	453,016	77,547,291
Retail sales per capita, 2007	$10,109	$12,563
Accommodation and food services sales, 2007 ($1000)	40,997	10,626,759
Building permits, 2012	59	20,147

Geography QuickFacts	Monroe County	Tennessee
Land area in square miles, 2010	635.57	41,234.90
Persons per square mile, 2010	70.0	153.9
FIPS Code	123	47
Metropolitan or Micropolitan Statistical Area	None	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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ABOUT US FIND DATA BUSINESS & INDUSTRY PEOPLE & HOUSEHOLDS SPECIAL TOPICS NEWSROOM

Morgan County, Tennessee

People QuickFacts	Morgan County	Tennessee
Population, 2013 estimate	21,915	6,495,978
Population, 2010 (April 1) estimates base	21,987	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-0.3%	2.4%
Population, 2010	21,987	6,346,105
Persons under 5 years, percent, 2013	4.3%	6.2%
Persons under 18 years, percent, 2013	19.7%	23.0%
Persons 65 years and over, percent, 2013	15.4%	14.7%
Female persons, percent, 2013	44.7%	51.2%
White alone, percent, 2013 (a)	94.2%	79.1%
Black or African American alone, percent, 2013 (a)	3.9%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	0.4%
Asian alone, percent, 2013 (a)	0.2%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	1.3%	1.7%
Hispanic or Latino, percent, 2013 (b)	1.1%	4.9%
White alone, not Hispanic or Latino, percent, 2013	93.2%	74.9%
Living in same house 1 year & over, percent, 2009-2013	84.8%	84.6%
Foreign born persons, percent, 2009-2013	1.0%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.8%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	79.6%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	7.4%	23.8%
Veterans, 2009-2013	1,991	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	31.2	24.3
Housing units, 2013	8,838	2,840,914
Homeownership rate, 2009-2013	80.6%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	2.7%	18.3%
Median value of owner-occupied housing units, 2009-2013	$90,700	$139,200
Households, 2009-2013	7,455	2,475,195
Persons per household, 2009-2013	2.55	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$17,747	$24,409
Median household income, 2009-2013	$37,631	$44,298
Persons below poverty level, percent, 2009-2013	20.8%	17.6%

Business QuickFacts	Morgan County	Tennessee
Private nonfarm establishments, 2012	154	130,592[2]
Private nonfarm employment, 2012	1,527	2,344,047[2]
Private nonfarm employment, percent change, 2011-2012	2.0%	1.9%[2]
Nonemployer establishments, 2012	1,199	471,026
Total number of firms, 2007	1,127	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%

Women-owned firms, percent, 2007	39.1%	25.9%
Manufacturers shipments, 2007 ($1000)	0[1]	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	58,482	77,547,291
Retail sales per capita, 2007	$2,986	$12,563
Accommodation and food services sales, 2007 ($1000)	3,500	10,626,759
Building permits, 2012	0	20,147

Geography QuickFacts	**Morgan County**	**Tennessee**
Land area in square miles, 2010	522.18	41,234.90
Persons per square mile, 2010	42.1	153.9
FIPS Code	129	47
Metropolitan or Micropolitan Statistical Area	Knoxville, TN Metro Area	

1: Counties with 500 employees or less are excluded.
2: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
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Last Revised: Thursday, 04-Dec-2014 15:06:06 EST

ABOUT US FIND DATA BUSINESS & INDUSTRY PEOPLE & HOUSEHOLDS SPECIAL TOPICS NEWSROOM

Roane County, Tennessee

People QuickFacts	Roane County	Tennessee
Population, 2013 estimate	53,047	6,495,978
Population, 2010 (April 1) estimates base	54,180	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-2.1%	2.4%
Population, 2010	54,181	6,346,105
Persons under 5 years, percent, 2013	4.6%	6.2%
Persons under 18 years, percent, 2013	20.0%	23.0%
Persons 65 years and over, percent, 2013	20.6%	14.7%
Female persons, percent, 2013	50.8%	51.2%
White alone, percent, 2013 (a)	94.6%	79.1%
Black or African American alone, percent, 2013 (a)	2.7%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	0.4%
Asian alone, percent, 2013 (a)	0.6%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	1.7%	1.7%
Hispanic or Latino, percent, 2013 (b)	1.6%	4.9%
White alone, not Hispanic or Latino, percent, 2013	93.2%	74.9%
Living in same house 1 year & over, percent, 2009-2013	89.4%	84.6%
Foreign born persons, percent, 2009-2013	1.9%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.9%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	83.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	17.3%	23.8%
Veterans, 2009-2013	6,179	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	25.8	24.3
Housing units, 2013	25,496	2,840,914
Homeownership rate, 2009-2013	74.4%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	10.8%	18.3%
Median value of owner-occupied housing units, 2009-2013	$120,300	$139,200
Households, 2009-2013	22,117	2,475,195
Persons per household, 2009-2013	2.40	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$23,936	$24,409
Median household income, 2009-2013	$42,223	$44,298
Persons below poverty level, percent, 2009-2013	15.0%	17.6%

Business QuickFacts	Roane County	Tennessee
Private nonfarm establishments, 2012	729	130,592[1]
Private nonfarm employment, 2012	8,503	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	-2.8%	1.9%[1]
Nonemployer establishments, 2012	3,024	471,026
Total number of firms, 2007	3,683	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	29.2%	25.9%

Manufacturers shipments, 2007 ($1000)	369,666	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	436,400	77,547,291
Retail sales per capita, 2007	$8,186	$12,563
Accommodation and food services sales, 2007 ($1000)	46,029	10,626,759
Building permits, 2012	15	20,147

Geography QuickFacts	Roane County	Tennessee
Land area in square miles, 2010	360.71	41,234.90
Persons per square mile, 2010	150.2	153.9
FIPS Code	145	47
Metropolitan or Micropolitan Statistical Area	Knoxville, TN Metro Area	

1: Includes data not distributed by county.

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Last Revised: Thursday, 04-Dec-2014 15:06:08 EST

Scott County, Tennessee

People QuickFacts	Scott County	Tennessee
Population, 2013 estimate	22,015	6,495,978
Population, 2010 (April 1) estimates base	22,228	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-1.0%	2.4%
Population, 2010	22,228	6,346,105
Persons under 5 years, percent, 2013	6.2%	6.2%
Persons under 18 years, percent, 2013	24.4%	23.0%
Persons 65 years and over, percent, 2013	15.1%	14.7%
Female persons, percent, 2013	50.8%	51.2%
White alone, percent, 2013 (a)	98.3%	79.1%
Black or African American alone, percent, 2013 (a)	0.3%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.3%	0.4%
Asian alone, percent, 2013 (a)	0.3%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	0.9%	1.7%
Hispanic or Latino, percent, 2013 (b)	0.7%	4.9%
White alone, not Hispanic or Latino, percent, 2013	97.6%	74.9%
Living in same house 1 year & over, percent, 2009-2013	88.4%	84.6%
Foreign born persons, percent, 2009-2013	0.4%	4.6%
Language other.than English spoken at home, pct age 5+, 2009-2013	0.8%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	75.0%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	10.3%	23.8%
Veterans, 2009-2013	1,172	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	26.9	24.3
Housing units, 2013	9,809	2,840,914
Homeownership rate, 2009-2013	77.5%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	5.8%	18.3%
Median value of owner-occupied housing units, 2009-2013	$81,500	$139,200
Households, 2009-2013	8,206	2,475,195
Persons per household, 2009-2013	2.67	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$17,121	$24,409
Median household income, 2009-2013	$28,401	$44,298
Persons below poverty level, percent, 2009-2013	28.3%	17.6%

Business QuickFacts	Scott County	Tennessee
Private nonfarm establishments, 2012	311	130,592[1]
Private nonfarm employment, 2012	3,295	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	-2.5%	1.9%[1]
Nonemployer establishments, 2012	1,337	471,026
Total number of firms, 2007	1,582	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%

Women-owned firms, percent, 2007	27.5%	25.9%
Manufacturers shipments, 2007 ($1000)	401,688	140,447,760
Merchant wholesaler sales, 2007 ($1000)	28,362	80,116,528
Retail sales, 2007 ($1000)	159,566	77,547,291
Retail sales per capita, 2007	$7,270	$12,563
Accommodation and food services sales, 2007 ($1000)	14,628	10,626,759
Building permits, 2012	3	20,147

Geography QuickFacts	Scott County	Tennessee
Land area in square miles, 2010	532.30	41,234.90
Persons per square mile, 2010	41.8	153.9
FIPS Code	151	47
Metropolitan or Micropolitan Statistical Area	None	

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ABOUT US FIND DATA BUSINESS & INDUSTRY PEOPLE & HOUSEHOLDS SPECIAL TOPICS NEWSROOM

Proof of Publication

BLOUNT

2 ANNOUNCEMENTS

Lost and Found

FOUND DOG Shenandoah Drive in Friendsville. Small to medium white with black spots, female ,hound or terrier mix, stub tail. 865-995-9432

LOST – RED HEELER mix with blue harness & Chow/Lab mix with blue collar both males in Faulkton View/Best Rd area. 865-256-9863

MISSING PET?
Be sure to check with the local animal shelter.
Maryville Animal Shelter
865-681-2241
Blount County Animal Shelter
865-980-6244

Of Interest

PLEASE CHECK YOUR AD
for errors the FIRST DAY it appears in print. Our paper will not be liable for incorrect ads after the first day of publication. You may request a proof of your ad be sent to you by fax or email before it prints to correct any errors.
Deadline for Corrections:
Noon 1 day prior to publication.
865-981-1170
Classified hours are:
Monday-Friday 8am-5pm

Garage / Yard Sales

Maryville

COMMUNITY BENEFIT SALE New Providence Presbyterian Church. Housewares, Clothing, Designer, books, jewelry and more. Friday, January 9th, 8:30am-11:30am.

NOTICE OF SUBSTITUTE TRUSTEE'S SALE WHEREAS, default has occurred in the performance of the covenants, terms and conditions of a Deed of Trust dated September 20, 2013, executed by CHRISTOPHER HAYES PARTON, conveying certain real property therein described to JOSEPH B. PITT, JR., as Trustee, as same appears of record in the Register's Office of Blount County, Tennessee recorded October 2, 2013, in Deed Book 2372, Page 1368; and WHEREAS, the beneficial interest of said Deed of Trust was last transferred and assigned to Quicken Loans Inc. who is now the owner of said debt; and WHEREAS, the undersigned,Rubin Lublin TN, PLLC, having been appointed as Substitute Trustee by instrument to be filed for record in the Register's Office of Blount County, Tennessee. NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable, and that the undersigned, Rubin Lublin TN, PLLC, as Substitute Trustee or his duly appointed agent, by virtue of the power, duty and authority vested and imposed upon said Substitute Trustee will, on February 5, 2015 at 01:00 PM at the Main Entrance Steps of the Blount County Courthouse , located in Maryville, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash or certified funds ONLY, the following described property situated in Blount County, Tennessee, to wit: LAND SITUATED IN THE CITY OF MARYVILLE IN THE COUNTY OF BLOUNT IN THE STATE OF TN SITUATED IN DISTRICT NO. NINE (9) OF BLOUNT COUNTY, TENNESSEE, AND WITHIN THE 6TH WARD OF THE CITY OF MARYVILLE AND BEING ALL OF LOT NO. SIXTEEN (16) OF GRANDVIEW HEIGHTS SUBDIVISION, NO. 2, PHASE 4 AS SHOWN BY PLAT OF SAID SUBDIVISION OF RECORD IN MAP FILE 667A IN THE REGISTER'S OFFICE FOR BLOUNT COUNTY, TENNESSEE, TO WHICH MAP SPECIFIC REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION. Parcel ID: 047N-E-007.00 PROPERTY ADDRESS: The street address of the property is believed to be 2309 EVA JEAN DR, MARYVILLE, TN 37804. In the event of any discrepancy between this street address and the legal description of the property, the legal description shall control. CURRENT OWNER(S): CHRISTOPHER HAYES PARTON OTHER INTERESTED PARTIES: Y-12 FEDERAL CREDIT UNION The sale of the above-described property shall be subject to all matters shown on any recorded plat; any unpaid taxes; any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; and to any matter that an accurate survey of the premises might disclose. This property is being sold with the express reservation that it is subject to confirmation by the lender or Substitute Trustee. This sale may be rescinded at any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The Property is sold as is, where is, without representations or warranties of any kind, including fitness for a particular use or purpose. THIS LAW FIRM IS ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. Rubin Lublin TN, PLLC, Substitute Trustee 119 S. Main Street, Suite 500 Memphis, TN 38103 www.rublinlublin.com/property-listings.php Tel: (877) 813-0992 Fax: (404) 601-5846 Ad #76700: 2015-01-08 2015-01-15, 2015-01-22

NOTICE OF SUBSTITUTE TRUSTEE'S SALE WHEREAS, default has occurred in the performance of the covenants, terms and conditions of a Deed of Trust dated July 10, 2009, executed by DANIEL A. INSKIP AND NICOLE INSKIP, conveying certain real property therein described to MEYMAX TITLE AGENCY, as Trustee, as same appears of record in the Register's Office of Blount County, Tennessee recorded July 20, 2009, in Deed Book 2239, Page 1928-1934; and WHEREAS, the beneficial interest of said Deed of Trust was last transferred and assigned to U.S. Bank Trust, N.A., as Trustee for LSF9 Master Participation Trust who is now the owner of said debt; and WHEREAS, the undersigned,Rubin Lublin TN, PLLC, having been appointed as Substitute Trustee by instrument to be filed for record in the Register's Office of Blount County, Tennessee. NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable, and that the undersigned, Rubin Lublin TN, PLLC, as Substitute Trustee or his duly appointed agent, by virtue of the power, duty and authority vested and imposed upon said Substitute Trustee will, on February 5, 2015 at 01:00 PM at the Main Entrance Steps of the Blount County Courthouse , located in Maryville, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash or certified funds ONLY, the following described property situated in Blount County, Tennessee, to wit: SITUATE IN DISTRICT 1, BLOUNT COUNTY, TENNESSEE AND BEING ALL OF LOT 5, OF CALVIN HEIGHTS, AS SHOWN BY MAP OF THE SAME OF RECORD IN MAP FILE 1618B IN THE REGISTER'S OFFICE FOR BLOUNT COUNTY, TENNESSEE, TO WHICH MAP SPECIFIC REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION THEREOF. NO NEW BOUNDARY SURVEY WAS MADE AT THE TIME OF THIS CONVEYANCE. THIS CONVEYANCE IS MADE SUBJECT TO ANY APPLICABLE RESTRICTIONS, EASEMENTS, ETC., OF RECORD IN MAP FILE 1618B AND MISC. RECORD BOOK 213, PAGE 728 IN THE REGISTER'S OFFICE FOR BLOUNT COUNTY, TENNESSEE. THERE IS CONVEYED HEREWITH A 25 FOOT PERMANENT PRIVATE NON-EXCLUSIVE EASEMENT AS SHOWN BY PLAT REFERENCED HEREIN AND SUBJECT TO A MAINTENANCE AGREEMENT OF RECORD IN MISC. RECORD BOOK 211, PAGE 366 IN THE REGISTER'S OFFICE FOR BLOUNT COUNTY, TENNESSEE. Parcel ID: 150-023.09 PROPERTY ADDRESS: The street address of the property is believed to be 363 THOMPSON BRIDGE RD, MARYVILLE, TN 37801. In the event of any discrepancy between this street address and the legal description of the property, the legal description shall control. CURRENT OWNER(S): DANIEL A. INSKIP AND NICOLE INSKIP OTHER INTERESTED PARTIES: The sale of the above-described property shall be subject to all matters shown on any recorded plat; any unpaid taxes; any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; and to any matter that an accurate survey of the premises might disclose. This property is being sold with the express reservation that it is subject to confirmation by the lender or Substitute Trustee. This sale may be rescinded at any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The Property is sold as is, where is, without representations or warranties of any kind, including fitness for a particular use or purpose. THIS LAW FIRM IS ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. Rubin Lublin TN, PLLC, Substitute Trustee 119 S. Main Street, Suite 500 Memphis, TN 38103 www.rublinlublin.com/property-listings.php Tel: (877) 813-0992 Fax: (404) 601-5846 Ad #78401: 2015-01-08 2015-01-15, 2015-01-22

3 SERVICES

Adult Care

ELDERLY CARE
Will care for sick/elderly. 25+ years experience, excellent references. 423 519 2402

FOR 10 YEARS, our trained, bonded and insured CAREGIVERS have provided home care services for local seniors. Call us... Home Instead 865-273-2178.

6 EMPLOYMENT

General Help Wanted

COPY EDITOR/PAGE DESIGNER
The (Maryville, TN) Daily Times, an award-winning seven-day morning newspaper just outside of Knoxville, is in search of a copy editor/page designer to become part of our Newsroom production team. The preferred candidate will have keen news judgment, excellent grammatical and writing skills, as well as excellent knowledge of software and processes related to newspaper design, including but not limited to Adobe InDesign, InCopy and Photoshop, as well as basic knowledge of Web-related technologies. The preferred candidate will have a bachelor's degree in communications or an equivalent degree. He or she will be deadline conscious, objective and able to accept constructive criticism. Send non-returnable PDFs of a cover letter, resume and samples of your work to editor@thedailytimes.com. The Daily Times is an equal opportunity employer.

Check out our Real Estate section ON LINE

General Help Wanted

NEW Today!

IMMEDIATE OPENINGS
We have a great team and want you to be a part of it! FT/PT flex hours available in outbound call center. Will train! BILINGUAL candidates also needed. 865-246-1823 or send resume: hr@shinesservices.com

LOOKING FOR MOTIVATED Self Starter with people skills for full-time position. Fax resume to 865-560-0023.

NEW Today!

MARKETING ASSOCIATE
EcoWater is looking for an outgoing, health conscious person to work marketing events and do office work. Varied hours, $11 per hour plus benefits and bonus. Please send resume to gdc@advancewatersystem.com

MOUNTAIN HIGHWAY Veterinary Hospital is seeking an experienced Veterinary Technician for an immediate full-time opening. Apply in person at: 2218 E Lamar Alexander Pkwy, Maryville or submit resume to mhvhhr@yahoo.com

Medical / Dental

ASBURY PLACE
MARYVILLE
CONTINUING CARE RETIREMENT COMMUNITY
ASBURY PLACE
is now hiring for a CNA, all shifts. Apply in person at Asbury Place, 2848 Sevierville Road, Maryville, TN.

CNAs
Shannondale of Maryville Health Care Center has immediate openings for CNA's. We offer an excellent benefit package. Apply in person to 805 Shannondale Way, Maryville, TN EOE

Support Newspaper In Education

NOTICE OF FORECLOSURE SALE

STATE OF TENNESSEE, BLOUNT COUNTY

WHEREAS, James Carey and Sherry Lynn Carey executed a Deed of Trust to Mortgage Electronic Registration Systems, Inc. as nominee for EquiFirst Corporation, Lender and Fidelity National Title Insurance, Trustee(s), which was dated January 3, 2008 and recorded on January 22, 2008 in Book 2184, Page 2477, Blount County, Tennessee Register of Deeds.

WHEREAS, default having been made in the payment of the debt(s) and obligation(s) thereby secured by the said Deed of Trust and the current holder of said Deed of Trust, Christiana Trust, A Division of Wilmington Savings Fund Society, FSB, as trustee for Palisades Mortgage Loan Trust, Series 2013-1, (the "Holder"), appointed the undersigned, Brock & Scott, PLLC, as Substitute Trustee, by an instrument duly recorded in the Office of the Register of Deeds of Blount County, Tennessee, with all the rights, powers and privileges of the original Trustee named in said Deed of Trust; and

NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable as provided in said Deed of Trust by the Holder, and that as agent for the undersigned, Brock & Scott, PLLC, Substitute Trustee, by virtue of the power and authority vested in it, will on January 20, 2015, at 1:30PM at the usual and customary location at the Blount County Courthouse, Maryville, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash, the following described property situated in Blount County, Tennessee, to wit:

The land referred to herein below is situated in the County of Blount, State of Tennessee, and is described as follows:

Situated in District No. Nineteen (19) of Blount County, Tennessee, and in the Fourth Ward of the City of Maryville, Tennessee, and being all of Lot 43 of Maryville Redevelopment Area No. 2 as shown by plat of record in Map File 558B in the Register's Office for Blount County, Tennessee, and being more particularly described as follows, To-Wit:

Beginning at a point in the Southwest right-of-way line of McNabb Place, said point being 25.00 feet from the center line of McNabb Place and corner to Lot 42; thence (1) with line of Lot 42 S. 41-28 W. 180.11 feet to a point in line of said Lot 42 and corner, to Homewood Subdivision; thence (2) with line of Homewood Subdivision N. 52-44 W. 72.05 feet to a point; thence (3) with the right of way of Houston Avenue N. 41-03 E. 38.27 feet to a point; thence (4) with the right of way of Houston Avenue N. 54-28 W. 138.98 feet to a point corner to Lot 44; thence (5) with line of Lot 44 N. 75-53 E. 178.31 feet to a point in the western edge of McNabb Place right of way and corner to said Lot 44; thence (6) in a southeasterly direction with the Southwest right of way line of McNabb Place on a curve to the left 98.05 feet to a point; thence (7) with the Southwest right of way line of McNabb Place S. 41-25 E. 24.00 feet to the beginning corner, containing 0.55 acre, more or less.

This conveyance is made subject to the 20 feet building setback lines along McNabb Place and along Houston Avenue, and a 10 feet wide sewer line easement across the southernmost portion of the above described lot, all as shown on said plat of Record in Map File 558 B in the Register's Office for Blount County, Tennessee.

Being the same property conveyed to Robin C. Stevens, single, from Dennis W. Stevens, single, by quitclaim deed dated October 12, 1994 of Record in Book 566, Page 444, in the Register's Office for Blount County, Tennessee.

This conveyance is made subject to all zoning regulations, building restrictions, easements, rights of public utilities or other governmental regulations applicable to the foregoing property. The taxes for the current year have been prorated and are assumed by the grantee(s).

Parcel ID Number: 057D E 047.00
Address/Description: 314 McNabb Place, Maryville, TN 37801
Current Owner(s): James Carey and wife, Sherry Lynn Carey.
Other Interested Party(ies): Granite State Insurance Company; Blount Memorial Hospital; Darrell L. Dillinger and Deborah Dillinger; and Nathan C. Cole.

The sale of the property described above shall be subject to all matters shown on any recorded plat; any and all liens against said property for unpaid property taxes; any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; a deed of trust; and any matter than an accurate survey of the premises might disclose; and

All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above.

This office is attempting to collect a debt. Any information obtained will be used for that purpose.

Brock & Scott, PLLC, Substitute Trustee
c/o Tennessee Foreclosure Department
277 Mallory Station Road
Suite 115
Franklin, TN 37067
PH: 615-550-7697 FX: 615-550-8484
File No.: 14-17501
December 25, 2014; January 1 and 8, 2015

Medical / Dental

JOIN OUR AWESOME TEAM
1 year Assisted Living/Memory Care experience preferred.
*PRN LPN positions all shifts.
*FT, PT & PRN CARE ATTENDANT positions all shifts.
Bring all pertinent documentations such as IDs, certificates & licenses to: Williamsbury Villas, 3020 Heatherton Way, Knoxville, TN 37920.
Must pass drug & background screens.

MEDICAL BILLING\POSTING SPECIALISTS
Speech Pathology Services of E TN LLC has a position available for an experienced medical insurance biller. Must have 3 years experience in the medical field billing and posting electronically STOT\PT Medicaid and Zarmed experience a plus. Applicant must also have experience working rejected and denied claims, filing appeals and efficiently handling aging. Position works with the bookkeeper to balance and reports to the Chief Financial Officer. This is a permanent position with longevity for a company that has been in business since 2001 serving children in need. Pay dependent upon experience and education. Benefits include Health & Dental Insurance, Paid Time Off and a retirement plan with a company match. Must be able to pass a background check and drug screen. Please apply to info@spset.com with a resume and professional references.

PART-TIME CAREGIVER Positions, All Shifts. Apply in Person, Brookdale - Wellington Place of Maryville.

7 REAL ESTATE RENTALS

Apartment / Duplexes

PUBLISHER'S NOTE
"All real estate advertised herein is subject to the Federal Fair housing Act, which makes it illegal to advertise any preference, limitation or discrimination because of race, color, religion, sex, handicap, familial status or national origin OR intention to make any preference, limitation or discrimination. We will not knowingly accept any advertisement for real estate which is in violation of the law."

Apartment / Duplexes

$34.99 DAILY; $150 WEEKLY; $549 (4) weeks. 1 person. Budget Inn, 865-251-2525 or 865-300-2855.

$345 - $450 GREAT VALUE, RIVERSIDE MANOR, Alcoa Hwy. 865-970-2287 1, 2 & 3 BR's riversidemanorapts.com

1 & 2 BR, CH/A, W/D conn., references & lease, no pets. Starting at $275/mo. + deposit. 982-6446

1-2 BR APTS.
$325-$395, No Dogs.
865-977-4300

1BEDROOM in city, upstairs, W/D incl. 1 yr. lease & ref. req'd. No pets. $450/mo. + dep. Russ 865-705-3903

2BD, 1BA DUPLEX in Maryville. $600/month plus deposit. 865-308-3327

2BR, 1BA, W/D conn., all appl., large rooms, 1 level, walk-in closets. No pets/smoking. $600. 977-7831

2BR, 2BA 1200 SF, appliances, CH/A, water & lawn care furnished. $700/mo. + dep. No pets. Call 865-363-8847.

3BR, 1BA upstairs apartment, $650 per month, $350 deposit. Housing approved. Call 865-982-5482

EXCELLENT WEST MARYVILLE location 2BR, 1BA Water furnished. No pets. $600/month. 865-556-3398

FOREST HILL APARTMENTS
2 BR $525 & 3 BR $600. $300 dep.
No pets. Call 865-740-1745

FURNISHED EFFICIENCY APT Friendsville area. $600/month plus deposit. Utilities included. 865-308-3327

Grayson Apartments in Alcoa.
2 BR, $575 mo.; 3 BR, $675 mo.
Housing accepted. 865-982-3427

SPACIOUS LAKESIDE LIVINGI 2BR Garden Style Apts., off Alcoa Hwy. New Saltwater pool, Basketball & Tennis courts, dock for fishing. Call for more details 865-982-9678.

Houses For Rent

PUBLISHER'S NOTE
"All real estate advertised herein is subject to the Federal Fair housing Act, which makes it illegal to advertise any preference, limitation or discrimination because of race, color, religion, sex, handicap, familial status or national origin OR intention to make any preference, limitation or discrimination. We will not knowingly accept any advertisement for real estate which is in violation of the law."

Houses For Rent

2BR IN TOWN Hardwood floors. References required. $600 per month, $500 damage deposit. 865-363-1085

3BD NICE HOME Northfields Subdivision, 1 level. $1175/mo., $1000 deposit. No pets and no smoking. 865-216-0357

NEW Today!

3BD, 1BA 807 Mountain View near Maryville High School. $800/mo., references/deposit. No pets. 982-3244

3BR, 2BA near Heritage. Full basement. No pets, no smoking. $900 mo. + dep. & credit check. 865-679-8947

3BR, 2BA, CH/A, all appliances, very nice. Lawn care furnished. $900 mo. + dep. No pets. Call 865-363-8847.

MARYVILLE CITY, 3BR/2BA, 2014 updates, gar. No smoking. 909 Willow Dr. $1020/mo., $750/dep. 865-766-7519

RE/MAX FIRST
612 Crawford St.
Maryville, TN 37804
(865) 981-1004
www.maryvillerentalproperties.com

2363 SKYVIEW DR (HOUSE)
3Bd, 2Ba $1250/mo. $1250 dep.

946 LONGHOLLOW RD (MH)
2Bd, 1Ba $500/mo., $500 dep.

3020 ELLEJOY RD (MH)
3Bd, 2Ba $875/mo., $875 dep.

928 FRANCE LANE (HOUSE)
3Bd, 1Ba $875/mo., $875 dep.

8 REAL ESTATE SALES

Lots & Acreage

NEW Today!

ANDOVER SUBDIVISION (Alcoa) lot for sale. Call 865-995-9723

9 MOBILE HOMES Manufactured Homes

Mobile/Manufactured-Home Lots

LOT FOR RENT Maximum size, 14x60. Garbage pick up included. No outside pets. $150/mo. 982-5222

MOBILE HOME LOTS $200
www.edgewoodmnhc.com
Or 865-719-1467

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED
This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that:

The Home Option by Harden Healthcare, Home Health Agency owned by: Gilling Health Care Services of Knoxville, Inc. with an ownership type of corporation and to be managed by itself intends to file an application for a Certificate of Need for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee through the transfer of these counties from its licensed sister agency Gentiva Certified Healthcare Corp. No new counties will be added as a result of the transfer from one sister agency to another. The Home Option by Harden Healthcare is located at 800 Oak Ridge Turnpike, Suite A206, Oak Ridge, Tennessee 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of this project is expected to be less than $50,000.

The anticipated date of filing the application is: January 12, 2015.

The contact person for this project is Kim H. Looney, Esq. Attorney who may be reached at: Waller Lansden Dortch & Davis LLP 511 Union Street, Suite 2700 Nashville, TN 37219 615-650-8722.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.
January 8, 2015

ATTENTION ADVERTISERS
No cancellations or corrections will be made on the day of publication. It is the Advertiser's responsibility to check their ad on the first day of publication and notify the Classified department if it is not correct. Blount County Publishers, LLC, is responsible for only one incorrect insertion. All advertising, whether paid for or not, whether initially accepted or published, is subject to approval or rescission of approval by Blount County Publishers, LLC. The position, subject matter, form, size, wording, illustrations, and typography of an advertisement are subject to approval of Blount County Publishers, LLC, which reserves the right to classify, edit, reject, position, or cancel any advertisement at any time, before or after insertion. Blount County Publishers, LLC does not investigate statements made directly or indirectly in any advertisement and neither makes any representations regarding the advertisers, their products, or their services or the legitimacy or value of the advertisers or their products or services. In consideration of publication of an advertisement, the Advertiser and any advertising agency that it may employ, jointly and severally, will indemnify and hold harmless Blount County Publishers, LLC, their officers, agents, and employees against expenses (including all legal fees), liabilities, and losses resulting from the publication or distribution of advertising, including without limitation, claims or suits for libel, violation of privacy, copyright or trademark infringement, deception, or other violations of law. Except as provided in this paragraph, Blount County Publishers, LLC, shall not be liable for any damages resulting from error in or non-publication of ads, whether paid for or not, including but not limited to, incidental, consequential, special, general, presumed, or punitive damages or lost profits. The sole and exclusive remedy against Blount County Publishers, LLC, for any error in, or non-publication of, an ad shall be a refund of the cost of the ad or the printing of one make- good insertion, in the discretion of the Publisher, provided that Advertiser and/or its agency has paid for the ad containing the error or which was not published; otherwise, the sole remedy shall be one make good insertion. No claim for repetition shall be allowed. No allowance shall be made for imperfect printing or minor errors. Blount County Publishers, LLC, shall not be liable for failure to print, publish, or circulate all or any portion of an advertisement or of advertising linage contracted for, if such failure is due to acts of God, strikes, accidents, or other circumstances beyond the control of Blount County Publishers, LLC, shall not be liable for errors in or non-publication of advertisements submitted after normal deadlines. Any legal action arising from these terms and conditions or relating to the publication of, or payment for, advertising shall, if filed, be commenced and maintained in any court situated in Blount County, Tennessee. Other terms and conditions, stated on our Advertising Rate Cards and Contracts may apply. This service is not to be used to defraud or otherwise harm users or others, and Blount County Publishers, LLC, reserves the right to disclose a user's identity where deemed necessary to protect Blount County Publishers, LLC, or others or to respond to subpoenas or other lawful demands for information.

Campbell

LEGAL NOTICES

Continued on page 10B

IN THE JUVENILE COURT FOR ANDERSON COUNTY, TENNESSEE

STATE OF TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
Petitioner
NO. J-32180 14-1076
vs.
ASHLEY SEALS
And
STEVEN LYTLE
Respondents
IN THE MATTER OF:
Mason James Seals
DOB: 6/28/14

A Child Under Eighteen (18) Years of Age MOTION AND ORDER FOR SUMMONS BY PUBLICATION It appearing to the Court from the allegations of the Petition for Temporary Custody and Motion for Summons by Publication and the Affidavit of Diligent Search that the whereabouts of the Respondent ASHLEY SEALS is unknown and cannot be ascertained by diligent search, therefore, the ordinary process of law cannot be served upon ASHLEY SEALS. It is therefore, ORDERED that said Respondent be served by publication of the following Notice for four (4) consecutive weeks in the Lafollette Press, a newspaper published in Lafollette, Tennessee.
TO THE RESPONDENT:
ASHLEY SEALS

Pursuant to T.C.A. § 37-1-121 and § 37-1-123, you are hereby summoned to appear on the 19th day of February, 2015, at 9:00 a.m., and defend the above-entitled action in the Anderson County Juvenile Court, at Clinton, Tennessee, and answer the Petition filed by the State of Tennessee, Department of Children's Services, and to serve your answer upon the Petitioner. In case of your failure to do so, judgment will be rendered against you according to the demand of the Petition, which has been filed with the Clerk of the Anderson County Juvenile Court located at the Juvenile Court of Anderson County, Jolley Building, 101 S. Main Street, Suite 200, Clinton, Tennessee 37716. Since your whereabouts is unknown and the ordinary process of law cannot be served upon you, a copy of this summons shall be published in the Lafollette Press newspaper for four (4) consecutive weeks. ISSUED this 23rd day of December 2014.

BRIAN J. HUNT
JUVENILE COURT JUDGE APPROVED FOR ENTRY:
Summi S. Maifair, BPR # 025533 Assistant General Counsel
Department of Children's Services
182 Frank L. Diggs Drive, Suite 100
Clinton, Tennessee 37716
Phone: (865) 425-4400
Publication Dates: 01/01/14, 01/08/14, 01/15/14, 01/22/14

IN THE JUVENILE COURT FOR ANDERSON COUNTY, TENNESSEE STATE OF TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
Petitioner
NO. J-32180 14-1076
vs.
ASHLEY SEALS
And
STEVEN LYTLE
Respondents
IN THE MATTER OF:
Mason James Seals
DOB: 6/28/14

A Child Under Eighteen (18) Years of Age
MOTION AND ORDER FOR SUMMONS BY PUBLICATION It appearing to the Court from the allegations of the Petition for Temporary Custody and Motion for Summons by Publication and the Affidavit of Diligent Search that the whereabouts of the Respondent STEVEN DANIEL LYTLE is unknown and cannot be ascertained by diligent search, therefore, the ordinary process of law cannot be served upon STEVEN DANIEL LYTLE. It is therefore, ORDERED that said Respondent be served by publication of the following Notice for four (4) consecutive weeks in the Lafollette Press, a newspaper published in Lafollette, Tennessee.
TO THE RESPONDENT: STEVEN DANIEL LYTLE Pursuant to T.C.A. § 37-1-121 and § 37-1-123, you are hereby summoned to appear on the 19th day of February, 2015, at 9:00 a.m., and defend the above-entitled action in the Anderson County Juvenile Court, at Clinton, Tennessee, and answer the Petition filed by the State of Tennessee, Department of Children's Services, and to serve your answer upon the Petitioner. In case of your failure to do so, judgment will be rendered against you according to the demand of the Petition, which has been filed with the Clerk of the Anderson County Juvenile Court located at the Juvenile Court of Anderson County, Jolley Building, 101 S. Main Street, Suite 200, Clinton, Tennessee 37716. Since your whereabouts is unknown and the ordinary process of law cannot be served upon you, a copy of this summons shall be published in the Lafollette Press newspaper for four (4) consecutive weeks. ISSUED this 23rd day of December 2014.

BRIAN J. HUNT
JUVENILE COURT JUDGE APPROVED FOR ENTRY:
Summi S. Maifair, BPR # 025533 Assistant General Counsel
Department of Children's Services
182 Frank L. Diggs Drive, Suite 100
Clinton, Tennessee 37716
Phone: (865) 425-4400
Publication Dates: 01/01/14, 01/08/14, 01/15/14, 01/22/14

NOTICE OF TRUSTEE'S SALE OF REAL ESTATE

WHEREAS, by Deed of Trust recorded in the Register's Office for Campbell County, Tennessee, in Trust Deed Book 484, Page 193, on August 14, 2006, J. L. Herrin conveyed to Joseph G. Coker, Trustee, the hereinafter described real property, to secure the payment of one Promissory Note dated August 8, 2006 in the amount of Eleven Thousand Seventeen Dollars and Twenty Five Cents ($11,017.25) to First Volunteer Bank of Tennessee, now known as First Volunteer Bank, all as fully set forth in said Deed of Trust and Promissory Note; and WHEREAS, the above referenced Deed of Trust was modified by a Modification Agreement dated December 29, 2006 and recorded in Miscellaneous Book 82, Page 351, in the Register's Office for Campbell County, Tennessee, on January 10, 2007, increasing the amount of indebtedness to Sixteen Thousand Seventy One Dollars and Thirty Three Cents ($16,071.33); and WHEREAS, the above referenced Deed of Trust was further modified by a Modification Agreement dated January 28, 2008 and recorded in Miscellaneous Book 87, Page 821, in the Register's Office for Campbell County, Tennessee, on February 11, 2008, increasing the amount of indebtedness to Forty Three Thousand Four Hundred Nine Dollars and Nineteen Cents ($43,409.19); and WHEREAS, the above referenced Deed of Trust was further modified by a Modification Agreement dated May 5, 2011 and recorded in Miscellaneous Book 101, Page 928, in the Register's Office for Campbell County, Tennessee, on June 16, 2011; and WHEREAS, default has been made in the payment of the above referenced indebtedness, and other provisions of the Trust Deed have been violated, and the legal holder of the Promissory Note secured by the said Trust Deed has declared the entire amount due and payable as provided in said Trust Deed, and the undersigned, as Trustee, has been directed to foreclose the aforesaid Trust Deed in accordance with the terms thereof, and the public is hereby notified that the undersigned Trustee will sell the hereinafter described real estate at public auction, to the highest and best bidder, for cash in hand, on the front steps of the Campbell County Courthouse in Jacksboro, Tennessee, at 12:00 Noon on Monday, February 2, 2015, said property to be sold in bar of the equity of redemption. Subject lands are set forth as follows: Situated in District One (1) of Campbell County, Tennessee, and in the Long Hollow Community, and without the corporate limits of any municipality, and being more particularly described as follows: Beginning on an iron pin recovered in the West line of Lewis White Lane, corner to property of Betty Heatherly (described in Deed Book 413, Page 514), said iron pin being approximately 0.50 miles in a Northerly direction from Long Hollow Road; thence with the line of Betty Heatherly, South 53 deg. 31 min. 40 sec. West 175.00 feet to an iron pin set in an existing fence line, corner to property of Fred Heatherly (Deed Book 398, Page 142); thence with said existing fence line and with the property of Fred Heatherly, the following three (3) calls and distances: (1) North 17 deg. 59 min. 04 sec. West 247.99 feet to an iron pin set; (2) North 17 deg. 59 min. 04 sec. West 123.11 feet to a fence post recovered; and (3) North 16 deg. 03 min. 43 sec. West 140.61 feet to an iron pin set at a fence post, corner to property of Everette Comer (Deed Book 261, Page 809); thence with the line of Everette Comer, a fenced line, the following two (2) calls and distances: (1) North 69 deg. 46 min. 12 sec. East 102.82 feet to a fence post recovered; and (2) North 71 deg. 28 min. 02 sec. East 116.51 feet to an iron pin set in the West line of Lewis White Lane; thence with the West line of Lewis White Lane, the following five (5) calls and distances: (1) South 12 deg. 01 min. 59 sec. West 53.67 feet to an iron pin; (2) South 10 deg. 33 min. 30 sec. East 53.51 feet to an iron pin; (3) South 19 deg. 42 min. 23 sec. East 42.99 feet to an iron pin; (4) South 15 deg. 59 min. 49 sec. East 112.36 feet to an iron pin set; and (5) South 17 deg. 00 min. 41 sec. East 198.64 feet to the point of Beginning. Containing a total of 2.10 acres, more or less, according to survey for First Volunteer Bank/Jerry Herrin, by Tony W. Crutchfield, R.L.S. # 1788, dated June 27, 2006, File Number 95-14. For further reference see Deed Book 428, Page 461, in the Register's Office for Campbell County, Tennessee. Records in the Property Assessor's Office for Campbell County, Tennessee, identify the above described property as follows: Tax Map: 095, Group: N/A, Control Map: 095, Parcel: 014.00 Subject property is located at 319 Lewis White Lane, LaFollette, Tennessee 37766. This sale will be free from the equitable right of redemption under the laws of the State of Tennessee, homestead, dower and other exemptions, the same having been waived in said Trust Deed, and will be subject to all unpaid taxes and subject to any easements and restrictions or prior liens or mortgages of record, if any. If the highest bidder is unable to comply with the terms of the sale, I reserve the right to proceed to the next highest bidder able to comply or to re-advertise if I so choose. The right is reserved to adjourn the day of sale to another date and time certain without further publication upon announcement at the time set above. The holder of the Promissory Note shall have the right to bid at said sale. The Trustee is aware of a Judgment Lien against Jerry L. Herrin in a case styled Velocity Investments, LLC, assignee of ASPIRE v. Jerry L. Herrin, File Number CV-034709, in the General Sessions Court for Campbell County, Tennessee, entered on September 29, 2008 and recorded in Lien Book 20, Page 397, in the Register's Office for Campbell County, Tennessee, on October 27, 2008, in the amount of $5,365.57, plus interest at 10% per annum and cost of suit and that McLemore & Edington, PLLC, attorney for Velocity Investments, LLC, Inc. will receive a copy of this Notice of Trustee's Sale of Real Estate. The Trustee is aware of a Judgment Lien against Jerry L. Herrin in a case styled Velocity Investments, LLC, v. Jerry L. Herrin, File Number CV-30978 in the General Sessions Court for Campbell County, Tennessee, entered on July 17, 2006 and recorded in Lien Book 20, Page 491, in the Register's Office for Campbell County, Tennessee, on November 7, 2008, in the amount of

PUBLIC NOTICE OF BLASTING SCHEDULE

Triple H Coal, LLC., 100 Memorial Drive, Jacksboro, TN 37757 intends to blast each day, Monday through Saturday, at the Area #2 mine site located on Rock Creek Mountain near the Peabody Community in Campbell County, Tennessee. The site is located on the LaFollette, TN USGS Quadrangle map at latitude N36° 34' 20" and longitude W84° 10' 02".

Blasting may occur at any time between sunrise and sunset. Unscheduled blasting may occur if, at the discretion of the mine foreman or certified blaster, an emergency situation arises from rain, lightning, other atmospheric conditions, or if blasting within the published time frame impairs employee and/or public safety. Any major change in blasting scheduling will be published.

A predetonation warning consisting of three long air horn blasts will be given before each detonation. An "all-clear" signal, consisting of one short air horn blast will be sounded following the detonation. These signals will be audible within one-half mile of the blast site.

Access to the blasting operation will be controlled by blocking all access roads at least ten (10) minutes prior to the blast and afterwards until the all clear signal has been sounded.

00007BW

PUBLIC NOTICE

The Caryville-Jacksboro Utilities Commission regular monthly meeting will be held on Thursday January 15, 2015 at 7:00 p.m. at the Central Office located in the Municipal Services complex at 585 Main Street Jacksboro, TN

BOARD OF COMMISSIONERS

00007QU

NOTICE

The LaFollette Housing Authority's (LHA) regular monthly board meetings will be held on the fourth Monday of each month at 6:00 p.m. at 802 South Fourth Stree, LaFollette, Tennessee. The 2015 schedule follows:

January 20, 2015
February 23, 2015
March 23, 2015
April 27, 2015
May 25, 2015
June 22, 2015
July 27, 2015
August 24, 2015
September 28, 2015
October 26, 2015
November 23, 2015
December 28, 2015

00006TCB

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that:

The Home Option by Harden Healthcare, Home Health Agency owned by: Girling Health Care Services of Knoxville, Inc. with an ownership type of corporation and to be managed by itself intends to file an application for a Certificate of Need for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee through the transfer of these counties from its licensed sister agency Genliva Certified Healthcare Corp. No new counties will be added as a result of the transfer from one sister agency to another. The Home Option by Harden Healthcare is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge, Tennessee 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of this project is expected to be less than $50,000.

The anticipated date of filing the application is: January 12, 2015.

The contact person for this project is Kim H. Looney, Esq. Attorney who may be reached at: Waller Lansden Dortch & Davis LLP 511 Union Street, Suite 2700 Nashville, TN 37219, 615/850-8722.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

00007BW

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Advertising Deadline: Friday at noon

LEGALS

NOTICE OF SUBSTITUTE TRUSTEE'S SALE

WHEREAS, default having been made in the payment of the debts and obligations secured by that certain Real Estate Deed of Trustfor Tennessee executed on July 13, 1990 by Gary L. Renfro and wife, Stacy P. Renfro,to David Seivers, Trustee, as same appears of record in the Register's Office of Claiborne County, Tennessee in Book 1019, Page 316-322, corrected and re-recorded August 5, 1999 in Book 1020, Page 398-404 ("Deed of Trust"); and

WHEREAS, the beneficial interest of said Deed(s) of Trust is the United States of America, acting by and through the United States Department of Agriculture ("USDA"); and

WHEREAS, USDA, the current owner and holder of said Deed(s) of Trust appointed Joe Woodyas Substitute Trustee by instrument filed for record in the Register's Office of Claiborne County, Tennessee, with all the rights, powers and privileges of the original Trustee named in said Deed(s) of Trust; and

NOW THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable as provided in said Deed(s) of Trust by USDA, and Joe Woodyas Substitute Trustee, or duly appointed agent, pursuant to the power, duty, and authorization in and conferred by said Deed(s) of Trust, will on Tuesday January 13, 2015, commencing at 10:30 am at the east, door of the ClaiborneCounty Courthouse Tazewell, Tennessee, proceed to sell at public outcry to the highest bidder either for cash or 10 per cent of the high bid price (must be in the form of a cashier's check) as a non-refundable deposit with balance due within ten (10) days of sale, (and if such balance goes unpaid, USDA will retain the deposit and re-foreclose) the following described property lying and being in the 6th Civil District in ClaiborneCounty, Tennessee to wit:

Being Lot No. Three (3) of the Providence Manor Subdivision to the County of Claiborne, State of Tennessee, as shown by Plat duly recorded in Plat Book 2, Page 116, Register's Office, Tazewell, Tennessee. Map 41PC, Parcel 3.00

CURRENT OWNERS: Gary L. Renfro

PROPERTY ADDRESS: 112 Jefferson Circle Cumberland Gap, TN 37724

Being the same property conveyed by Seven Gulley and wife, Robin R. Gulley to Gary L. Renfro and wife Stacy P. Renfro by deed of record in Deed Book 200, Page 209-212, in the said Register's Office.

The sale of the above-described property shall be subject to all matters shown on any recorded plan; any unpaid taxes; any restrictive covenants, easements or setback lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; and any matter that an accurate survey of the premises might disclose.

All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed(s) of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee.

The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above.

Publication Dates: 12/24/14, 12/31/14 and 01/07/15

Joe Woody
Substitute Trustee
4730 New Harvest Lane, Suite 300
Knoxville TN 37918

http//www.resales.usda.gov

The CCSWAB will meet at 6:00pm in the small courtroom at the Claiborne County Courthouse on January 12, 2015. The Claiborne County Solid Waste Regional Planning Board will meet on January 12, 2015 in the small courtroom at the Claiborne County Courthouse at 6:45 pm.

LEGALS

Notice of Bids

Commercial Bank, Harrogate, TN will offer for cash to the highest bidder the following, 1998 Mack Truck VIN #1M2U209C5WM023416 with attached 1999 Prentis Loader Serial #Z208740 and Barko Grapple.. This sale will be held on Thursday, January 22, 2015 at 10:00am at Commercial Bank, 6710 Cumberland Gap Parkway, Harrogate, TN. Commercial Bank reserves the right to bid at this sale and to reject any and all bids. SOLD AS IS. Tennessee residents are required to pay sales tax at the time of the sale.

1CONCURRENT NOTICE NOTICE OF FINDING OF NO SIGNIFICANT IMPACT AND NOTICE OF INTENT TO REQUEST RELEASE OF FUNDS

January 7, 2015
Town of New Tazewell
P.O. Box 609
New Tazewell, TN 37824-0609
423-626-5242

These notices shall satisfy two separate but related procedural requirements for activities to be undertaken by the Town of New Tazewell, Tennessee.

REQUEST FOR RELEASE OF FUNDS

On or about January 23, 2015, the Town of New Tazewell, Tennessee will submit a request to the Department of Economic and Community Development for the release of Federal funds under Title I of the Housing and Community Development Act of 1974, as amended, to undertake a project known as the Town of New Tazewell Housing Rehabilitation Project, for the purpose of rehabilitating a total of about 10 houses in the Robin Drive and Parkview Circle target areas. The total cost of the project is estimated at $249,000 with the entire cost being funded by the CDBG program.

FINDING OF NO SIGNIFICANT IMPACT

The Town of New Tazewell has determined the project will have no significant impact on the human environment. Therefore, an Environmental Impact Statement under the National Environmental Policy Act of 1969 (NEPA) is not required. Additional project information is contained in the Environmental Review Record (ERR) on file at the New Tazewell Mayor's Office, 413 First Avenue, New Tazewell, TN 37824-0609 and may be examined or copied weekdays from 8:00 a.m. to 4:30 p.m.

PUBLIC COMMENTS

Any individual, group, or agency disagreeing with this determination or wishing to comment on the project may submit written comments to Mr. Phil Greer, New Tazewell Mayor, 413 First Avenue, New Tazewell TN 37824-0609. All comments received by January 22, 2015 will be considered by the Town of New Tazewell prior to authorizing submission of a request for release of funds. Comments should specify which Notice they are addressing.

RELEASE OF FUNDS

The Town of New Tazewell, Tennessee certifies to the Tennessee Department of Economic and Community Development that Mr. Phil Greer, in his capacity as the New Tazewell Mayor, consents to accept the jurisdiction of the Federal Courts if an action is brought to enforce responsibilities in relation to the environmental review process and that these responsibilities have been satisfied. The Tennessee Department of Economic and Community Development (ECD) approval of the certification satisfies its responsibilities under NEPA and related laws and authorities and allows the Town of Tazewell to use program funds

OBJECTIONS TO RELEASE OF FUNDS

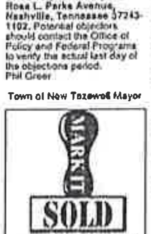
The Tennessee Department of Economic and Community Development will accept objections to its release of funds and the Town of Tazewell's certification for a period of fifteen days following the anticipated submission date or its actual receipt of request (whichever is later) only if they are on one of the following bases:

(a) The certification was not executed by the Certifying Officer of the Town of New Tazewell, Tennessee;
(b) The Town of New Tazewell has omitted a step or failed to make a decision or finding required by HUD regulations at 24 CFR Part 58;
(c) The grant recipient has committed funds or incurred costs not authorized by 24 CFR Part 58 before approval of a release of funds by the Tennessee Department of Economic and Community Development; or
(d) Another Federal agency pursuant to 40 CFR Part 1504 has submitted a written finding that the project is unsatisfactory from the standpoint of environmental quality.

Objections must be prepared and submitted in accordance with the required procedures (24 CFR Part 58) and shall be addressed to the State of Tennessee, Department of Economic and Community Development, Office of Policy and Federal Programs, William R. Snodgrass Tennessee Tower, 10th Floor, 312 Rosa L. Parks Avenue, Nashville, Tennessee 37243-1102. Potential objectors should contact the Office of Policy and Federal Programs to verify the actual last day of the objections period.

Phil Greer

Town of New Tazewell Mayor



LEGALS

NOTICE OF FORECLOSURE SALE

STATE OF TENNESSEE, CLAIBORNE COUNTY

WHEREAS, Teddy A. Loope and Nora R. Loope executed a Deed Trust to Mortgage Electronic Registration Systems, Inc. as nominee for Quicken Loans, Inc., Lender and Joseph B. Pitt, Jr., Trustee(s), which was dated February 20, 2007 and recorded on February 20, 2007 in Book 1228, Page 4, ClaiborneCounty, Tennessee Register of Deeds.

WHEREAS, default having been made in the payment of the debt(s) and obligation(s) thereby secured by the said Deed of Trust and the current holder of said Deed of Trust, Provident Funding Associates, L.P., (the "Holder"), appointed the undersigned, Brock & Scott, PLLC, as Substitute Trustee, by an instrument duly recorded in the Office of the Register of Deeds of Claiborne County, Tennessee, with all the rights, powers and privileges of the original Trustee named in said Deed of Trust; and NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable as provided in said Deed of Trust by the Holder, and that as agent for the undersigned, Brock & Scott, PLLC, Substitute Trustee, by virtue of the power and authority vested in it, will on January 27, 2015, at 10:30AM at the usual and customary location at the Claiborne CountyCourthouse, Tazewell, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash, the following described property situated in Claiborne County, Tennessee, to wit:

Situated in District No. One (1) of Claiborne County, Tennessee, and more particularly described as follows:

Being Lot No. One (1) of the Windgate Subdivision to the County of Claiborne, State of Tennessee, as shown by Plat duly recorded in Plat Book 4, Page 26, Register's Office, Claiborne County, Tennessee.

Subject to restrictive and protective covenants filed on and with said plat and recorded in Book 1156, Page 532, Register's Office, Claiborne County Tennessee.

For reference see Warranty Deed dated July 20, 2004 from Howard Beeler and wife, Jerry Ann Beeler to Beeler Builders and recorded in Book 1156, Page 524 in the Claiborne County Register of Deeds Office.

For more reference see Warranty Deed from Beeler Builders to Teddy A. Loope and wife, Nora R. Loope dated 2-9-07 and recorded in Book 1226 Page 1-3 in the Claiborne County Register of Deeds Office.

Map 70P Group A Parcel 1.00

Parcel ID Number: 070P A 001.00

Address/Description: *350 Murphy Mill Road, Tazewell, TN 37879.*

Current Owner(s): *Teddy A. Loope and Nora R. Loope.*

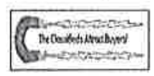
Other Interested Party(ies): *First Century Bank.*

The sale of the property described above shall be subject to all matters shown on any recorded plat; any and all liens against said property for unpaid property taxes; any restrictive covenants, easements or set-back lines that may be applicable, any prior liens or encumbrances as well as any priority created by a fixture filing, a deed of trust; and any matter than an accurate survey of the premises might disclose; and

All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above.

This office is attempting to collect a debt. Any information obtained will be used for that purpose.

Brock & Scott, PLLC, Substitute Trustee
c/o Tennessee Foreclosure Department
277 Mallory Station Road
Suite 115
Franklin, TN 37067
PH: 615-550-7697 FX: 615-550-8484
File No.: 14-27822



NOTICE OF BLASTING SCHEDULE

Apollo Fuels, Inc., P.O. Box 1727, Middlesboro, KY 40965; telephone number (606) 248-1533, announces the following blasting schedule for its Stinking Strip Mine, OSM Permit No. 3201. The blasting areas associated with the proposed operation are located on Mingo Mountain along Tackett Creek, on Bald Spur and Rich Mountain of the Log Mountains along Valley Creek in Claiborne County, Tennessee.

Control of the blasting area will be maintained by blocking access to the area ten (10) minutes prior to detonation. Post detonation access to the blasting area will be allowed only after an inspection determines that no hazards exist. The blast warning signals will consist of a one minute series of long blows of a siren five (5) minutes prior to the blast. The blast signal will consist of a series of short blows of a siren one (1) minute prior to the blast. A post blast signal consisting of one long blow of a siren will be given after the detonation and the blast inspections are completed. The blast signal will be audible within ½ mile of the blasting area. Any major alterations to this blasting schedule will be published. Un-scheduled blasting may occur in emergency situations where rain, lightening, or other atmospheric conditions pose a threat to the operator or public safety. Detonations of explosives will occur from sunrise to sunset for the period of January 7, 2015 through January 7, 2016.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that:

[illegible]

The anticipated date of filing the application is: January 12, 2015

[illegible]

NOTICE OF FORECLOSURE AND SALE

Default having been made in the payment of installments due on the note from CLIFFORD N. HENDERSON, JR. and KIMBERLY HENDERSON payable to CITIZENS NATIONAL BANK, which note is secured by a certain Deed of Trust referenced herein, dated the 25th day of June, 2009, executed by CLIFFORD N. HENDERSON, JR. and wife, KIMBERLY A. HENDERSON, and of record in the Register's Office of Claiborne County, Tennessee in Record Book 1289, Pages 731-734, to which reference is hereby made, and the holder of the note in question having declared all debt, principal, interest, and attorney's fees, immediately due and payable, notice is hereby given that on the 16th day of January, 2015, at 11:00 a.m. at the front door of the Courthouse for Claiborne County, Tennessee, at Tazewell, Tennessee, the undersigned Substitute Trustee, on behalf of Citizens National Bank, the holder of the note in question, will sell for cash, to the highest bidder, and in bar of the equity of redemption and the statutory right of redemption, the following described premises:

SITUATED in the Third Civil District of Claiborne County, Tennessee, without the corporate limits of any municipality and being more particularly described as follows:

BEING designated as LOT 144, LONE MOUNTAIN SHORES SUBDIVISION, PHASE III-A, as shown on the plat of same of record in Plat Cabinet 3, Slide 180, in the Register's Office for Claiborne County, Tennessee, to which plat specific reference is hereby made for a more particular description of said lot.

This property is SUBJECT to all applicable easements, permissive use agreements and restrictions of record in the register's office. Also conveyed are all rights in easements and permissive use agreements of record.

BEING the same property conveyed to Clifford Henderson and wife, Kimberly Henderson, by deed from Frank L. Turner, Unmarried, dated June 18, 2009, recorded June 26, 2009, in Record Book 1289, Pages 729-730, in the Register's Office for Claiborne County, Tennessee.

SUBJECT to any setback lines, drainage and/or utility easements, conditions, and limitations, if any, as shown on the plat of record in Plat Cabinet 3, Slide 180, in the Register's Office for Claiborne County, Tennessee.

SUBJECT to the Declaration of Covenants, Restrictions and Easements for Lone Mountain Shores as recorded in the said Register's Office in Record Book 1005, Pages 633-654, and amended in Record Book 1388, Page 649.

SUBJECT to the By-Laws for Lone Mountain Shores as recorded in Record Book 1388, Page 633, in the said Register's Office.

SUBJECT to any restrictions as contained in the Deed of Correction to Tennessee Lone Mt. Shores Corp. of record in the said Register's Office in Deed Book 250, Pages 544-551.

SUBJECT to a Transmission Line Easement in the United States of America recorded in the said Register's Office, in Misc. Book 22, Page 168.

SUBJECT to reservations, restrictions, covenants, conditions, exceptions and limitations as contained in Deed Book 89, Page 397, Deed Book 89, Page 400 and Deed Book 89, Page 404, in the said Register's Office.

SUBJECT to Homeowner's Association dues and fees or club memberships that may apply.

PROPERTY ADDRESS: Lot 144, Lone Mountain Shores Subdivision, Phase III-A, Whistle Valley Road, New Tazewell, TN.

SUBORDINATE LIEN HOLDERS TO WHOM NOTICE OF THIS FORECLOSURE SALE HAS BEEN GIVEN: Lone Mountain Shores Owners Association, c/o Gene Chafin, Treasurer, P.O. Box 719, New Tazewell, TN 37824; Statement of Lien for Failure to Pay Annual Assessments to Owners Association of record in Record Book 1397, Page 119, in the Register's Office for Claiborne County, Tennessee.

OTHER INTERESTED PARTIES IN REAL PROPERTY TO WHOM NOTICE OF THIS FORECLOSURE SALE HAS BEEN GIVEN: Not applicable.

No warranties are made as to the merchantability of title of said real property, which property is being sold, "where is, as is", subject to all restrictions, easements, governmental zoning or regulations, subdivision ordinances or regulations in effect with respect to the property, unpaid property taxes, assessments and all superior encumbrances and liens, if any, whether of record or not. The Substitute Trustee herein makes no representations or warranties as to status of title or description of this property.

Should the highest bidder fail to comply with the terms of the bid at the public sale, then the Substitute Trustee shall have the option of accepting the second highest bid, or the next highest bid with which the buyer is able to comply.

The Substitute Trustee will make a deed to the purchaser on the day of sale, and the premises will be sold subject to any unpaid taxes, other than those tax encumbrances which are divested by nonjudicial sale, further, the premises will be sold subject to any and all other restrictions, encumbrances and any governmental zoning or regulations and subdivision ordinances or regulations in effect with respect to the property.

The sale held pursuant to this Notice may be rescinded at the Substitute Trustee's option at any time. The right is reserved to adjourn the day of the sale to another day, time and place certain without further publication, upon announcement at the time and place for the sale set forth above, from time to time, as needed at the sole discretion of the Substitute Trustee.

This communication is an attempt to collect a debt and any information collected or garnered hereby or as a result hereby may be used for purposes of collecting the debt.

This the 19th day of December, 2014.

BRIDGET J. WILLHITE, Substitute Trustee

CLAIBORNE PROGRESS

P.O. BOX 40, TAZEWELL, TN 37879 PHONE 423-626-3222

Affidavit of Publication

I, Amber Morgan for the Claiborne Progress of Tazewell, Tennessee being duly sworn, state that:

An advertisement was/advertisements were published

For the account of Waller Lansden Dortch & Davis
In the Claiborne Progress as follows: Publication of intent

Size (columns x inches tall)	Section Page	Date/Dates m/d/y
3x3	7A	1/7/15

Signed A Morgan

SWORN AND SUBSCRIBED to before me, a notary public, on this the 9th day of January, A.D. 2015.

Patricia Neal

Notary Public in and for Bell

County, Ky (State)

My Commission Expires 6/17/18

GRAINGER

Classifieds TODAY

SERVING GRAINGER, HAWKINS, HAMBLEN, JEFFERSON AND SURROUNDING EAST TENNESSEE COUNTIES

Call us TODAY to place your classifieds (865) 993-0713 or email classified@graingertoday.com.

LEGALS

TRUSTEE'S SALE

Default having been made in the payment of the debts and obligations secured to be paid by a certain Deed of Trust executed February 8, 2008 by Teddy Toler and Wanda Toler, his wife, as tenants by the entirety, their assigns, the survivor of them and the survivor's personal representatives and assigns to Atty. Arnold M. Weiss, as Trustee, as same appears of record in the office of the Register of Grainger County, Tennessee, in Book IN294, Page 734, and the owner of the debt secured, Green Tree Servicing LLC, having requested the undersigned to advertise and sell the property described in and conveyed by said Deed of Trust, all of said indebtedness having matured by default in the payment of a part thereof, at the option of the owner, this is to give notice that the undersigned will, on Thursday, January 29, 2015 commencing at 02:00 PM, at the Front Door of the Courthouse, Rutledge, Grainger County, Tennessee proceed to sell at public outcry to the highest and best bidder for cash, the following described property, to wit:

Situated in County of Grainger, State of Tennessee.

All the following described premises, to wit: Situate in the Second (2nd) Civil District of Grainger County, Tennessee, to wit: Being Lot No. Twenty-three (23) of the German Creek Cabin Sites Subdivision, which appears of record in Map Book 1, Page 40 in the Register's Office, Grainger County, Tennessee, and to which reference is here made for a more complete description.

Tax Parcel ID: 052D-B-013.00

Property Address: 357 Chilhowee Lane, Bean Station, TN.

Other Interested Party: Branch Banking & Trust Company

All right and equity of redemption, homestead and dower waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Trustee.

ARNOLD M. WEISS, Trustee
Weiss Spicer Cash PLLC
208 Adams Avenue
Memphis, Tennessee 38103
(901) 526-8296
File # 7134-119037-FC

Published: January 7
January 14
January 21

Green Tree Servicing LLC/ Wanda Toler

PUBLIC NOTICES

The Grainger County School Board will meet on Tuesday, January 20, 2015, for its regular scheduled meeting at 7:30 p.m. to elect a new chairman, review the director's evaluation and contract, and conduct other business. The meeting will be conducted in the Grainger County Schools' Central Office Conference Room.

The Grainger County School Board will meet in regular session on the third Tuesday of each month, January - December 2015, at 7:30 P.M. The meetings will be held at the Grainger County Board of Education Central Office. If there is a conflict with these dates, it will be posted on the school website at www.grainger.k12.tn.us. The meetings are open to the public.

PUBLIC HEARING NOTICE

The Town of Bean Station will hold a public hearing on January 26, 2015 at 5 P.M. at the town hall to consider passage of Ordinance #2014-12-100 to establish Speed Limits. The hearing is open to the public. Townspeople encouraged to attend.

ANIMALS

TRI-COUNTY
ANIMAL CLINIC
-Welcomes You-

- Drop-Offs Welcome
- Walk-Ins Welcome

NO APPOINTMENT NECESSARY
(865) 993-3370

Find it in the Classifieds!

PET OF THE WEEK

Dewie is 1-2 year old, long haired Chihuahua. He is very loving and not a barker. Dewie is a quiet boy waiting for that perfect home to share with his person(s). Call (865) 567-0832 or graingerhumane@gmail.com

Jazzy is a sweet gal 1+ years. She is a border collie mix. House training in the works. Loves all people and animals. Call (865) 567-0832 or email graingerhumane@gmail.com

SPAY/NEUTER DATES FOR JAN/FEB-2015

The Grainger County Humane Society will host a pre-registered low cost Spay & Neuter Clinic on January 8, 15 & 29 and February 11, 19 & 26 for pets that have been registered prior to the surgery date, from 8 A.M. to 4 P.M. The Fido Fixer mobile unit will be at 147 Meadow Branch Road, just off Hwy 25E in Bean Station. Pets must be pre-registered for Spay/Neuter and all other services. To register and receive information regarding these services, please call (865) 804-7121, between the hours of 9 A.M. and 5:30 P.M. Please do not call on the day of surgery.

ANTIQUES

Pie cut 1950's glider set: Glider, rocker, chair & table. $500 o.b.o. Call (423) 231-8648.

WE'VE GOT IT ANTIQUE & VENDORS MALL

1505 Universal Road
Jefferson City, TN 37760
(606) 854-4881

Antique Vendors Mall booths available.

OPEN:
Wednesday - Sunday
HOURS:
Wednesday - Saturday
9 A.M. - 5 P.M.
Sunday
9 A.M. - 3 P.M.

Washer/Dryer sell with 30 day guarantee. Will deliver and set up! Sellers Welcome!

BUSINESS SERVICES

WRIGHT'S EXCAVATING

- Septic & Field Lines Installed
- Roads • Ponds • Yards
- House seals • Land clearing
- Footers • Basements
- Rock & Dirt Hauled etc.

(865) 850-9820

ATKINS EXCAVATING

Septic tanks, drain fill, footer and basements, dirt hauling, rock, backhoe, bobcat, track hoe and highlift work.
Call (865) 767-3103, (865) 202-2252 (423) 312-4784.

AMYX

- Decks • Garages
- Remodeling
- Replacement Windows

FREE Estimates
High Quality - Low Prices
Licensed & Insured
(865) 368-2626

* ALAN'S *
APPLIANCE & PLUMBING REPAIR

We repair & install washers, dryers, garbage disposals, ranges, dishwashers, ice makers, refrigerators, water heaters, kitchen & bathroom faucets, commodes, outside faucets, drains cleaned, ceiling fans, electrical baseboard & wall heaters, thermostats, outside security lights, breakers, fuses, outlets & wall switches, light fixtures & lamps.

Low Rates: Quality work.
* (423) 586-4704 *

COMMERCIAL

WANTED
2 business owners needed in Rutledge, TN.
Call Rodney D. Alkins
(865) 767-2020 or
(865) 850-8135

EMPLOYMENT

NURSING OPPORTUNITY
Ridgeview Terrace of Life Care In Rutledge

CHARGE NURSE - RN/LPN
Full-time position available for 3 P.M. - 11 P.M. shift. Must be a Tennessee-licensed nurse. Supervisory experience in long-term care preferred. We offer great pay and benefits in a team-oriented environment.

Connie McAnulty
(865) 828-5295
(865) 828-5592 Fax
165 Coffey Lane
Rutledge, TN 37861
Connie_McAnulty@LCCA.com
LifeCareCareers.com
EOE/M/F/V/D - 54599

FOR RENT

FOR RENT: 2BR, 1 1/2BA apartments on the lake, just off Lakeshore Drive. $500/month, $450/deposit. Call (423) 736-1840

CHEROKEE LAKE MOBILE HOME FOR RENT
Beautiful lot right on the water. "You won't find lakefront like this anywhere else." 8369 Lakeshore Drive. $700/month.
Call Rodney D. Alkins
(865) 767-2020 or
(865) 850-8135

MOBILE HOME FOR RENT
Beautiful private lot near Cherokee Lake. Large storage building, separate large carport. Nice spring on the property. $650/month.
Rodney D. Alkins
(865) 850-8135 or
(865) 767-2020

FOR RENT NEAR CHEROKEE LAKE
Mobile home. Central H/A. $400/month.
Rodney D. Alkins
(865) 850-8135 or
(865) 767-2020

FOR RENT: 2BR house in Rutledge. Appliances included. Couple or single only, no pets. $400/month, damage deposit required. Call (865) 850-0678, leave message.

VACATION CABIN IN GATLINBURG FOR RENT

Beautiful 3BR, 5BA (sleeps 14).

Go to: www.vrbo.com/428u8 for more details and pics

LOGGING

WANTED TO BUY small or large tracts of timber. 35 years experience, licensed and bonded. Master in logging, degree in land and timber management.
Call (423) 300-3608

LICENSE PLATE SALES IN GRAINGER COUNTY

HELD AT THE FOLLOWING TIMES AND LOCATIONS:

First Tuesday, Washburn Community Building; Second Tuesday, Blaine City Hall; Third Tuesday, Thorn Hill Community Center; and Fourth Tuesday, Bean Station Town Hall. All tag sales are held from 1 P.M. until 5 P.M.

MISCELLANEOUS

CURT TRAILER HITCH FOR SALE
Like new. 4,000 lbs. weight carrying capacity, 600 lb. tongue weight, 2-inch receiver, plus 2-inch ball mount (new). $150 Call (865) 621-1737.

FOR SALE: Gazelle Exercise Equipment $30. In Morristown. (423) 714-9117

FOR SALE: Lawn Mower Craftsman. Runs and works. IN MORRISTOWN, must be able to pickup. (423) 714-9117

FOR SALE: Arctic Shield women's black snow boots. Brand new, size 8/9 (size runs big). Retail $40, sell for $20. (828) 755-6937 in Bean Station.

FOR SALE: Federal Airlight wood stove. Older, but good condition, $400; 6" stovepipe heat re-claimer, $65 and 54" round patio table w/5 chairs w/cushions, $200. Call (423) 327-0707.

FOR SALE: Ashley, vent free, infrared propane heater, in box. 30,000 BTU/hr. Cost $275. Asking $175. Call (865) 309-8683.

MOBILE HOMES

NICE 2 AND 3BR MOBILE HOMES. Rent, rent-to-own, Section 8. Bean Station, Mooresburg and Rogersville (423) 293-2102.

ATTENTION LANDOWNERS!
Lenders Offering Govt. Programs!!
865-932-0924

****
17 Used Mobile Homes
Starting at $6,900
I Buy, Sell & Trade
Used Homes!
(865) 932-0924
****

****
HUGE
CLEARANCE SALE!!
Save Thousands on Display Models!!
Clayton's of Straw Plains
(865) 933-3495
****

Kyles Ford Auction & Real Estate Company has been advertising in the *Grainger Today* classified section since we opened the doors nearly six years ago. Based on our bidder registration numbers, we see that without fail new customers attend each auction from the Grainger and Hawkins County areas. We also receive many calls from potential sellers each week who get the auction number from this paper. Thank you *Grainger Today* for helping spread the good word about our auctions in Hancock County!

PUBLIC NOTICES

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that:

The Home Option by Harden Healthcare, Home Health Agency owned by: Girling Health Care Services of Knoxville, Inc. with an ownership type of corporation and to be managed by itself intends to file an application for a Certificate of Need for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee through the transfer of these counties from its licensed sister agency Gentiva Certified Healthcare Corp. No new counties will be added as a result of the transfer from one sister agency to another. The Home Option by Harden Healthcare is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge, Tennessee 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of this project is expected to be less than $50,000.

The anticipated date of filing the application is: January 12, 2015

The contact person for this project is Kim H. Looney, Esq. Attorney who may be reached at: Waller Lansden Dortch & Davis LLP 511 Union Street, Suite 2700 Nashville TN 37219 615 / 850-8722

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF50 (revised 01/09/2013 – all forms prior to this date are obsolete)

Bean Station Volunteer Fire Department will be taking bids on the following vehicles. Please be advised that the B.S.V.F.D. does have the right to refuse any bid. No reasonable bid will be disregarded.

1985 Chevy Mini Pumper/Rescue Truck
350 Motor (gas) Manual Transmission

1974 Mack Pumper - Auto Transmission (Diesel)

1972 Mack Pumper - Auto Transmission (Diesel)

ALL VEHICLES DO RUN!

Bid will be opened January 9, 2015 at 5 P.M.

Send bid with your name and phone number to:
Bean Station Volunteer Fire Department
P.O. Box 103
Bean Station, TN 37811

For more information contact Ron Wonderly @ (423) 293-4987.

BUSINESS SERVICES

10% DISCOUNT WITH THIS AD10% DISCOUNT WITH THIS AD**

MOLD TOX
"Breathe Healthy"

???BASEMENT OR CRAWLSPACE LEAKING???
DON'T OVERPAY
THE NATIONWIDE COMPANIES BY THOUSANDS
WHEN MOLD TOX, LLC
CAN INSTALL A DRY-UP SYSTEM FOR A FRACTION OF THE COST!

FINANCING AVAILABLE with NO MONEY DOWN and 0% INTEREST

(865) 993-0910
(423) 585-8448
(423) 638-6584
Tri-Cities
(865) 453-1880
Sevier County
www.moldtox.com
1510 Hwy. 25E
BEAN STATION, TN

SENIOR CITIZEN DISCOUNT

10% DISCOUNT WITH THIS AD10% DISCOUNT WITH THIS AD**

Classifieds Today

Classified Hours: 8:30 AM to 5:00 PM
Monday through Friday

To place an ad: Call: (865) 993-0713
Fax: (865) 993-6474
EMAIL: classified@graingertoday.com

STOP BY: 691 Main Street • Bean Station, TN

CLASSIFIED DEADLINE ARE MONDAYS AT 10 AM

MONROE

The ADVOCATE & DEMOCRAT

Sweetwater Office | 423-337-7101
Sweetwater Fax | 423-337-5932

Visit Our Sweetwater Office:
609 Sweetwater/Vonore Rd
Monday-Friday • 8:00am-5:00pm

We Accept All Major Credit Cards

Classified Deadlines:
Sunday Issue | Wednesday at Noon
Wednesday Issue | Monday at Noon

It's easy! Just give us a call!

Classified E-mail:
classifieds@advocateanddemocrat.com

Public Notices

NOTICE OF SUBSTITUTE TRUSTEE'S SALE

Default having been made in the terms, conditions and payment of the debts and obligations secured by a certain Deed of Trust dated 29 July 2004, executed by WILLIAM R. GREEN aka WILLIAM R. GREENE and ALICE L. GREEN aka ALICE L. GREENE, to Trace Robbins as Trustee for Beneficial Tennessee, Inc., of record in the Office of the Register of Monroe County, Tennessee, in Book W-19, Page 307, and Richard J. Myers having been appointed as Substitute Trustee in an instrument of record in the aforesaid Register=s office in Book M245, Page 755, Instrument No. 1406709, and the owner of the debt secured by said Deed of Trust, Beneficial Tennessee, Inc., having required the undersigned to advertise and sell the property described therein conveyed, the entire indebtedness having been declared due and payable as provided in said Deed of Trust, the undersigned, RICHARD J. MYERS, will by virtue of the power and authority vested in him as Substitute Trustee, on THURSDAY, 29 JANUARY 2015 commencing at TWELVE O=CLOCK NOON, on the front steps of the Monroe County Courthouse, 105 College Street, Madisonville, Tennessee, sell at public outcry to the highest and best bidder for cash, the following described property in Monroe County, Tennessee, to wit:

THE FOLLOWING REAL PROPERTY DESCRIBED AS BEGINNING ON AN IRON PIN CORNER TO CHARLEY GREEN IN THE LINE OF BILL SEWELL, THENCE WITH THE LINE OF SEWELL AND MACEDONIA CHURCH ROAD SOUTH 4 DEG. 00 MIN. WEST 150 FEET TO A PIN, THENCE NORTH 86 DEG. 00 MIN. WEST 150 FEET TO A PIN, THENCE SOUTH 86 DEG. 00 MIN. EAST 150 FEET TO THE POINT OF BEGINNING BEING 0.5 ACRES MORE OR LESS AS SHOWN BY SURVEY OF W.L. (BILL) CLARK LIC. #107, DATED MARCH 9, 1984.

BEING THE SAME PROPERTY CONVEYED FROM CHARLEY GREEN, WIDOWER TO WILLIAM R. GREEN AKA WILLIAM R. GREENE AND ALIVE L. GREEN AKA ALICE L. GREENE, HUSBAND AND WIFE, BY DEED RECORDED 3/29/84, IN BOOK 106, AT PAGE 237, IN THE REGISTER=S OFFICE OF MONROE COUNTY, TENNESSEE. TAX MAP OR PARCEL ID NO.: 010-030.01

Property Address: 273 Gardner Road, Philadelphia, TN 37846
Interested Party: Citifinancial, Inc.

At the time of this publication, a search of the public records reveals no lien filed by the United States or the State of Tennessee which affects the above described property. The sale of the property described in said Deed of Trust shall be subject to any and all instrument of record, prior liens, encumbrances, deeds of trust, easements, restrictions, building lines, unpaid taxes, assessments, penalties and interest, if any. All right and equity of redemption, homestead, dower and all other exceptions are expressly waived in said Deed of Trust, and the title is believed to be good, but the Substitute Trustee will convey and sell only as Substitute Trustee. The right is reserved to adjourn the day of the sale to another day or time certain without further publication, upon announcement at the time for the above.

Richard J. Myers, Substitute Trustee
Date: 30 December 2014
APPERSON CRUMP, PLC
6070 Poplar Avenue, Suite 600
Memphis, Tennessee 38119-3972
(901) 756-6300
Publish: 7, 14, 21 January 2015

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1607 et seq., and the Rules of the Health Services and Development Agency, that The Home Option by Harden Healthcare, Home Health Agency owned by Gilling Health Care Services of Knoxville, Inc. with an ownership type of corporation and to be managed by itself intends to file an application for a Certificate of Need for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee through the transfer of these counties from its licensed sister agency Centura Certified Healthcare Corp. No new counties will be added as a result of the transfer from one sister agency to another. The Home Option by Harden Healthcare is located at 800 Oak Ridge Turnpike, Suite A206, Oak Ridge, Tennessee 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of this project is expected to be less than $50,000.

The anticipated date of filing the application is: January 12, 2015
The contact person for this project is:
Kim H. Looney, Esq.
Attorney who may be reached at: Waller Lansden Dortch & Davis LLP
511 Union Street, Suite 2700
Nashville TN 37219
615 850-8722
Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243
The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency. 1/7/2015

1 PUBLIC NOTICES

2 ANNOUNCEMENTS

Of Interest

CLASSIFIED ADVERTISING WORKS! ONE call & your 25 word ad will appear in 99 Tennessee newspapers for $275/wk or 35 East TN newspapers for $120/wk. Call this newspaper's classified advertising dept. or go to www.tnadvertising.biz (TnScan)

DISH NETWORK-SAVE! Starting $19.99/month (for 12 months.) Premium Channel Offers Available. FREE Equipment, Installation & Activation. Call. Compare Local Deals! 1-800-423-6015 (TnScan)

DIVORCE WITH OR WITHOUT children $125.00. Includes name change and property settlement agreement. Save hundreds. Fast and easy. Call 1-888-730-7165 24/7 (TnScan)

SAWMILLS FROM ONLY $4,397.00 - Make & Save Money with your own band mill-Cut lumber any dimension. In stock ready to ship. Free Info/DVD: www.NorwoodSawmills.com 1-800-578-1363 Ext. 300N (TnScan)

Garage / Yard Sales

YARD SALE SPECIAL
3 lines (15 words or less), 2 issues plus a free yard sale kit
Only $10.00!
3 lines (15 words or less), 1 issue
Only $5.00!
Call 423-337-7101
or stop by our office
609 Sweetwater/Vonore Road
in Sweetwater.

Estate Sales

ESTATE SALE
422 Main St.
Madisonville, TN 37354

Selling contents of local estate: Furniture, sofa, chairs, end tables, dressers, chest, water bed, electric set, refrigerator, deep freezer, glassware, kitchen items, antiques, primitives & much more.

Sale dates: Jan. 8, 9 & 10
Times: 9:00am-5:00pm

Sale conducted by:
Arp's Gathered Treasures
423-261-5201

4 FINANCIAL

Financial Services

Loans - Loans - Loans
100% FINANCING
for Purchase or Refinance
•Low Competitive Rates
•FHA •VA •Fannie Mae •USDA •THDA • Loans
NO up-front fees
Approval by phone
Locally owned & operated.
First Financial
of Tennessee Home Loans LLC
www.ffoftn.com
423-745-5540

CASH LOANS CASH LOANS CASH LOANS CASH LOANS

Auctions

ABSOLUTE AUCTION Friday, January 9th 4:00 PM

289 CEDAR LANE ROAD
MADISONVILLE, TN

Bank Owned

3 bedroom, 1 bath home with carport. Needs extensive remodeling and updates. Home is occupied, new owners will be responsible for working with occupants.

Sells Absolute

AUCTIONEER: STAN VAUGHT

DIRECTIONS: From Madisonville take Hwy 68 South to right on Old Tellico Hwy. to right on Old Federal Road to left on Cedar Lane Road
TERMS: 10% down plus $2,500 buyers premium down day of sale, balance due in 30 days
TAXES: Prorated POSSESSION: With Deed

BOB PARKS AUCTION COMPANY LLC
615.896.4600
or toll free 1.877.465.4600
www.bobparksauction.com

Financial Services

CAPITAL LOANS FOR BUSINESS, Commercial, Venture Capital, Real Estate, Construction, even Personal. $30K to Multi $Millions. Call Bern, Toll Free at 855-800-0070 or write Hilson Enterprises-PDB 70 Mtn City, TN 37683 (TnScan)

5 EDUCATIONAL SERVICES

Business and Trade School

MEDICAL BILLING TRAINEES NEEDED! Train at home to process Medical Billing & Insurance Claims! No Experience Needed! Online training at Bryan University gets you ready! High School Diploma/GED & Computer/Internet needed. 1-877-259-3880 (Tn Scan)

TEACHER RECRUITMENT FAIR to fill 2015-16 vacancies in W Virginia School Divisions. Friday, January 30, 2015- 4:00 p.m. to 7:00 p.m. Saturday, January 31, 2015- 9:00am to 12:00 noon@ Salem Civic Center, 1001 Boulevard, Salem, VA 24153. www.wvpec.org - - Job Fair. Sponsored by the Western Virginia Public Education Consortium (TnScan)

6 EMPLOYMENT

Driver OTR / Delivery

25 DRIVER TRAINEES NEEDED Learn to drive for Werner Enterprises! Earn $750 per week! CDL & Job Ready in 3 weeks 1-888 407-5172 (TnScan)

Financial Services

Driver OTR / Delivery

DRIVERS-NO EXPERIENCE? Some or Lots of experience? Let's Talk! No matter what stage in your career, it's time, call Central Refrigerated Home. (855)820-8841 www.CentralTruckDrivingJobs.com (TnScan)

EARN MORE IN 2015! 42-48 cpm Start Pay, based on experience, driving flatbed for Chief Carriers. 401(k). Average 10k miles/month. CDL-A, 1-Year OTR Required. 888 476 4860 www.drivechief.com (TnScan)

EAST COAST CDL DRIVERS- 2 Years OTR experience, Home weekends. Pay averages .42 per mile, $1,000.00 to $1,200.00 a week. 615-792-6550x1 United Transportation Services (TnScan)

LOCAL COMPANY NEEDS: DEDICATED/OTR/Casual Drivers $2,000 Sign On Bonus. Paid Vacation/Medical/401k. Good Pay/Home Time 877-346-0997 (TnScan)

General Help Wanted

$1000 WEEKLY!! MAILING BROCHURES From Home. Helping home workers since 2001. Genuine Opportunity. No Experience Required. Start Immediately. www.MailingMembers.com (TnScan)

Apply In Person at Sweetwater Flower Shop for position that in bills flower prep, designs, delivery and sales, background check required. 423-337-5623

General Help Wanted

ADULT COMMUNITY TRAINING (ACT)
Weekend Residential Support Staff positions available working in a home with disabled adults. Homes located in Loudon and Lenoir City.
Weekend positions available for day and nights working 12 hour shifts.
Excellent pay rates for Weekend Shifts with potential for Full Time Jobs with benefits including paid health insurance, paid holidays, and personal leave. Extensive background checks required, Drug testing required, must have a good driving record. Apply in person to: Adult Community Training 5410 Highway 321 North Lenoir City, TN 37771 865-986-6182 ext: 228

CAN YOU DIG IT? Heavy Equipment Operator Training! 3 Week Program. Bulldozers, Backhoes, Excavators. Lifetime Job Placement Assistance with National Certifications. VA Benefits Eligible! (866)687-3737 (TnScan)

COOK – PART-TIME
Sweetwater Nursing Center has an opening available for an experienced Cook part-time. Experience in a long-term care facility and/or hospital is preferred. Applicants should be willing to work 6AM -2PM and 2PM-6PM shifts. Duties include assisting in preparation of large quantities of food, cleaning and maintaining kitchen area and dining room, and preparing food trays. Apply in person at:

Sweetwater Nursing Center
978 Hwy. 115.
Sweetwater, TN 37874
NO PHONE CALLS ACCEPTED
EOE/M/F/VET/DISABILITY

EARN $100,000. 1ST YR Income Selling Funeral Ins. To Seniors. Daytime Market. Leads Furnished. Complete Training. Daily Pay; Health/Dental Provided. Call 1-888-713-6020 (TnScan)

Piano Player needed Sunday's 11:00am to 12:00 noon Comfassel Church Madisonville TN. 865-621-8423

PORTABLE TOILET SERVICE PICK-UP & DELIVERY DRIVER NEEDED

Class A or B CDL preferred, 2 Years CDL experience required. Please apply in person at Fays Portable, 401 East Ave, Athens, TN 37303

Informed Is In Style
Have you read the newspaper today?
The Advocate & Democrat

General Help Wanted

FRONT DESK and BREAKFAST PERSON, part time and full time, all shifts. Apply in person at Quality Inn, 249 Hwy 68 in Sweetwater.

MONTEREY MUSHROOMS

NOW HIRING:

We are hiring for positions in Packing, Picking Mushrooms, Forklift Driving, and Truck Drivers. If you have a great attitude and strong work ethic, come by our facility and apply in person: 19748 Hwy 72 N in Loudon. EEO M/F/D/V.

TRABAJO DISPONIBLE

Estamos buscando personas para trabajar en los siguientes áreas: Empaque, Piscar Hongos, Montecargas y Conductores. Si tiene buena actitud y una ética de trabajo fuerte, viene por la facilidad paras aplicar: 19748 Hwy 72 N, Loudon. EEO M/F/D/V

Monterey Mushrooms is seeking Class A CDL Drivers to join their growing team!

Local, overnight, regional, and team routes are available. We also offer a BONUS PROGRAM!

- Must be 21 years of age, hold a Valid Class A CDL license, and have 6 months of verifiable OTR experience in the past 36 months with no more than 3 moving violations within three years
- Able to effectively interact with customers in person and on the telephone
- Pass DOT drug test and have no prior positive tests or refusals in addition to passing random drug and alcohol tests
- Must be organized and detail oriented
- Ability to lift up to 70 lbs, unload and stack product to customers requirements
- Ability to read, interpret, and apply laws, rules and regulations
- Use electronic logging system to accurately record daily logs for on-duty driving hours, on-duty non-driving hours, off duty hours and sleeper berth hours.

For questions or more information, please contact Casey Long at (865) 408-1857 or Bob Carey at (865) 408-1843. To pick up an application, please visit our facility at 19748 Hwy 72 N Loudon, TN 37774.EOE/AA Employer /D/M/F/V

SPRING CLEANING?

Don't throw that stuff away! Announce a Yard Sale in the Advocate & Democrat Today!
337-7101

LEGALS--PUBLIC NOTICES

MORGAN

al property therein
ed to JOSEPH B.
JR., as Trustee, as
appears of record
Register's Office
rgan County, Ten-
recorded May 9,
in Deed Book 172,
465-481; and
EAS, the benefi-
terest of said Deed
st was last trans-
and assigned to
n Loans Inc. who
the owner of said
and WHEREAS,
dersigned, Rubin
TN, PLLC, hav-
en appointed as
tute Trustee by
ent to be filed for
in the Register's
of Morgan
y, Tennessee.
THEREFORE,
is hereby given
e entire indebted-
as been declared
nd payable, and
he undersigned,
Lublin TN,
as Substitute
or his duly
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VAN NORSTRAN, SAID IRON PIN BEING LOCATED 348.9 FEET FROM THE CENTER LINE INTERSECTION OF EXISTING ROADWAYS FOR REDMON ROAD WITH TENNESSEE HIGHWAY 62 AND THE SAID IRON PIN BEGINNING BEING FURTHER DEFINED AS LOCATED AT TENNESSEE LAMBERT GRID POSITION NORTH = 646,122.04 AND EAST = 2,392,113.03 (NAD 1983-95); THENCE, WITH LINE ALONG THE WESTERLY MARGIN OF REDMON ROAD, SOUTH 00 DEGREES 28 MINUTES 29 SECONDS EAST 518.36 FEET TO AN IRON PIN (SET) IN THE NORTHERLY MARGIN OF REDICK DRIVE (A PRIVATE ROADWAY), BEING A CORNER OF THE TRACT AS HEREIN DESCRIBED WITH WILLIAM LLOYD VAN NORSTRAN AND WIFE, SHERRY L. VAN NORSTRAN; THENCE, WITH LINE(S) OF WILLIAM LLOYD VAN NORSTRAN AND WIFE, SHERRY L. VAN NORSTRAN (H-9/765) AS FOLLOWS: 1.) SOUTH 77 DEGREES 00 MINUTES 01 SECOND WEST 208.52 FEET TO AN IRON PIN (SET); 2.) NORTH 40 DEGREES 41 MINUTES 16 SECONDS WEST 144.63 FEET TO AN IRON PIN (SET), BEING A CORNER OF THE TRACT AS HEREIN DESCRIBED WITH WILLIAM LLOYD VAN NORSTRAN AND WIFE, SHERRY L. VAN NORSTRAN IN THE LINE OF DONNA Y. HODGES; THENCE, WITH LINE OF DONNA Y. HODGES (RB. 116/561), NORTH 30 DEGREES 48 MINUTES 47 SECONDS EAST 103.59 FEET TO AN IRON PIN (FOUND), BEING A CORNER OF DONNA Y. HODGES AND WILLIAM LLOYD VAN NORSTRAN AND WIFE, SHERRY L. VAN NORSTRAN IN LINE OF THE TRACT DESCRIBED; THENCE, WITH LINE OF WILLIAM LLOYD VAN NORSTRAN AND WIFE, SHERRY L. VAN NORSTRAN (H-9/765), NORTH 26 DEGREES 30 MINUTES 44 SECONDS EAST 199.23 FEET TO AN IRON PIN (FOUND), BEING A CORNER OF WILLIAM LLOYD VAN NORSTRAN AND WIFE, SHERRY L. VAN NORSTRAN AND DONNA MITCHELL IN LINE OF THE TRACT AS HEREIN DESCRIBED; THENCE, WITH LINE OF DONNA MITCHELL (RB 156/32), NORTH 24 DEGREES 03 MINUTES 29 SECONDS EAST 209.12 FEET TO AN IRON PIN (FOUND), BEING A CORNER OF THE TRACT AS HEREIN DESCRIBED WITH DONNA MITCHELL IN LINE OF WILLIAM LLOYD VAN NORSTRAN AND WIFE, SHERRY L. VAN NORSTRAN; THENCE, WITH LINE OF WILLIAM LLOYD VAN NORSTRAN AND WIFE, SHERRY L. VAN NORSTRAN (H-9/765), SOUTH 87 DEGREES 43 MINUTES 17 SECONDS EAST 65.98 FEET TO THE POINT OF BEGINNING. CONTAINING 2.359 ACRES (MORE OR LESS). THE ABOVE AS SHOWN ON A MAP OF SURVEY BY LACKEY AND ASSOCIATES, INC., OF 214 MAIN STREET, OLIVER SPRINGS, TN 37840, WITH SURVEY DATE OF APRIL 21, 2014, AND BEING DESIGNATED AS DRAWING NUMBER 14-075 WITH DIRECTIONAL BEARINGS BEING REFERENCE TO TENNESSEE LAMBERT GRID NORTH WITH POSITION BEING REFERENCE TO TENNESSEE LAMBERT GRID POSITION (NAD 1983-95). THIS CONVEYANCE IS SUBJECT TO ALL RESTRICTIONS, EASEMENTS, SETBACK LINES, AND OTHER CONDITIONS SHOWN REGISTER'S OFFICE FOR MORGAN COUNTY, TENNESSEE. Parcel ID: 097-055.04 & 055.04.001 PROPERTY ADDRESS: The street address of the property is believed to be 113 REDICK DRIVE, WARTBURG, TN 37887. In the event of any discrepancy between this street address and the legal description of the property, the legal description shall control. CURRENT OWNER(S): MELISSA DAWN WYATT OTHER INTERESTED PARTIES: The sale of the above-described property shall be subject to all matters shown on any recorded plat; any unpaid taxes; any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; and to any matter that an accurate survey of the premises might disclose. This property is being sold with the express reservation that it is subject to confirmation by the lender or Substitute Trustee. This sale may be rescinded at any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The Property is sold as is, where is, without representations or warranties of any kind, including fitness for a particular use or purpose. THIS LAW FIRM IS ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. Rubin Lublin TN, PLLC, Substitute Trustee 119 S. Main Street, Suite 500 Memphis, TN 38103 www.rubinlublin.com/ (877) 813-0992 Fax: (404) 601-5846 Ad #76302: 2015-01-07 2015-01-14, 2015-01-21

ORDER OF PUBLICATION NON-RESIDENT NOTICE AND NOTICE OF ADOPTION / TERMINATION OF PARENTAL RIGHTS

IN THE CHANCERY COURT FOR MONROE COUNTY, TENNESSEE
AT MADISONVILLE
DOCKET # 18, 678
IN RE: SHANEA DAWN SHEPHERD
GIBSON EDWARD SHEPHERD
EITHAN DANIEL SHEPHERD
DONALD E. JEWELL & wife, DONNA M. JEWELL
PLAINTIFFS
VS.
TRISTAN NICOLE SHEPHERD
& RICHARD SHANE SHEPHERD
DEFENDANTS

IN THIS CAUSE IT APPEARING TO THE COURT FROM THE ALLEGATIONS OF THE PETITION SEEKING TO TERMINATE FOREVER ANY PARENTAL RIGHTS OF THE DEFENDANT AND BY AFFIDAVIT THAT THE DEFENDANT TRISTAN NICOLE SHEPHERD IS A NON-RESIDENT OF THE STATE OF TENNESSEE, AND / OR THAT PERSONAL SERVICE OF PROCESS CAN NOT BE HAD UPON HER, THEREFORE, SHE IS HEREBY REQUIRED TO SERVE ANSWER ON OR BEFORE THE 6TH DAY OF FEBRUARY, 2015, THE SAME BEING 30 DAYS FROM THE LAST PUBLICATION OF THIS NOTICE, UPON STEVEN B. WARD ATTORNEY FOR THE PLAINTIFFS, AT 400 MAIN ST. MADISONVILLE, TN. 37354. FAILURE TO DO SO, JUDGMENT BY DEFAULT WILL BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE PETITION AND A HEARING EX PARTE CAN BE SET. FAILURE TO ANSWER OR TO APPEAR MAY RESULT IN TERMINATION OF DEFENDANT'S PARENTAL RIGHTS, IF ANY, TO THE CHILD REFERENCED ABOVE.

IT IS FURTHER ORDERED THAT THIS NOTICE BE PUBLISHED FOR FOUR CONSECUTIVE WEEKS IN THE MORGAN COUNTY NEWS.

THIS THE 4TH DAY OF DECEMBER, 2014.

TERESA A. CHOATE, CLERK & MASTER

INSERT: December 17th, 24th, 31st, 2014 & January 7th, 2014

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that:

The Home Option by Harden Healthcare, Home Health Agency owned by: Girling Health Care Services of Knoxville, Inc. with an ownership type of corporation and to be managed by itself intends to file an application for a Certificate of Need for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee through the transfer of these counties from its licensed sister agency Gentiva Certified Healthcare Corp. No new counties will be added as a result of the transfer from one sister agency to another. The Home Option by Harden Healthcare is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge, Tennessee 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of this project is expected to be less than $50,000.

The anticipated date of filing the application is:
January 12, 2015

The contact person for this project is
Kim H. Looney, Esq., Attorney
who may be reached at:
Waller Lansden Dortch & Davis LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615/850-8722

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by

ROANE NEWSPAPERS

Roane County News
R.C. News-Record

Morgan County News
Web Printing Plant

P.O. Box 610, 204 Franklin Street
Kingston, TN 37763
(865) 376-3481 FAX (865) 376-1945

TO: Waller, Lansden, Dortch & Davis

ADVERTISING Legal Notice

PUBLISHER'S AFFIDAVIT

State of Tennessee, Roane County

I, Kevin Kile, make oath that the attached advertisement or notice was published in:

__X_ The Roane County News, tri-weekly newspaper published at Kingston

__X__The Morgan County News, a weekly newspaper published at Wartburg,

Also www.tnpublicnotice.com for all runs as required by Tenn. Code Ann. 1-3-120(2013) There will be only one tear sheet attached to cover all runs.

in said county and state, and that the advertisement or notice of: Gentiva Health Publication of Intent

was published in said newspaper on the following date:, RCN & MCN 01/07/2015
and that the statement of account herewith is correct to the best of his knowledge and belief

Signed_____

Subscribed and sworn to before me this 7th day of January, 2015

Tiffeney Yeary
Notary Public
My commission expires March 13, 2018

TIFFENEY YEARY
STATE OF TENNESSEE NOTARY PUBLIC
ROANE COUNTY

HOW TO PLACE YOUR AD:
OPEN Monday — Friday
8:00 am — 5:00 pm

BY PHONE
Call (865) 376-3481
ext. 221

Our classified advisors will help you with ad placement, wording, and payment options.
We take VISA, MASTERCARD, DISCOVER & Debit Cards.

BY EMAIL
classifieds@roanecounty.com

IN PERSON
204 Franklin Street • Kingston

ALL NEW ACCOUNTS & YARD SALE ADS MUST BE PREPAID

Enhancements
(All Charges Per Run)
Extra Bold $1.00
Italics.....................$1.00
Center $2.00
Box Picture Logo $4.00

Blind Box Ads
Picked Up $5.00
Mailed....................$10.00

Errors: Be sure to check your advertisement the first day it appears. We cannot be responsible for more than one incorrect insertion. Adjustments are made only for the portion of the ad that is in error.

DEADLINES FOR PLACING ADS:
MONDAY'S
Roane County News.......Friday 11:30 am
TUESDAY'S
News-Record (Shopper)..Friday 11:30 am
WEDNESDAY'S
Roane County News..........Monday 10:00
Morgan County News........Monday 11:00
FRIDAY'S
Roane County News..Wednesday 1:00 pm

ORDER MULTIPLE INSERTIONS & SAVE ON CLASSIFIED ADS!

Write a Best Seller!
- Begin your ad with the name of the item or service offered. Put it in bold, centered headline to really show it off!
- Include the price. Surveys indicate that buyers are more interested in merchandise when they know the price. Good merchandise priced fairly is the best guarantee of success.
- Give readers a complete description. Remember, the more you tell, the more you sell.

CALL TODAY TO START YOUR AD!

Roane County NEWS
www.roanecounty.com
For Subscriptions
Call (865) 376-3481 ext. 223

Roane Newspapers: The Morgan County News, News-Record (Shopper), and Roane County News.

Classified

Serving Roane and Morgan Counties and Surrounding Areas

210 | 600 | 600 | 710 Apartments | 720

LEGALS--PUBLIC NOTICES

(TnScan)

EAST COAST CDL DRIVERS, 2 years OTR experience, Home weekends. Pay averages .42 per mile, $1,000.00 to $1,200.00 a week 615-792-6550 x1 United Transportation Services (TnScan)

FULL TIME & Part Time Cooks & Kitchen Workers. Residential Treatment Facility, Rockwood TN. Experience in bulk food preparation & Knowledgeable of Health Department Requirements. Send Resume to 901-531-1951. Attn: Tasty Food Services

LOCAL COMPANY NEEDS: DEDICATED/OTR/Casual Drivers $2,000 Sign-On Bonus, Paid Vacation/Medical/401k, Good Pay/Home Time 877-346-0997 (TnScan)

LOCAL MORTGAGE Company Looking for Loan Officer, Full time Position, 100% Commission, Benefits package. Send Resumes knoxfox@outlook.com

MEDICAL BILLING TRAINEES NEEDED! Train at home to process Medical Billing & Insurance Claims! No Experience Needed! Online training at Bryan University! HS Diploma/GED & Computer/Internet needed. 1-877-259-3880 (TnScan)

TEACHER RECRUITMENT FAIR to fill 2015-16 vacancies in 18 Virginia school divisions. Fri, Jan 30, 2015 - 4:00 p.m. to 7:00 p.m. Sat, Jan 31, 2015 - 9:00 a.m. to 12:00 noon @ Salem Civic Center, 1001 Boulevard, Salem, VA 24153. www.wvpec.org -- Job Fair. Sponsored by the Western Virginia Public Education Consortium (TnScan)

$650/month $300/damage dep. 865-376-5966.

2BR 2BA HANDICAP ACCESSIBLE unit $515/mo. and 3BR 2 BA $600/mo available NOW at Heritage Hills Apartments. We can offer you; washer/dryer hookup, monthly pest control, private patio or balcony & playground for the kids!
Located in Rockwood near food and shopping! Call 865-245-8483 or come by anytime
M-F 8-4:30 *Section 8 accepted, income guidelines

BROOKWOOD TERRACE Apartments 1 bedroom, ground floor apartments for qualifying seniors, 62 and older, utilities furnished, central, heat & air, Maintenance and Yard work furnished. Rent based on income. For more information, Call 423-346-7069. EHO and Handicapped accessible

CALL NOW get 1/2 OFF January's rent! DEER RUN APARTMENTS, 3BR/2BA. Water, Sewer & pest control included. Call Britta @ 865-354-2349 Mon.- Fri 8:00-4:30 & Sat. 9:00-1:00pm, to see if you qualify. Section 8 accepted

CANEY CREEK Village, on lake, 2 BR Duplexes. $550, $595. Deck, stove, fridge, dishwasher, W/D Hook Up. WATER furnished. 865-376-3002, 865-617-8539

NICE 2BR Apt. Midtown Area. 20 mins from W. Knoxville $385/mo Call 865-321-1490

ates 865-717-2201

MAMA MIA'S efficiency apartments. Furnished, utilities included. Working pets only. Call (865)376-2140

HURRY!!!

OAKRIDGE 1 bedroom, 1 bath, Auburn Hills Apts for seniors 62 years of age or older who meet HUD income requirements. Utilities furnished, ground floor apts, maintenance & yard work provided.
Call 483-5772
EHO/Handicap Accessible

VERY NICE extra large 2BR above church near Cherokee School. Hardwood, W/D hookups. $675 mth. Lease & Dep required. 865-368-9879.

715 Commercial Property for Rent

LADD LANDING Prime retail space. Available Now! Next to Food City in Kingston over 2000sqft or down size to 1000sqft. Pioneer Realty & Associates 865-717-2201

720 Houses for Rent

2BR/1BA, CHA. Working pets only. No smoking. 250-6279 or 882-3920, leave message.

2BR/1BA 1MILE South of Kingston. CHA. Wa/Dr hook up, basement, fenced yard. $650/mo Damage Dep. Background/credit check required 865-621-3026

LAKEFRONT IN Kingston, choice location, 2levels: upper level has Lg LVRM, Lg Kitch/dining RM, Den, 2BdRms, full bathroom. Lower level has Family Rm, 1BdRm Bath Rm, laundry rm, 2 car garage, 1 acre lot w/dock & Boat launch pad $1300/mo 865-376-3526 865-898-7957

need! For purchase of new mobile home with APR as low as 5.99%. No cash money down (WAC). For details call 423-351-7786. Ask for Bill.

NEW CLAYTON Homes, $19,999. Full Warranty! Call 423-745-4752

755 Lots & Acreage

12.77 WOODED ACRES FOR $49,900. Creek Frontage & Mountain Views. 5.18 Acres only $17,900. Access to Nature Preserve with trails. Call 877-553-2953 or -REMAX 423-756-5700 (TnScan)

FIND IT IN THE NEWSPAPER

imposed upon said Substitute Trustee will, on January 29, 2015 at 10:00 AM at the Front Steps of the Roane County Courthouse, located in Kingston, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash or certified funds ONLY, the following described property situated in Roane County, Tennessee, to wit: SITUATED IN DISTRICT NO. TWO (2) OF ROANE COUNTY, any recorded plat; any unpaid taxes; any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; and to any matter that an accurate survey of the premises might disclose. This property is being sold with the express reservation that it is subject to confirmation by the lender or Substitute

Service Guide

320 Remodeling

CARPENTRY, REMODELING: Sun rooms, screen rooms, decks, porches, additions, garages, kitchens & baths. Estimates 865-376-3156

Doing business without advertising is like winking in the dark - you know what you are doing, but nobody else does.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

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The anticipated date of filing the application is:
January 12, 2015
The contact person for this project is
Kim H. Looney, Esq., Attorney
who may be reached at:
Waller Lansden Dortch & Davis LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615/850-8722

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the Market Leader in Inventory and Data Collection

Inventory Takers Needed

Knoxville, TN Office
www.rgisinv.com
EEO/Employer/VET/Disabled

EQUAL HOUSING OPPORTUNITY

All real estate advertised herein is subject to the Federal Fair Housing Act, which makes it illegal to advertise any preference, limitation or discrimination based on race, color, religion, sex, handicap, familial status or national origin; or intention to make any such preference, limitations or discrimination.

State laws forbid discrimination in the sale, rental or advertising of real estate based on factors in addition to those protected under federal law. In the District of Columbia, discrimination based on age, marital status, personal appearance, sexual orientation, family responsibilities, physical handicap, matriculation, political affiliation, source of income or place of residence or business almost always is illegal. In Maryland, discrimination based on marital status or physical or mental handicap is prohibited. In Virginia, discrimination based on elderliness, parenthood or handicap is illegal.

We will not knowingly accept any advertising for real estate which is in violation of the law. All persons are hereby informed that all dwellings advertised are available on an equal opportunity basis.

Real Estate Question?

Call, fax or email Jacki.

COLDWELL BANKER JIM HENRY & ASSOCIATES
An Independently Owned & Operated Member of Coldwell Banker Residential Affiliates, Inc
Cell: 207-3678 • E-mail: askjacki@att.net • Fax: 376-0878

...with an agent for several weeks and finally found a home that we like very much. ...air offer. To our surprise, the sellers have countered back with a sales price only ...sking price. We asked our agent to inform the sellers that this market is a "buyers ...wish to go any lower. Our agent is acting as though we are being unreasonable. ...nt buyer's agent? *Held up in Harriman*

P,
...agent may be the solution, you might want to review the offer you have made to ...make an offer that is $20,000 less than the asking price on a home that is listed at ...ect some push back from the sellers. In addition to the lower offer, you need to take ...you are also asking them to pay $2800 in closing costs. In essence you only of...here response, of $90,000 plus closing paying closing costs, is actually $87,200.00

ROANE NEWSPAPERS

Roane County News
R.C. News-Record

Morgan County News
Web Printing Plant

P.O. Box 610, 204 Franklin Street
Kingston, TN 37763
(865) 376-3481 FAX (865) 376-1945

TO: Waller, Lansden, Dortch & Davis

ADVERTISING Legal Notice

PUBLISHER'S AFFIDAVIT

State of Tennessee, Roane County

I, Kevin Kile, make oath that the attached advertisement or notice was published in:

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__X__The Morgan County News, a weekly newspaper published at Wartburg,

Also www.tnpublicnotice.com for all runs as required by Tenn. Code Ann. 1-3-120(2013) There will be only one tear sheet attached to cover all runs.

in said county and state, and that the advertisement or notice of: Gentiva Health Publication of Intent

was published in said newspaper on the following date:, RCN & MCN 01/07/2015
and that the statement of account herewith is correct to the best of his knowledge and belief

Signed_____

Subscribed and sworn to before me this 7th day of January, 2015

Tiffeney Yeary
Notary Public
My commission expires March 13, 2018

TIFFENEY YEARY
STATE OF TENNESSEE NOTARY PUBLIC
ROANE COUNTY

SCOTT

CLASSIFIEDS

Deadline: Tuesdays @ 10 a.m. • ads@ihoneida.com • (423) 569-6340

LEGAL NOTICES

IN THE SESSIONS COURT FOR SCOTT COUNTY, TENNESSEE AT HUNTSVILLE

CASE #: 2014-CV-102
PARTS HOUSE, INC., PLAINTIFF
VS
BRUCE W. NICHOLS,
BRUCE W. NICHOLS, D/B/A/ TENALCO RECYCLING CENTERS,
TENALCO, INC.,
QUINTON C. ANDERSON,
TENALCO RECYCLING CENTERS,
DEFENDANTS

ORDER OF PUBLICATION

It appearing to the Court that service by publication is appropriate pursuant to TCA 21-2-203 in that certified mail was returned unclaimed and in the interests of justice:

It is therefore, ORDERED that publication be made for four consecutive weeks as required by law.

Further, that NOTICE was sent to Quinton C. Anderson and Tenalco Recycling Centers for Court on November 7th, 2014, and neither appeared.

ENTERED this 10th day of November, 2014.

Honorable James L. Cotton, Jr.
Max Huff
Atty for Plaintiff
189 Liston Road
Oneida, TN 37841
(423) 569-6205
(12/18, 25/2014; 1/1, 8/2015)

ANIMALS/PETS

FREE TO GOOD HOME: Austrialian Shepherd mix puppy, 663-7474. (1/8, 15)

SERVICES

MUSIC LESSONS: NOW accepting new students for piano & guitar lessons, lessons given at First Presbyterian Church-Huntsville from Mon.-Fri. If interested, call David Keith @ 539-3321 for guitar; David Mayfield @ 215-1705 for piano. (1/8, 15)

PRESSURE WASHING: Residence/business pressure wash & water seal decks/patios; Affordable rates, free estimates: Garrett's Lawn Cuts & Landscaping, 423-539-4947. (10/2tn)

EQUIPMENT

WE BUY TRACTORS!!! (423) 569-8694, 215-1982. (7/24tn)

NOTICES

REPORT CHILD ABUSE & neglect, Call the CPS hotline at 1-877-54-ABUSE.

AA MEETINGS: Wednesdays & Fridays, 7 p.m., Methodist Church, Main St., Oneida.

AL-ANON MEETINGS: Wednesdays, 7 p.m. Methodist Church, Main St., Oneida.

WALL BUILDERS: IF YOU are struggling with addictions or striving to keep off drugs, Wall Builders meet at Trinity Baptist Church, 2065 Old Jamestown Rd., Helenwood, every Thursday, 7 - 9 p.m. Families welcome. Preaching, teaching, food, fellowship, personal counseling.

DOMESTIC VIOLENCE Crisis Line: (423) 569-3333. If you are a victim, would like information about domestic violence or are interested in attending a support group, call (423) 569-3355. Support groups meet at 4 p.m., Thursdays.

HUNTSVILLE PUBLIC Library: Mon., Noon - 5 pm; Tues. 10 am - 2 pm; Wed., Noon - 5 pm; Thurs. 9 am - 1 pm; Fri. 12:30 - 5:30 pm; Sat., 9 am - 1 pm.

ONEIDA PUBLIC LIBRARY: Mon., Wed., Fri., 9 am - 5 pm; Tues., 10 am - 7 pm; Thurs. 1 - 7 pm; Sat., 9 am - Noon.

WINFIELD PUBLIC Library: Mon., 1 - 5 p.m.; Tues., 2 - 6 p.m.; Wed., 10 a.m. - 2 p.m.; Fri. 2- 6 p.m.; Sat., 9 a.m. - 1 p.m. Closed Thurs., Sunday.

ROBBINS BOOK STATION: Located by post office, Saturday, 10 am - Noon

NOTICES

SECOND BLESSING Clothes Closet is open 2nd & 4th Wednesday of each month, 10 am - 1 pm; Appalachian Ministry Center, 24728 Scott Hwy, Winfield.

UNDER THE TN Achieves Program, all high school seniors in Scott County have the opportunity to attend Roane State Community College for 2 years for the cost of books. For additional information, contact your school's guidance counselor.

FREE GED CLASSES: Scott County Adult Education (Career Center, across from Burchfield School) on Mondays and Wednesdays. For more information, call 569-9348.

REAL ESTATE

COMPLETELY Renovated: 228 White Oak Circle, Elgin. 900 sq. ft., 2 BR, 1 BA, 100% financing w/approved credit, (423) 215-7661. (12/18-1/8)

FOR SALE BY OWNER: 3 BR, 1 BA home, Oneida, TN. All brick, very energy efficient, spacious yard. Listing at $93,000. For more info, call 865-805-3015. Serious inquiries only. (12/11-1/15)

RENT/LEASE

2 BR MOBILE HOME FOR rent, all electric, nice, clean, quiet neighborhood, $350/rent, $400/dep.; (865) 922-8657. (1/1, 8)

2 BR VERY NICE TRAILER for rent; 569-6006 or (865) 771-0047. (12/25-2/12)

RENT/LEASE

2 & 3 BEDROOM Mobile homes for rent in Winfield. Utilities furnished - No pets. 569-2367 (from 9 am - 9 pm), 569-3499.

1 BR APARTMENTS w/utilities furnished, convenient location-Oneida. Also mobile home close to Helenwood Post Office, no utilities furnished, deposit/references/steady, verifiable income required. If you are involved in drugs, do not call; 215-5779 or 569-6087.

RENT/LEASE

2 BR MOBILE HOME, Oneida for rent, no pets, background check, no paid utilities, lawn care provided, $365/rent, $250/deposit; (865) 455-3283. (1/1-22)

VERY LARGE 1 BR Apartment for ren, all utilities furnished, also stove/fridge, 136 S. Main St., Oneida; $525/rent plus dep.; (423) 215-2011.

PUBLIC NOTICE

Public Hearing

The Town of Huntsville will hold a Public Hearing on Thursday, January 22, 2015 at 3:00 p.m. on Ordinance 14-11-01 increasing sewer rates by 20% pursuant to the agreement with the Water and Waste Water Financing Board. The meeting will be held at the Huntsville Municipal Building located at 3053 Baker Highway, Huntsville, TN 37756.

[01-08-2015]

PUBLIC NOTICE

Town of Huntsville

The Town of Huntsville, Tennessee does not discriminate based on race, color or national origin in federal and state sponsored programs pursuant to Tille VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d).

[01-08-2015]

NOTICE TO AIRPORT CONSULTANTS

Scott County, TN, on behalf of the Scott County Airport Authority, is hereby soliciting statements of qualifications and experience from airport engineering consultants for a Continuing Services Agreement at Oneida, Scott County, Municipal Airport. The terms of the Agreement may extend for a period of up to five (5) years and include multiple projects. Subject to receipt of Federal and/or State matching funds, these projects may include the following:

1. Hangar Relocation
2. Taxiway Extension

Required services include, but are not limited to, planning, A/E design, surveying, bidding/award, construction administration and inspection for projects funded under the FAA Airport Improvement Program.

A qualification based selection process conforming to FAA Advisory Circular 150/5100-14D will be utilized. Fee information will not be considered in the selection process and must not be submitted with the statement of qualifications.

Selection Criteria will include: recent experience inn airport projects, capability to perform all aspects of project, reputation, ability to meet schedules within budget, quality of previous airport projects undertaken, interest shown, and firm's proximity to project site.

Detailed scopes of work and fees will be negotiated as project needs arise.

Statements of qualification will be received by Brian L. Strunk, Director of Finance, until 4:00 P.M. February 6, 2015, at 210 Court Street, P. O. Box 180, Huntsville, TN 37756.

For further information and instructions to prospective proposers, please contact.

Brian L. Strunk
Director of Finance
423-663-3460

For detailed project questions or to arrange an on site meeting at the Airport, please contact:

Hank Duvall
Airport Manager
423-669-8270

[1-8, 15, 2015]

NOTICE OF APPLICATION FOR BEER PERMIT

Notice is hereby given pursuant to the Town of Winfield Beer Board that CODY LCALLENDER filed an application on the 22nd day of December, 2014 for a permit to sell beer at "MISSY'S PLACE" (formerly "RITA'S PLACE", at 25870 Scott Highway, in Winfield, Tennessee 37892, for an on/off premise permit.

All persons having an interest in the issuance of a beer permit to said party for said place, or having opposition thereon, are hereby notified to file the same with the City Recorder/Treasurer for the Town of Winfield or make said protest, objections, and interests known at the hearing to be held on said application.

[1-1-8,2015]

SCOTT HIGH SCHOOL FINANCIAL AID REQUIREMENT

Sam Mullins, outreach specialties, will be at the Scott County Technology Department to assist with the filling out of FAFSA forms on **January 8, 2015, at 5:00 P.M.**

Seniors, you must fill out the FAFSA form to receive financial aid. Parents must be present to complete the FAFSA form. You may bring your 2014 tax information or a copy of your last check of 2014.

For more information, contact **Kim Hammock. Scott High School Guidance Dept., 663-2801, ext. 5009.**

[1-8-2015]

In The Chancery Court For Scott County, TN At Huntsville

CHANCERY COURT CASE #10,542
Mary Alice Morgan
vs.
James Harl Morgan

I, Jane A. Lloyd, Clerk & Master for Scott County TN, have been ordered to sell at Public Auction, the following from the above styled cased:

Electronic Dartboard

Works good, ballast needs replaced, some lights on numbers are out,no key.

Terms: Sale will take place at the Clerk & Master's Office on Tuesday, January 20, 2015 at 10:30 AM.

CASH ONLY

Public can view Darlboard at the Clerk & Master's Office at the Scott County Justice Center, 585 Scott Drive, Huntsville, TN 37756, during normal business hours from 8:00 A.M. to 4:30 P.M., Monday through Friday with the exception of holidays.

NO RAISE PERIOD
ALL SALES ARE FINAL

[1-8, 15, 2015]

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and all interested parties, in accordance with T.C.A § 68-11-1607 et seq., and the Rules of the Health Services and Development Agency, that:

The Home Option by Harden Healthcare, Home Health Agency, owned by Elding Health Care Services of Knoxville, Inc., with an ownership type of corporation and to be managed by ekid, intends to file an application for a Certificate of Need for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee, through the transfer of these counties from its licensed sister agency Gentiva Certified Healthcare Corp. No new counties will be added as a result of the transfer from one sister agency to another. The Home Option by Harden Healthcare is located at 800 Oak Ridge Turnpike, Suite A200, Oak Ridge, Tennessee and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of this project is expected to be less than $50,000.

The anticipated date of filing the application is January 12, 2015. The contact person for this project is Kim H. Looney, Esq., Attorney, who may be reached at Waller Lansden Dortch & Davis, LLP, 511 Union Street, Suite 2700, Nashville, TN 37219, 615/850-8722.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607(c)(3). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

[1-8-2015]

PUBLIC NOTICE

Town of Huntsville

The Town of Huntsville holds its regular business meetings on the fourth Thursday of each month at 3:00 p.m. at the Huntsville Municipal Building located at 3053 Baker Hwy., Huntsville, TN 37756. The board also holds workshops beginning at 2:00 p.m. one hour prior to each monthly meeting. The public is invited to attend both the workshops and the regular business meetings.

The Town of Huntsville picks up household garbage every Monday. Garbage should be at the curb by 8:00 a.m. every Monday morning. If Monday is a major holiday, garbage will be picked up the following day. In addition to regular household garbage the Town of Huntsville will pick up brush and larger household items by calling in a work order. No tires, paint cans or any item with refrigerant can be picked up by the Town of Huntsville.

[01-08-2015]

BEGIN 2015 WITH A SUBSCRIPTION!
$25 in Scott County | $30 outside Scott County
INDEPENDENT HERALD
FOUNDED IN AMERICA'S 200TH YEAR IN THE SPIRIT OF '76

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

CONSENT CALENDAR

February 2, 2015

Kim H. Looney, Esq.
Waller Lansden Dortch & Davis LLP
511 Union Street, Suite 2700
Nashville, TN 37219

RE: Certificate of Need Application for The Home Option by Harden Healthcare - CN1501-001
The initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties. If approved, the applicant's sister agency Gentiva Certified Healthcare Corporation, proposes to de-license the same 8 counties. The Home Health Option by Harden is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge (Anderson County), TN 37830 and is currently licensed for Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The project cost is $38,000.00.

Dear Ms. Looney:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need.

Please be advised that your application is now considered to be complete by this office. Your application is being forwarded to the Tennessee Department of Health and/or its representative for review.

In accordance with Tennessee Code Annotated, §68-11-1601, et seq., as amended by Public Chapter 780, the 30-day review cycle for **CONSENT CALENDAR** for this project will begin on February 2, 2015. The first thirty (30) days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the thirty (30)-day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review within the thirty (30)-day period immediately following. You will receive a copy of their findings. The Health Services and Development Agency will review your application on March 25, 2014.

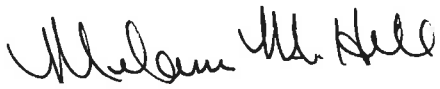
Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,



Melanie M. Hill
Executive Director

cc: Trent Sansing, CON Director, Division of Health Statistics

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO: Trent Sansing, CON Director
Office of Policy, Planning and Assessment
Division of Health Statistics
Andrew Johnson Tower, 2nd Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

FROM: Melanie M. Hill
Executive Director

DATE: February 2, 2015

RE: Certificate of Need Application
The Home Option by Harden Healthcare -- CN1501-001
CONSENT CALENDAR

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a **CONSENT CALENDAR** thirty (30) day review period to begin on February 2, 2015 and end on March 2, 2015.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc: Kim H. Looney, Esq.

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the The Daily Times, LaFollette Press, Claiborne Progress, Grainger Today, The Advocate & Democrat, Morgan County News, Roane County News, and Independent Herald (Name of Newspaper)

which are newspapers of general circulation in the counties of: Blount (The Daily Times), Campbell (LaFollette Press), Claiborne, Grainger, Monroe (The Advocate & Democrat), Morgan, Roane, and Scott (Independent Herald), (County)

Tennessee, on or before January 8 (Month/Day), 20 15 (Year) for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

The Home Option by Harden Healthcare (Name of Applicant) Home Health Agency (Facility Type-Existing)

owned by: Girling Health Care Services of Knoxville, Inc. with an ownership type of corporation

and to be managed by: itself intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee through the transfer of these counties from its licensed sister agency Gentiva Certified Healthcare Corp. No new counties will be added as a result of the transfer from one sister agency to another. The Home Option by Harden Healthcare is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge, Tennessee 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of this project is expected to be less than $50,000.

The anticipated date of filing the application is: January 12, 20 15

The contact person for this project is Kim H. Looney, Esq. (Contact Name) Attorney (Title)

who may be reached at: Waller Lansden Dortch & Davis LLP (Company Name) 511 Union Street, Suite 2700 (Address)

Nashville (City) TN (State) 37219 (Zip Code) 615 / 850-8722 (Area Code / Phone Number)

Kim H. Looney (Signature) 1-7-15 (Date) Kim.Looney@wallerlaw.com (Email-Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

---

waller

Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
P.O. Box 198966
Nashville, TN 37219-8966

Kim Harvey Looney
615.850.8722 direct
kim.looney@wallerlaw.com

615.244.6380 main
615.244.6804 fax
wallerlaw.com

January 26, 2015

VIA HAND DELIVERY

Ms. Melanie Hill, Executive Director
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street

Re: Certificate of Need Application CN1501-001
The Home Option by Harden Healthcare

Dear Melanie:

Please be advised that the applicant requests that the above-referenced application be placed on the consent calendar. The applicant would expect no opposition to this project since it involves a reorganization of services provided by existing licensed agencies through the addition of counties to one agency simultaneously with the de-licensure of those same counties from the other sister agency whose license includes them. No new counties or services will be added as a result of this Certificate of Need.

If you have any questions or need additional information, please do not hesitate to call me.

Sincerely,

Kim Harvey Looney

KHL:cr

4847-3641-1169.3

Supplemental #1
-ORIGINAL-

THE HOME OPTION BY HARDEN HEALTHCARE

CN1501-001

waller

Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
P.O. Box 198966
Nashville, TN 37219-8966

615.244.6380 main
615.244.6804 fax
wallerlaw.com

SUPPLEMENTAL #1
January 22, 2015
4:21 pm

January 22, 2015

VIA HAND DELIVERY

Phillip M. Earhart
HSD Examiner
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application CN1501-001
The Home Option by Harden Healthcare

Dear Mr. Earhart:

This letter is submitted as the supplemental response to your letter dated January 15, 2015, wherein additional information or clarification was requested regarding the above-referenced CON application.

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1. **Section A, Applicant Profile, Item 4**

Review of the TDH provider licensure website revealed that the parent organizations of the applicant (License #148), Gentiva Health Services (license # 142) and Gentiva Health Services 2 (License # 149) are all located at 3350 Riverwood Parkway SE, Suite 1400, Atlanta, Georgia, 30339. Given the "sister status" mentioned in the published Letter of Intent, it appears that the applicant is related through common ownership to these 2 HHAs that operate in the proposed 8-country service area. To better understand these relationships, please describe the ownership of these entities more detail, noting similarities/differences in the nature and scope of each organization's purpose, administrative and clinical leadership, patient care services, etc. In your response, please also provide the names, addresses, etc. of members with ownership interests of 5% or greater, if applicable.

Response: Please see attached organizational chart, Attachment A-4, depicting the relationship and ownership among Girling Health Care Services of Knoxville, Inc., dba The Home Option by Harden Health Care (Applicant, License #148), Girling Health Care, Inc., dba Gentiva Health Services 2 (License #149), and Gentiva Certified HealthCare Corp., dba Gentiva Health Services (License #142).

By way of an October 18, 2013 stock transaction, the parent company of Girling Health Care Services of Knoxville, Inc. ("Harden") and Girling Health Care, Inc. ("GHC"), became a wholly owned subsidiary under Gentiva Health Services, Inc. ("Gentiva"), which is the ultimate parent company over Gentiva Certified HealthCare Corp "GCHC". As part of the Gentiva family of companies, Harden, GHC, and GCHC are affiliated or "sister subsidiaries" under one ultimate parent company, Gentiva. As affiliated entities, or "sister subsidiaries,"

these entities conducted business in Tennessee under one regional president and one chief operating officer since the October stock transaction until November 2014, when an internal reorganization occurred that created two regional presidents over the Tennessee operations with both reporting to the same chief operating officer. The division at the regional president level offers Gentiva the ability to further enhance its synergies and resource alignment to better support its home health programs in Tennessee - both the Medicare-approved and the non-Medicare approved. This has led Gentiva to recognize the efficiencies that could be gained by centralizing its non-Medicare home health program under Harden, the CON applicant.

The sister subsidiaries conduct business under one company-wide governing body that is responsible for establishing and approving the policies and procedures and providing other administrative and management oversight responsibilities over the Tennessee business. As such, the scope and nature of the operations under the Gentiva licensed home health agencies are very similar, in that they share similar policies/procedures, have the same governing body oversight and management, and conduct business under the single leadership of one chief operating officer.

Harden is an authorized EEOICPA provider in Anderson, Knox, Jefferson, Loudon, Sevier and Union counties; GCHC is currently an authorized EEOICPA provider in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties, which Gentiva is proposing to be added to Harden's license and subsequently de-licensed from GCHC's license. As noted, the majority of EEOICPA services provided by Gentiva are provided under the Harden license. Therefore, it is desired to establish Harden, as the single provider for EEOICPA services going forward. The residents in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties will continue to have access to a Medicare service provider through the Gentiva license for GHC. As a result, we do not anticipate any change in access to services that are currently available to the residents in these 8 counties.

It appears that the owner of the sister agency (Gentiva Certified Healthcare Corporation) that will transfer 8 of its existing 16 counties to the applicant was named in the published LOI in lieu of the actual name of the licensed home health organization - Gentiva Health Services, license # 142 (license expiration date May 18, 2015). In order to better understand the proposal, please explain.

Response: As is explained in the response to the previous question, the parent company, Gentiva, owns and operates three home health agencies: Harden, GCHC and GHC. Two of them are part of this application: one as the applicant (Harden) and one as the entity that will de-license 8 counties (GCHC) if the proposed reorganization is approved by the HSDA. The third agency, GHC, is licensed in all 8 of the counties which GCHC will de-license if this request for internal reorganization is granted. Thus, all patients will continue to be able to receive services after the reorganization through a Gentiva home health agency.

The applicant refers to organizational documents in Attachment A-4. However, attachment A-4 could not be located. Please provide Attachment A-4.

Response: The divider page for Attachment A-4 is incorrectly labeled as Attachment A-3. Please find attached a corrected divider page for Attachment A-4. The organizational documents and organizational chart are included in the original application. As stated earlier in this response, a new organization chart is also included which shows the relationship between all three of the Gentiva entities.

2. **Section B, Project Description, Item 1**

The applicant is currently licensed for Anderson, Jefferson, Knox, Loudon, Sevier, and Union Counties. However, the 2013 Joint Annual Report for The Home Option of Harden Healthcare indicates home health services were provided by the applicant in Hamblen and Roane Counties which the applicant is not licensed to provide. Please clarify.

The 2013 JAR indicates the applicant is already providing home health services in a County (Roane) the applicant proposes to add as part of this application. Please clarify if the applicant is currently providing home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott counties for which the applicant is applying.

Response: Harden currently provides services that are limited to those for the EEOICPA patient population. GCHC is also enrolled and provides services to the EEOICPA patient population. Because the patient populations and the manner in which the services are delivered are different, Gentiva is seeking reorganization of its existing agencies to that it can concentrate its delivery of services for EEOICPA patients in Harden. Harden should not have included utilization for patients in counties in which it is not licensed on its JAR. Those patients should be reported on the JAR for GCHC.

It is noted the applicant proposes to add the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott to its licensed service area through the transfer of those counties from Gentiva, a sister agency whose license includes them. However, is the applicant aware that counties cannot be simply transferred between differently licensed home health agencies for CON purposes, although owned by the same parent company? Please clarify.

Response: The applicant is aware that counties cannot be transferred between licensed entities; technically, one entity is adding and one is deleting counties. That is why a CON application has been filed. Describing the reorganization of the counties as a transfer between agencies may be inaccurate from a technical perspective, but accurately describes what is occurring in that no new services or counties are being added in the service area for the applicant. One entity will add the counties to its license simultaneously with the other entity deleting them from its license.

The 2013 Joint Annual Report indicates the payor mix of Gentiva Health Services is predominantly 78% Medicare and the payor mix of The Home Option of Harden Healthcare is 95% EEOICP and 5% Private Pay. In addition, the 2013 Joint Annual Reports indicates there were 125 patients being served by Gentiva in the 8 counties that Gentiva will de-license if this application is approved. However, if The Home Option of Harden Healthcare is not Medicare certified and will only provide services to EEOICP home health patients to those 8

counties, which home health agency will the non-EEOICP patients be transferred to that is licensed for those 8 counties?

Response: Gentiva desires to reorganize the provision of its home health services so that Harden is the primary provider of services to EEOICPA recipients. It is proposing to do this with GCHC de-licensing those 8 counties simultaneously with Harden licensing them. The residents in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties will continue to have access to a Medicare service provider through the Gentiva license #149. As a result, we do not anticipate any change in access to services that are currently available to the residents in these 8 counties.

Please provide a general overview of the Energy Employees Occupational Illness Compensation Act (EEOICPA). In addition, please provide a list of existing home health agencies that are contracted as EEOICPA providers in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties.

Response: A general overview of the EEOICPA program was included in the CON application. The applicant has included additional information in response to this question. A list of the providers who are enrolled in the EEOICPA program in Tennessee and the additional information on the EEOICPA program and benefits is included with these supplemental responses in Attachment B, Project Description - 1.

A current snapshot of the number of patients currently being served in the proposed 8 counties by Gentiva Health Services and their payor source is needed. Please complete the following table.

Response: The payor source is not readily available by county, as such, we have provided the number of patients by county and the overall payor mix in the charts below.

Gentiva Health Services	License #
# of patients currently being served	
Counties	**Total**
Blount	79
Campbell	11
Claiborne	0
Grainger	4
Monroe	2
Morgan	4
Roane	25
Scott	0
Total	125

Gentiva Health Services Current Payor Mix				
Medicare	**Private Pay**	**Commercial**	**PPS**	**Other**
78.17%	.04%	1.79%	19.98%	.02%

3. **Section B, Project Description Item III.A.(Plot Plan)**

As required for all projects, a Plot Plan must provide **the size of the site (in acres), location of the structure on the site, the location of the proposed construction**, **and the names of streets, roads, highways that cross or border the site**. Please provide a new Plot Plan with all the required information.

Response: Please see Plot Plan included as Attachment B, III.(A).

4. **Section B, Project Description, Item IV (Floor Plan)**

The floor plan is noted. However, please label and resubmit.

Response: Please see revised and labelled Floor Plan included as Attachment B.IV.

5. **Section C, Need, Item 1. (Service Specific Criteria-*Home Health Services)***

Please address the Home Health Criterion since the applicant is proposing to add 8 counties to its existing service area. It is understood that a sister agency will de-license theses 8 counties if the proposed project is approved.

Response: Please see responses below.

HOME HEALTH SERVICES - NEED

Standards and Criteria

1 The need for home health agencies/services shall be determined on a county by county basis.

Response: There is not a need for any additional home health agencies in any of the counties proposed according to the need formula. However, this application is not about whether a need exists for additional home health agencies or services in a given county. Rather Gentiva seeks to reorganize its existing services so that one of its licensed agencies will concentrate on services provided to the EEOICPA program, while its other two agencies will focus primarily on the Medicare and other patient populations. Both Harden and GCHC are licensed home health agencies in the state of Tennessee and collectively are licensed in all of the counties that are the subject of this application. There are no new services or new counties being served as a result of this application; it is a reorganization of existing services between related entities. Gentiva has demonstrated a need for this reorganization throughout the application as well as in these supplemental responses.

2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.

The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.

Response: Please see response to question 1 above.

3. Using recognized population sources, projections for four years into the future will be used.

Response: Please see response to question 1 above.

4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

Based on the number of patients served by home health agencies in the service area, an estimation will be made as to how many patients could be served in the future.

Response: Please see response to question 1 above.

5. Documentation from referral sources:

a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

Response: Please see response to question 1 above. The services that Gentiva proposes to concentrate in Harden are different from the services offered by the majority of the existing agencies. While other agencies are enrolled with the EEOICPA as providers, the applicant believes that with the exception of Professional Case Management, none of them concentrate or focus on this patient population.

6. The proposed changes shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.

a. The average cost per visit by service category shall be listed.

b. The average cost per patient based upon the projected number of visits per patient shall be listed.

Response: The EEIOCPA has a fee schedule pursuant to which it pays the providers participating in its program. A comparison to other home health agencies is not meaningful. The only agency with which Gentiva can compare the services it provides to the EEOICPA patient population is Professional Case Management, and as previously stated, when it comes to costs, there is a fee schedule for reimbursement. The fee schedule is as follows:

EEIOCPA Fee Schedule			
Code	**Description**	**Charge**	**Units**
T1001	Nursing assessment/evaluation	$153.20	Visit
T1017	Targeted case management; per 15 min	$17.95	15 mins
T1019	Personal care service; per 15 min	$4.85	15 mins
T1020	Personal care service; per diem	$140.22	8 hours
T1031	Home nursing care, LPN; per diem	$529.35	8 hours
S5126	Attendant care service/diem	$140.22	8 hours
S9123	Nursing care, in the home, RN; per hr	$110.14	1 hour
S9124	Nursing care, in the home, LPN; per hr	$88.31	1 hour

Average Cost Per Patient for Projected Number of Visits			
2014	**2015**	**2016**	**2017**
$42,469.60	$41,666.67	$42,270.53	$42,168.67

6. **Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services) (1.-4.) and Section C, Need, Item 5 (Historical Utilization)**

It appears there are a sufficient number of HHA providers in the 8-county service area per the estimate of need prepared by the Tennessee Department of Health. Please note the table below.

Home Health Utilization and Need in the Applicant's Proposed 8-County Additional Service Area

County	# Authorized Agencies* Licensed/Active	Patients Served Gentiva (2013) Lic#142	Patients served Gentiva2 (2013) Lic#149	Subtotal Patients Served by both Gentiva HHAs (2013)	Total Patients served in Service Area (All HHAs) 2013	Projected Need in County (2018)	Additional Need in County (Surplus) for 2018
Blount	19/18	79	99	178	2,507	2,028	(645)
Campbell	24/18	11	17	28	1,715	638	(1,135)
Claiborne	23/15	0	0	0	2002	499	(1,554)
Grainger	22/20	4	31	35	886	355	(557)
Monroe	22/19	2	14	16	1,517	721	(876)
Morgan	25/21	4	6	10	472	330	(146)
Roane	26/22	25	36	61	2.354	817	(1,561)
Scott	21/15	0	3	3	835	330	(505)
Total		125	206	331	14,090	5,718	(6,979)

* The official population source used by HSDA is the TN Dept. of Health, Division of Health Statistics' Population Projections, 2010-2020

As noted in the table above there is a significant surplus of patients in the service area that is projected in the 8 county service area for calendar year 2018. In addition, it appears that the applicant's sister agencies have a 3% or less combined market share in the service area based on utilization reported in the 2013 JAR. Please discuss why the applicant feels there is a need for the proposed transfer of counties between the 2 agencies at this time.

Response: As previously stated, the applicant's proposal for an internal reorganization is not based on any need for additional home health agencies or services. Gentiva should not be precluded from reorganizing as a result of any lack of need for additional home health agencies or services.

7. **Section C, Need, Item 4.A.**

Please provide the following information:

	Blount County	Campbell County	Claiborne County	Grainger County	Monroe County	Morgan County	Roane County	Scott County	Service Area Total	State of TN Total
Current Year (CY), Age 65+	23,812	7,793	6,000	4,329	9,325	3,531	11,701	3,615	70,106	1,012,937
Projected Year (PY), Age 65+	25,829	8,122	6,378	4,557	10,340	3,796	12,508	3,857	75,387	1,102,413
Age 65+, % Change	8%	4%	6%	5%	11%	8%	7%	7%	8%	9%
Age 65+, % Total (PY)	19%	19%	19%	19%	22%	17%	23%	18%	20%	16%
CY, Total Population	129,973	41,783	32,765	23,236	46,563	21,870	54,079	21,915	372,184	6,649,438
PY, Total Population	135,171	42,566	33,280	23,675	48,088	22,004	54,457	21,969	381,210	6,833,509
Total Pop. % Change	4%	2%	2%	2%	3%	1%	1%	.2%	2%	3%
Median Age	41.4	41.7	41.1	42.1	41.6	39.8	43.5	38.1	41.2*	38.0
Median Household Income	$45,991	$31,943	$33,229	$32,364	$37,595	$37,631	$42,223	$28,401	$36,172*	$44,298
Population % Below Poverty Level	13.7%	23.8%	22.9%	20.4%	19.6%	20.8%	15.0%	28.3%	20.6%*	17.6%

Source: TDH Population Projections, June 2013; U.S. Census QuickFacts and FactFinder 2;
* Average of median age, median household income, and percentage of population below poverty level in service area.

The applicant refers to Attachment C-Need-4 on the bottom of page 16. However, Attachment C-Need-4 could not be located. Please provide.

Response: The applicant included population for the age cohort 65-74 and 75+ but has combined those population cohorts as requested above. In addition, please see Attachment C-Need-4, for additional demographic data from the U.S. Census Bureau, which was inadvertently left out of the original application filing.

8. **Section C, Need, Item 5 (Historical Utilization) and Section C, Economic Feasibility, Item 9**

This question is applicable since the applicant is adding counties to an existing home health license. Please respond.

Response: There are no approved but unimplemented CONs of similar institutions in the service area. The services provided by Harden to the EEOICPA patient population are not similar to those for the traditional Medicare population, and, therefore, a comparison does not provide any meaningful data. In addition, the applicant is not proposing any new services or licensed counties, so while the counties may be added to Harden's license, they will simultaneously be de-licensed by GCHC, Harden's sister agency, and the proposal will have no effect on existing providers.

Utilization is provided below for Professional Case Management, a home health agency whose parent office is in Anderson County and whose services are limited to those for the EEOICPA program.

Utilization for Professional Case Management

	2011	2012	2013
Patients	127	182	164
Hours	259,000	245,000	261,062

Response: The applicant's current payor mix is as follows:

EEOICPA: 90% - 95%
Private Pay: 5% - 10%

In addition, please complete the following chart for the proposed HHA and compare to the most recent 12-month payor mix of the applicant's sister company.

Payor	Applicant's Projected Year One Gross Revenues	as a % of Total Gross Revenue	2014 Gross Revenue of Sister HHA Gentiva Health Services	As a % of Total Gross Revenue
Medicare	N/A	N/A	173,652	37.3%
Medicaid/TennCare	N/A	N/A	28,749	6.2%
Commercial insurance	N/A	N/A	161,065	34.6%
Self-Pay	$300,000	10%	6,601	1.4%
EEOICPA	$2,700,000	90%	N/A	N/A
Charity	N/A	N/A	N/A	N/A
Other	N/A	N/A	95,422	20.5%
Total	$3,000,000	100%	465,488	100%

Given that the applicant is not Medicare/Medicaid certified and plans to primarily serve a special patient population (former DOE employees), it appears that the applicant will not be able to serve the same patient caseload of the sister agency (Gentiva Health Services) in the proposed 8-county service area. Please explain the rationale for the proposed transfer between the 2 related HHAs given the significant differences in the composition of their patient caseloads.

Response: As stated in the application and the supplemental responses, it is precisely because of the difference in the composition of the different patient caseloads that Gentiva is proposing this reorganization. Gentiva recognizes there are efficiencies that could be gained by centralizing its non-Medicare home health program under Harden, the CON applicant.

9. Section C, Need, Item 6

Please provide the details regarding the methodology used to project home health visits, patients, etc. during the first year and second year operation. The methodology must include detailed calculations or documentation from referral sources.

Please complete the following table:

Response: Gentiva generally keeps records by episode, and information based on number of hours is not readily available by county. We have provided the historical and projected number of patients by county in the chart below.

The Home Option of Harden Healthcare

		2010	2011	2012	2013	2014	2015	2016	2017
Existing 6 licensed Counties-Home Option of Harden Healthcare									
Anderson	Patients	1	0	0	14	31	31	36	36
	Hours	-	-	-	-	-	-	-	-
Jefferson	Patients	0	0	0	1	0	0	0	0
	Hours	-	-	-	-	-	-	-	-
Knox	Patients	0	0	1	10	27	27	31	31
	Hours	-	-	-	-	-	-	-	-
Loudon	Patients	0	0	0	1	5	5	6	6
	Hours	-	-	-	-	-	-	-	-
Sevier	Patients	0	0	0	1	1	1	1	1
	Hours	-	-	-	-	-	-	-	-
Union	Patients	0	0	0	1	0	0	0	0
	Hours	-	-	-	-	-	-	-	-
Sub-total	**Patients**	1	0	**1**	**28**	**64**	**64**	**74**	**74**
	Hours	-	-	-	-	-	-	-	-

Proposed addition of 8 counties- Home Option of Harden Healthcare									
Blount	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Campbell	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Claiborne	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Grainger	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Monroe	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Morgan	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Roane	Patients				1*	8	8	9	9
	Hours				-	-	-	-	-
Scott	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Subtotal	**Patients**				**1**	**8**	**8**	**9**	**9**
	Hours				-	-	-	-	-
Total	**Patients**				**29**	**72**	**72**	**83**	**83**

*Please see response to Question 2, page 3 regarding patient in Roane County.

It is noted the applicant proposes to de-license 8 counties from Gentiva Health Services if this application is approved. Please complete the following table for Gentiva Health Services which will reflect the future impact of de-licensing those 8 counties.

Response: Gentiva records services by episodes, and information based on number of hours is not readily available. There were 75 total episodes last year. Gentiva does not anticipate a significant impact on the number of patients or episodes for the overall Gentiva home health services provided by Gentiva agencies in these counties because it is expected that the GCHC patients who would be served in those counties will be served by GHC after the de-licensing.

10. Section C, Economic Feasibility, Item 2

Please provide appropriate documentation (letter) of funding for the proposed project from the Chief Financial Officer for the $35,000 legal, administrative, and Consultant Fees.

Response: As there are no ongoing costs for this project, there are no funding sources for this project. The filing fee will be paid at the time the application is filed and the legal fees associated with the project are anticipated to be paid on an ongoing basis. As its annual report shows, which was included in the original CON application, Gentiva has sufficient resources to fund these expenses.

11. Section C, Economic Feasibility, Item 4. (Historical Data Chart)

The Historical Data Chart is noted. However, there appears to be calculation errors in the operating expenses section. Please correct and resubmit.

Response: Please see corrected Historical Data Chart as Attachment C, Economic Feasibility-4.

The Historical Data Chart is noted. However, please also indicate the number of hours for line A. Utilization Data.

Response: Gentiva records utilization data per episode and does not have the utilization broken down by number of hours readily available. As such, the hours were not reported on line A. Utilization Data, but the number of patients is included.

12. Section C, Economic Feasibility, Item 4. (Projected Data Chart)

The Projected Data Chart is noted. However, please indicate both number of patients and hours for line A. Utilization Data.

Response: The projected number of patients for 2015 is 72 and the projected number of patients for 2016 is 83 patients. As noted above, Gentiva records utilization data per episode and does not have the utilization broken down by number of hours readily available, and as such, the hours have not been listed on line A. Utilization Data.

In addition, please clarify if the projected data chart is for the proposed addition of 8 counties only.

Response: As requested in the instructions with the projected data chart, the revenue and expense projections are for the Proposal only.

Please provide a Projected Data Chart for Home Option of Harden Healthcare as a whole and one for the 8 proposed counties.

Response: The projected number of patients for Harden as a whole for 2015 is 72 and for 2016 it is 83. The projected gross revenue for 2015 is $3,000,000 and for 2016 is $3,5000,000.

Please also provide figures for total operating expenses and total capital expenditures in the Projected Data Chart and resubmit.

Response: The Projected Data Chart has reported both Total Operating Expenses and Net Operating Income Less Capital Expenditures. There are no expected Capital Expenditures, so those line items were left blank.

13. Section C, Economic Feasibility, Item 6.A.

Please provide the Department of labor fee schedule referenced in the application.

Response: Please see fee schedule referenced above. It has been replicated here for ease of reference.

EEIOCPA Fee Schedule			
Code	**Description**	**Charge**	**Units**
T1001	Nursing assessment/evaluation	$153.20	Visit
T1017	Targeted case management; per 15 min	$17.95	15 mins
T1019	Personal care service; per 15 min	$4.85	15 mins
T1020	Personal care service; per diem	$140.22	8 hours
T1031	Home nursing care, LPN; per diem	$529.35	8 hours
S5126	Attendant care service/diem	$140.22	8 hours
S9123	Nursing care, in the home, RN; per hr	$110.14	1 hour
S9124	Nursing care, in the home, LPN; per hr	$88.31	1 hour

14. Section C., Economic Feasibility, Item 7

Please provide a response.

Response: As is shown on the Projected Data Chart the applicant projects Net Operating Income of $470,700 in the first year of operation and $563,950 in the second year of operation for the Proposal only, demonstrating that the reorganization is financially feasible and will contribute to the bottom line for Harden.

15. Section C., Economic Feasibility, Item 8

The applicant refers to Net Revenue of $470,000 in Year One and $563,950 in Year Two in the response. Please clarify if the applicant meant to refer to the two figures as Net Operating Income Less Capital Expenditures rather than Net Revenue.

Response: The correct reference should be to Net Operating Income. There are no capital expenditures.

16. Section C., Economic Feasibility, Item 9

The applicant projects a 10% private insurance payor mix. Please describe this segment of home health business including contracts and type of services provided.

Response: The application should have referenced a 10% private pay mix - it is not insurance related.

17. Section C, Orderly Development, Item 1

Why is there not a need for contractual relationships if the EEOICPA is the applicant's primary referral source?

Response: No revenue is received from other payor sources, which is generally the source of contracts. In addition, some providers need to contract with other providers to provide services, but such is not the nature of the home health business.

18. Section C, Contribution to Orderly Development, Item 3.

Please provide the following information:

Position	No. of Full Time Equivalent Employees	1st Year	2nd Year	Applicant's Planned Salary/Wage Range	Prevailing Wage for this type of employee*
Administrator	1	1	1	77,000	Not Reported
RN Case Manager	1	1	1	65,000	24.80 (RN)
Field RN Case Manager	1	1	2	28.00	24.80 (RN)
Intake Coordinators	1	1	1	49,000	Not Reported
Staff RNs	2	2	2	25.00	24.80 (RN)
Staff LPNs	8	8	12	21.00	16.70 (2013)
Staff HHA/CNA	16	16	22	11.00	8.80 (HHA) 10.45 (CNA)
TOTAL	30	30	41		

*TN Dept. of Labor & Workforce Development

19. Section C. (Contribution to Orderly Development) Item 7

Please provide documentation of the applicant's License from the US Dept. of Labor.

Response: The applicant does not have a license from the US Department of Labor; it is simply an enrolled provider. Please see list of enrolled providers for the State of Tennessee included in Attachment C, Contribution to Orderly Development- 7.

waller

20. Section C, Contribution to Orderly Development, Item 8 and 9.

The applicant has responded "Not applicable" to items 8 and 9. Please clarify.

Response: The applicant responded Not applicable because there are none. Please see revised pages marked to reflect "None", included as Attachment C, Contribution to Orderly Development - 8, 9.

21. Proof of Publication

Publication in the daily Times, LaFollete Press, Claiborne Progress, Grainger Today, The Advocate and Democrat, Morgan County News, Roane County News and Independent Herald is noted. Please document that these newspapers comply with Agency statute regarding general circulation.

Response: Please see attached verification from each newspaper that it is a newspaper of general circulation in the respective counties in which the notices were published.

If you have any questions, please contact me at 850-8722 or by email at kim.looney@wallerlaw.com

Sincerely,

Kim H. Looney by C. Holen

Kim Harvey Looney
Waller Lansden Dortch & Davis LLP

KHL:lg
Attachments

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: The Home Option by Harden Healthcare CN1501-001

I, KIM H. LOONEY, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 22nd day of January, 2015, witness my hand at office in the County of Davidson, State of Tennessee.

NOTARY PUBLIC

My commission expires _____.

CARMEN M. SALAZAR
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMMISSION EXPIRES: JULY 8, 2017

HF-0043

Revised 7/02

4822-1969-5649.1

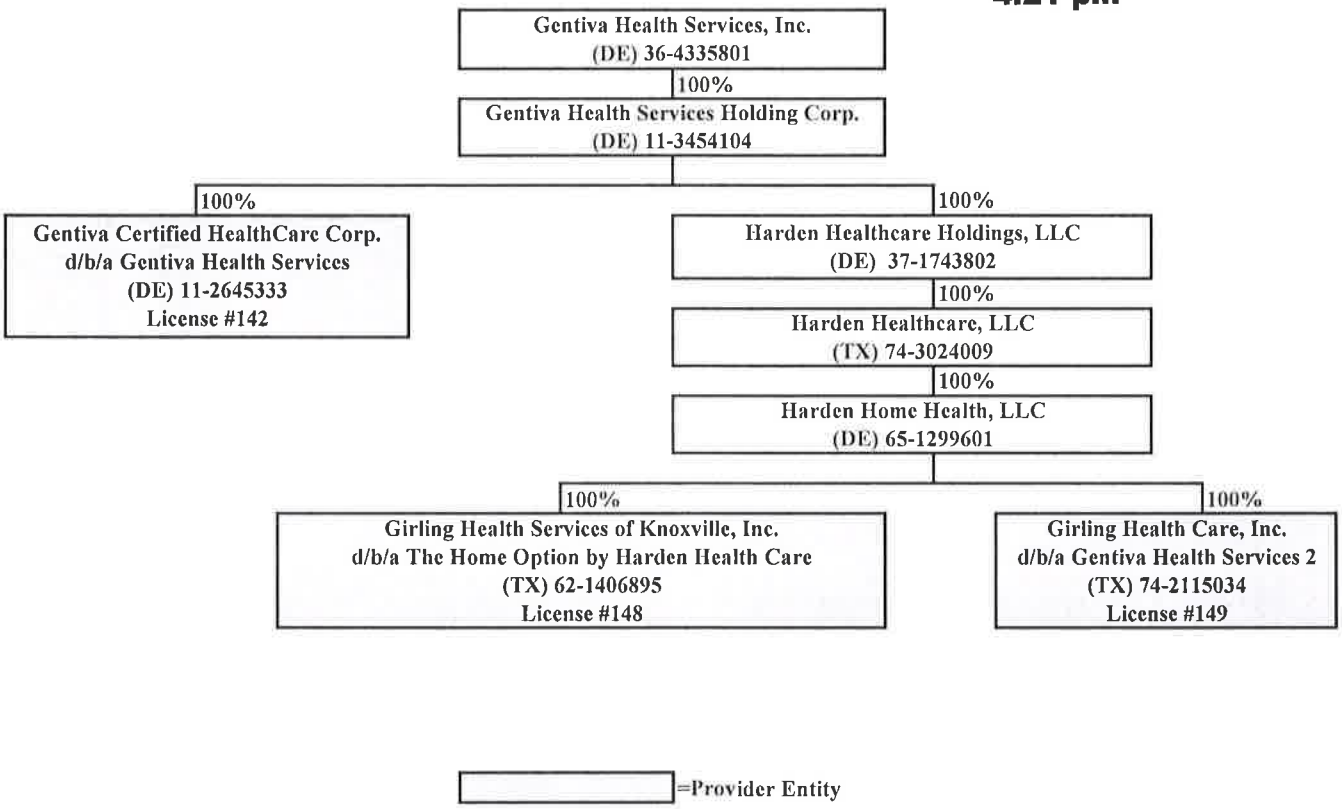
SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Attachment A-4
Organizational Documents
Organizational Chart

SUPPLEMENTAL #1

January 22, 2015
4:21 pm



=Provider Entity

SUPPLEMENTAL #1

January 22, 2015

4:21 pm

STATE OF TENNESSEE

Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

WALLER LANSDEN DORTCH & DAVIS LLP
STE 2700
511 UNION ST
NASHVILLE, TN 37219-1791

Request Type: Certified Copies
Request #: 150005

Issuance Date: 01/08/2015
Copies Requested: 1

Document Receipt

Receipt # : 001768283 Filing Fee: $20.00

Payment-Check/MO - WALLER LANSDEN DORTCH & DAVIS LLP, NASHVILLE, TN $20.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.**, Control # 216975 was formed or qualified to do business in the State of Tennessee on 06/19/1989. GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC. has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

The attached document(s) was/were filed in this office on the date(s) indicated below:

Reference #	Date Filed	Filing Description
1328-0113	06/19/1989	Initial Filing
ROLL 2116	03/15/1991	Dissolution/Revocation - Administrative
5837-1789	07/28/2006	2005 Annual Report (Due 03/01/2006)
5934-0173	01/30/2007	Registered Agent Change (by Agent)
5934-0174	01/30/2007	Reinstatement
ROLL 6343	07/16/2008	Dissolution/Revocation - Administrative
6579-2071	08/06/2009	Reinstatement
6682-1912	03/24/2010	Registered Agent Change (by Entity)
A0072-2082	05/27/2011	2010 Annual Report (Due 03/01/2011)
7085-0024	08/10/2012	Assumed Name
7085-0025	08/10/2012	Assumed Name
7085-0026	08/10/2012	Assumed Name
A0148-1693	01/02/2013	2012 Annual Report (Due 03/01/2013)

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

The attached document(s) was/were filed in this office on the date(s) indicated below:

Reference #	Date Filed	Filing Description
A0213-0317	02/05/2014	2013 Annual Report (Due 03/01/2014)
7341-2082	05/20/2014	Registered Agent Change (by Entity)

SUPPLEMENTAL #1
January 22, 2015
4:21 pm

RECEIVED
STATE OF TENNESSEE
1998 JUN 19 AM 9:46
GENTRY TUCKER
SECRETARY OF STATE

CHARTER

OF

GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.

The undersigned natural person, having capacity to contract and acting as incorporator of a corporation under the Tennessee Business Corporation Act, adopts the following charter for such corporation.

1. The name of the corporation is Girling Health Care Services of Knoxville, Inc.

2. The duration of the corporation is perpetual.

3. The address of the principal office of the corporation in the State of Tennessee shall be as follows:

620 Cedar Bluff Road, Ste. 201
Knoxville, TN 37921
Knox County

4. The corporation is for profit.

5. The name of the corporation's initial registered agent is Ruth M. Byerly, and the address of the initial registered agent of the corporation in the State of Tennessee is 620 Cedar Bluff Road, Ste. 201, Knox County, Knoxville, TN 37921.

6. The purpose for which this corporation is organized is to engage in the business of providing home health services. This corporation is also organized for all other lawful purposes.

7. The maximum number of shares which the corporation shall have the authority to issue is Ten Thousand (10,000) shares without par value. There shall only be one class of shares and each share shall be entitled to unlimited voting rights and to receive net assets of the corporation upon dissolution.

8. The corporation will not commence business until One Thousand ($1,000.00) Dollars had been received for the issuance of shares.

SUPPLEMENTAL #1
January 22, 2015
4:21 pm

RECEIVED
STATE OF TENNESSEE
1989 JUN 19 AM 9:46
GENTRY CRISWELL
SECRETARY OF STATE

9. Other provisions:

(a) The corporation shall have all powers generally granted to corporations for profit by the Tennessee Business Corporation Act and such powers as specifically and generally granted to corporations by Section 48-13-102, TENNESSEE CODE ANNOTATED.

(b) The capital surplus of the corporation may be distributed by resolution of the Board of Directors without stockholder vote or approval.

(c) The corporation by resolution of its Board of Directors can redeem, purchase or acquire its own stock out of unrestricted or unreserved capital surplus without stockholder approval.

(d) Authorized but unissued shares of stock of the corporation may be issued without being subject to preemptive rights in favor of stockholders of record at the time of any such issue of shares of stock.

(e) The members of the Board of Directors of the Corporation shall not be personally liable in money damages, except for (i) breach of duty of loyalty; (ii) acts or omissions not in good faith or involving intentional misconduct or a knowing violation of law; or (iii) unlawful distributions, all pursuant to T.C.A. 48-12-102(b)(3), as amended.

This the 16 day of June, 1989.

Donald K. Vowell

Incorporator
Donald K. Vowell
2037 Plaza Tower
P.O. Box 2775
Knoxville, TN 37901
(615) 525-0321

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

SECRETARY OF STATE
CORPORATIONS SECTION
JAMES K. POLK BUILDING, SUITE 1800
NASHVILLE, TENNESSEE 37219

EFFECTIVE DATE: 03/15/91
TELEPHONE CONTACT: (615) 741-4994
CONTROL NUMBER: 0216975

RUTH M BYERLY
620 CEDAR BLUFF RD
STE 201
KNOXVILLE, TN 37921

RE: GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

Pursuant to the provisions of Sections 48-24-202 or 48-25-302 of the Tennessee Business Corporation Act or Sections 48-64-202 or 48-65-302 of the Tennessee Nonprofit Corporation Act, respectively, this constitutes notice that the above corporation is hereby administratively dissolved, if a Tennessee corporation, or that its certificate of authority is revoked, if a foreign corporation, for the following reason(s):

for failure to file the Corporation Annual Report, as required by Chapter 16 of the Tennessee Business Corporation Act or the Tennessee Nonprofit Corporation Act.

The corporation or its certificate of authority may be reinstated upon the elimination of the above indicated ground(s) and the filing of an application for reinstatement. This must be done within two years of the effective date of this certificate. The corporate name must be available and otherwise satisfy the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act. The reinstatement application fee is Thirty-five Dollars ($35.00).

SUPPLEMENTAL #1

CORPORATION ANNUAL REPORT

Please return completed form to:
TENNESSEE SECRETARY OF STATE
Annual Report
312 Eighth Ave N, 6th Floor
William R. Snodgrass Tower
Nashville, TN. 37243

Annual Report Filing Fee Due:
$20, if no changes are made in block #6 to the registered agent/office, or
$40, if any changes are made in block #6 to the registered agent/office

CURRENT FISCAL YEAR CLOSING MONTH: 11 IF DIFFERENT, CORRECT MONTH IS _____

THIS REPORT IS DUE ON OR BEFORE 03/01/06

(1) SECRETARY OF STATE CONTROL NUMBER: 0216975

(2A.) NAME AND MAILING ADDRESS OF CORPORATION:

GIRLING HEALTH CARE SERVICES OF
KNOXVILLE, INC.
620 CEDAR BLUFF RD
STE 201
KNOXVILLE, TN 37921

D 06/19/1989 FOR PROFIT

(2B.) STATE OR COUNTRY OF INCORPORATION:

TENNESSEE

(2C.) ADD OR CHANGE MAILING ADDRESS:

06 JUL 28 AM 11:19
SECRETARY OF STATE
STATE OF TENNESSEE
5837.1789

(3) A. PRINCIPAL ADDRESS INCLUDING CITY, STATE, ZIP CODE:

620 CEDAR BLUFF RD, STE 201, KNOXVILLE, TN 37921

B. CHANGE OF PRINCIPAL ADDRESS:

STREET	CITY	STATE	ZIP CODE + 4
The Stokely Bldg - 320 N. Cedar Bluff #360	Knoxville	TN	37923

(4) NAME AND BUSINESS ADDRESS, INCLUDING ZIP CODE, OF THE PRESIDENT, SECRETARY AND OTHER PRINCIPAL OFFICERS. (ATTACH ADDITIONAL SHEET IF NECESSARY.)

TITLE	NAME	BUSINESS ADDRESS	CITY, STATE, ZIP CODE + 4
PRESIDENT	Bettie J. Girling	4902 Grover Ave.	Austin, Tx 78756
SECRETARY	Robert G.W. Girling, IV.	4902 Grover Ave.	Austin, Tx 78756

(5) BOARD OF DIRECTORS (NAMES, BUSINESS ADDRESS INCLUDING ZIP CODE). (ATTACH ADDITIONAL SHEET IF NECESSARY.) ☐ SAME AS ABOVE ☐ NONE OR LISTED BELOW:

NAME	BUSINESS ADDRESS	CITY, STATE, ZIP CODE + 4
Robert G.W. Girling, III & Bettie J. Girling	- same as listed above	
Robert G.W. Girling, IV	same as listed above	
Maria J.A. Girling-Schwenk	same as listed above	
Katherine S.J. Girling-Odom	same as listed above	

(6) A. NAME OF REGISTERED AGENT AS APPEARS ON SECRETARY OF STATE RECORDS:
RUTH M BYERLY

B. REGISTERED ADDRESS AS APPEARS ON SECRETARY OF STATE RECORDS:
620 CEDAR BLUFF RD, STE 201, KNOXVILLE, TN 37921

C. INDICATE BELOW ANY CHANGES TO THE REGISTERED AGENT NAME AND/OR REGISTERED OFFICE.

(i). CHANGE OF REGISTERED AGENT: Diana Gustin

(ii). CHANGE OF REGISTERED OFFICE: 11 Town Square (STREET) Norris (CITY) TN (STATE) 37828 (ZIP CODE + 4) Knox (COUNTY)

(7) A. THIS BOX APPLIES **ONLY** TO NONPROFIT CORPORATIONS. OUR RECORDS REFLECT THAT YOUR NONPROFIT CORPORATION IS A PUBLIC BENEFIT OR A MUTUAL BENEFIT CORPORATION AS INDICATED: **IF BLANK OR INCORRECT, PLEASE CHECK APPROPRIATE BOX:** ☐ PUBLIC ☐ MUTUAL

B. IF A TENNESSEE RELIGIOUS CORPORATION, PLEASE CHECK BOX IF BLANK. ☐ RELIGIOUS

(8) SIGNATURE Bettie J. Girling

(9) DATE 7/19/06

(10) TYPE PRINT NAME OF SIGNER: Bettie J. Girling

(11) TITLE OF SIGNER President/CEO

*** * THIS REPORT MUST BE DATED AND SIGNED * ***

SS-4444 (REV. 5/00)

CONTINUED ON BACK

$20 — annual
$20 - Chg

RDA 1671

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

RECEIVED
STATE OF TENNESSEE
2007 JAN 30 AM 9:50
RILEY DARNELL
SECRETARY OF STATE

5934.0173

CHANGE OF REGISTERED OFFICE (BY AGENT)

Pursuant to the provisions of Section 48-15-102 of the Tennessee Business Corporation Act, the undersigned agent hereby submits this application:

1. The name of the corporation is Girling Health Care Services of Knoxville, Inc.

2 The street address of its current registered office is:

11 Town Square
Norris, Tennessee 37828
Knox County

3. The name of the current registered agent is Diana Gustin.

4. The street address of the new registered office, the zip code of such office, and the county in which the office is located is:

607 Market Street, Suite 900
Knoxville, Tennessee 37902
Knox County

5. After the change, the street addresses of the registered office and the business office of the registered agent will be identical.

6. The corporation has been notified of the change of address for the registered office.

Jan. 29, 2007
Date

GIRLING HEALTH CARE SERVICES
OF KNOXVILLE, INC.

Registered Agent
Signer's Capacity

Diana L. Gustin
Diana Gustin, Agent

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REINSTATEMENT FOLLOWING ADMINISTRATIVE DISSOLUTION/REVOCATION

For Office Use Only

RECEIVED
STATE OF TENNESSEE
2007 JAN 30 AM 9:15
RILEY DARNELL
SECRETARY OF STATE

5934.0174

Pursuant to the provisions of Section 48-24-203 or Section 48-25-303 of the Tennessee Business Corporation Act or Section 48-64-203 or Section 48-65-303 of the Tennessee Nonprofit Corporation Act, this application is submitted to the Office of the Secretary of State, State of Tennessee, for reinstatement.

1. The name of the corporation is Girling Health Care Services of Knoxville, Inc

(Name change if applicable)_____

2. The effective date of its administrative dissolution/revocation is 3/15/91 (must be month, day, and year).

3. The ground(s) for the administrative dissolution/revocation

☐ did not exist.
☒ has/have been eliminated. **[NOTE:** Please mark the applicable box.]

4. The corporate name as listed in number one (1) satisfies the requirements of Tennessee Code Annotated Section 48-14-101 or 48-54-101, as appropriate.

5. The corporation control number as assigned by the Secretary of State, if known is 0216975

[NOTE (APPLIES TO FOR-PROFIT CORPORATIONS ONLY): Prior to this document being accepted for filing, the Division of Business Services will request tax clearance verification from the Tennessee Department of Revenue that the business has properly filed all reports and paid all required taxes and penalties. If we cannot obtain such tax clearance verification from the Department of Revenue, this document will be rejected and returned to the applicant.]

1/25/07
Signature Date

Girling Health Care Services of Knoxville, Inc.
Name of Corporation

President
Signer's Capacity

Bettie J. Girling
Signature

Bettie J. Girling
Name (typed or printed)

SS-4439 (Rev. 7/01) Filing Fee: $70.00 RDA 1678

SUPPLEMENTAL #1

January 22, 2015

4:21 pm

6343.0032

SECRETARY OF STATE
CORPORATIONS SECTION
WILLIAM R. SNODGRASS TOWER
312 EIGHTH AVENUE NORTH - SIXTH FLOOR
NASHVILLE, TENNESSEE 37243-0306

EFFECTIVE DATE: 07/16/08
TELEPHONE CONTACT: (615) 741-2286
CONTROL NUMBER: 0216975

DIANA GUSTIN
607 MARKET STREET
SUITE 900
KNOXVILLE, TN 37902

RE: GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

Pursuant to the provisions of Sections 48-24-202 or 48-25-302 of the Tennessee Business Corporation Act or Sections 48-64-202 or 48-65-302 of the Tennessee Nonprofit Corporation Act, respectively, this constitutes notice that the above corporation, an[illegible] associated assumed name(s) is hereby administratively dissolved, if a Tennessee cor[illegible], or that its certificate of authority is revoked, if a foreign corporation. the follo[illegible]ng reason(s):

For failure to file the Corporation Annual Report, as required by Chapter 16 of the Tennessee Business Corporation Act or the Tennessee Nonprofit Corporation Act.

The corporation or its certificate of authority may be reinstated upon the elimination of the above indicated ground(s) and the filing of an application for reinstatement. The corporate name must be available and otherwise satisify the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act. The reinstatement application fee is Seventy Dollars ($70.00).

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

RECEIVED
STATE OF TENNESSEE
2009 AUG -6 PM 3:11
TREASURY DEPARTMENT
SECRETARY OF STATE

6579.2071

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REINSTATEMENT FOLLOWING ADMINISTRATIVE DISSOLUTION/REVOCATION

For Office Use Only

Pursuant to the provisions of Section 48-24-203 or Section 48-25-303 of the Tennessee Business Corporation Act or Section 48-64-203 or Section 48-65-303 of the Tennessee Nonprofit Corporation Act, this application is submitted to the Office of the Secretary of State, State of Tennessee, for reinstatement.

1. The name of the corporation is Girling Health Care Services of Knoxville, Inc.

(Name change if applicable)

2. The effective date of its administrative dissolution/revocation is 7/16/2008 (must be month, day, and year).

3. The ground(s) for the administrative dissolution/revocation

☐ did not exist.
☒ has/have been eliminated. [NOTE: Please mark the applicable box.]

4. The corporate name as listed in number one (1) satisfies the requirements of Tennessee Code Annotated Section 48-14-101 or 48-64-101, as appropriate.

5. The corporation control number as assigned by the Secretary of State, if known is 0216975

[NOTE (APPLIES TO FOR-PROFIT CORPORATIONS ONLY): Prior to this document being accepted for filing, the Division of Business Services will request tax clearance verification from the Tennessee Department of Revenue that the business has properly filed all reports and paid all required taxes and penalties. If we cannot obtain such tax clearance verification from the Department of Revenue, this document will be rejected and returned to the applicant.]

8-4-2009
Signature Date

Girling Health Care Services of Knoxville, Inc.
Name of Corporation

CEO
Signer's Capacity

Signature

Lew Little Jr.
Name (typed or printed)

SS-4439 (Rev. 7/01) Filing Fee: $70.00 RDA 1678

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

RECEIVED 12
STATE OF TENNESSEE

State of Tennessee

Department of State

Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

CHANGE OF REGISTERED AGENT/OFFICE (BY CORPORATION)

For Office Use Only
2010 MAR 24 PM 12: 39
TRE HARGETT
SECRETARY OF STATE

6682.1912

Pursuant to the provisions of Section 48-15-102 or 48-25-108 of the Tennessee Business Corporation Act or Section 48-55-102 or 48-65-108 of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The name of the corporation is GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.

2. The street address of its current registered office is 607 MARKET ST STE 900 KNOXVILLE/TN/37902

3. If the current registered office is to be changed, the street address of the new registered office, the zip code of such office, and the county in which the office is located is 800 S. Gay Street, Suite 2021, Knoxville, TN 37929 (County of Knox)

4. The name of the current registered agent is DIANA GUSTIN

5. If the current registered agent is to be changed, the name of the new registered agent is C T Corporation System

6. After the change(s), the street addresses of the registered office and the business office of the registered agent will be identical.

03-22-10
Signature Date

GIRLING HEALTH CARE SERVICES OF KNOXVILLE, Inc.
Name of Corporation

SVP and General Counsel
Signer's Capacity

Signature

Benjamin M. Hanson
Name (typed or printed)

SS-4427 (Rev. 6/03) Filing Fee $20.00 RDA 1878

TN006 - 09/20/04 C T System Online

SUPPLEMENTAL #1

Tennessee Corporation Annual Report Form

January 22, 2015
AR Filing #: 02661544
4:21 pm Status: Complete

File online at: http://TNBear.TN.gov/AR

Due on/Before: 03/01/2011 Reporting Year: 2010

Annual Report Filing Fee Due:
$20 if no changes are made in block 3 to the registered agent/office, or
$40 if any changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and submitted. Your Annual Report will be reviewed by Business Services and filed within 48 hours. Please keep this report for your records.

SOS Control Number: 216975
Corporation For-Profit - Domestic Date Formed: 06/19/1989 Formation Locale: Knox County

(1) Name and Mailing Address:
GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.
c/o Ben Hanson
1703 West Fifth Street, Suite 800

Austin, TX 78703

(2) Principal Office Address:
320 N. CEDAR BLUFF
#360

KNOXVILLE, TN 37923

Image #: A0072-2082

(3) Registered Agent (RA) and Registered Office (RO) Address: Agent Changed: No
C T Corporation System
800 S GAY ST STE 2021

Knoxville, TN 37929

(4) Name and business address (with zip code) of the President, Secretary and other principal officers.

Title	Name	Business Address	City, State, Zip
CEO	Lew Little, JR	1703 West 5th Street, Suite 800	Austin, TX 78703
Secretary	Benjamin Hanson	1703 West 5th Street, Suite 800	Austin, TX 78703
President	Kelly Jalowiec	1703 West 5th Street, Suite 800	Austin, TX 78703
COO	Mike McMaude	1703 West 5th Street, Suite 800	Austin, TX 78703
CFO	Scott Ellyson	1703 West 5th Street, Suite 800	Austin, TX 78703

(5) Board of Directors names and business address (with zip code). (___ None)

Name	Business Address	City, State, Zip
Lew Little, JR	1703 West 5th Street, Suite 800	Austin, TX 78703
Mike McMaude	1703 West 5th Street, Suite 800	Austin, TX 78703

(6) This section applies to non-profit corporations ONLY.
A. Our records reflect that your non-profit corporation is a public benefit or a mutual benefit corporation as indicated.
If blank or incorrect, please check appropriately: ___Public ___Mutual
B. If a Tennessee religious corporation, please check here if blank: ___Religious

(7) Signature: Electronic (8) Date: 05/26/2011 1:59 PM

(9) Type/Print Name: Benjamin M Hanson (10) Title: Secretary

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Received by Tennessee Secretary of State Tre Hargett, 08/10/2012, 10:09:09, 7085.0024

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Girling Health Care Services of Knoxville, Inc.

2. The state or country of incorporation is Tennessee

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
The Home Option

[**NOTE:** The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

8·8·12
Signature Date

Girling Health Care Services of Knoxville, Inc.
Name of Corporation

Senior Vice President
Signer's Capacity

Signature

Benjamin M. Hanson
Name (typed or printed)

SS-4402 (Rev. 4/01)

Filing Fee: $20

RDA1720

TN003 - 12/17/2002 C T System Online

SUPPLEMENTAL #1
January 22, 2015
4:21 pm

Received by Tennessee Secretary of State Tre Hargett, 08/10/2012, 10:09:10, 7085.0025

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Girling Health Care Services of Knoxville, Inc.

2. The state or country of incorporation is Tennessee

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is Harden Home Option

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

8-8-12
Signature Date

Girling Health Care Services of Knoxville, Inc.
Name of Corporation

Senior Vice President
Signer's Capacity

Signature

Benjamin M. Hanson
Name (typed or printed)

SS-4402 (Rev. 4/01)

Filing Fee: $20

RDA1720

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Received by Tennessee Secretary of State Tre Hargett, 08/10/2012, 10:09:11, 7085.0026

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Girling Health Care Services of Knoxville, Inc.

2. The state or country of incorporation is Tennessee

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
The Home Option by Harden Healthcare

[**NOTE:** The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

8-8-12
Signature Date

Girling Health Care Services of Knoxville, Inc.
Name of Corporation

Senior Vice President
Signer's Capacity

Signature

Benjamin M. Hanson
Name (typed or printed)

SS-4402 (Rev. 4/01) Filing Fee: $20 RDA1720

TN008 - 12/17/2002 C T System Online

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Tennessee Corporation Annual Report Form

AR Filing #: 03263735
FILED Jan 2, 2013 2:04PM

File online at: http://TNBear.TN.gov/AR

Due on/Before: 03/01/2013 Reporting Year: 2012

Annual Report Filing Fee Due:
$20 if no changes are made in block 3 to the registered agent/office, or
$40 if any changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

CC Payment Ref #: 148273977

SOS Control Number: 216975
Corporation For-Profit - Domestic Date Formed: 06/19/1989 Formation Locale: TENNESSEE

(1) Name and Mailing Address:
GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.
C/O BEN HANSON
STE 800
1703 W 5TH ST
AUSTIN, TX 78703-4893

(2) Principal Office Address:
STE 360
320 N CEDAR BLUFF RD
KNOXVILLE, TN 37923-4513

Image #: A0148-1693

(3) Registered Agent (RA) and Registered Office (RO) Address:
C T CORPORATION SYSTEM
STE 2021
800 S GAY ST
KNOXVILLE, TN 37929-9710

Agent Changed: No
Agent County: KNOX COUNTY

(4) Name and business address (with zip code) of the President, Secretary and other principal officers.

Title	Name	Business Address	City, State, Zip
COO	Christopher Roussos	1703 WEST 5TH STREET, SUITE 800	AUSTIN, TX 78703
CEO	Lew Little, JR	1703 West 5th Street, Suite 800	Austin, TX 78703
Secretary	Benjamin Hanson	1703 West 5th Street, Suite 800	Austin, TX 78703
President	Kelly Jalowiec	1703 West 5th Street, Suite 800	Austin, TX 78703
CFO	Scott Ellyson	1703 West 5th Street, Suite 800	Austin, TX 78703

(5) Board of Directors names and business address (with zip code). (___ None)

Name	Business Address	City, State, Zip
Scott Ellyson	1703 West 5th Street, Suite 800	Austin, TX 78703
Lew Little, JR	1703 West 5th Street, Suite 800	Austin, TX 78703

(6) This section applies to non-profit corporations ONLY.
A. Our records reflect that your non-profit corporation is a public benefit or a mutual benefit corporation as indicated. If blank or incorrect, please check appropriately: ___Public ___Mutual
B. If a Tennessee religious corporation, please check here if blank: ___Religious

(7) Signature: Electronic (8) Date: 01/02/2013 2:04 PM

(9) Type/Print Name: Benjamin M Hanson (10) Title: SVP, General Counsel & Secretary

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Tennessee Corporation Annual Report Form

File online at: http://TNBear.TN.gov/AR

Due on/Before: 03/01/2014 Reporting Year: 2013

AR Filing #: 03986331
FILED: Feb 5, 2014 9:38AM
DLN #: A0213-0317.001

Annual Report Filing Fee Due:
$20 if no changes are made in block 3 to the registered agent/office, or
$40 if any changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

CC Payment Ref #: 154221404

SOS Control Number: 216975
Corporation For-Profit - Domestic Date Formed: 06/19/1989 Formation Locale: TENNESSEE

(1) Name and Mailing Address:
GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.
STE 1400
3350 RIVERWOOD PKWY SE
ATLANTA, GA 30339-3314

(2) Principal Office Address:
STE 1400
3350 RIVERWOOD PKWY SE
ATLANTA, GA 30339-3314

(3) Registered Agent (RA) and Registered Office (RO) Address:
C T CORPORATION SYSTEM
STE 2021
800 S GAY ST
KNOXVILLE, TN 37929-9710

Agent Changed: No
Agent County: KNOX COUNTY

(4) Name and business address (with zip code) of the principal officers.

Title	Name	Business Address	City, State, Zip
President	Tony Strange	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314
Treasurer	Eric R Slusser	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314
Secretary	John N Camperlengo	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314

(5) Board of Directors names and business address (with zip code). ___ None, pursuant to T.C.A. §48-18-101(c), or listed below.

Name	Business Address	City, State, Zip
Tony Strange	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314
Eric R Slusser	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314
John N Camperlengo	3350 RIVERWOOD PKWY SE	ATLANTA, GA 30339-3314

(6) Signature: Electronic

(7) Date: 02/05/2014 9:38 AM

(8) Type/Print Name: John N Camperlengo

(9) Title: Secretary

SUPPLEMENTAL #1
January 22, 2015
4:21 pm

7341.2082, 05/20/2014, 10:27:43, Received by Tennessee Secretary of State Tre Hargett

State of Tennessee
Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

CHANGE OF REGISTERED AGENT/OFFICE (BY CORPORATION)

For Office Use Only

Pursuant to the provisions of Section 48-15-102 or 48-25-108 of the Tennessee Business Corporation Act or Section 48-55-102 or 48-65-108 of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The name of the corporation is GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.

2. The street address of its current registered office is 800 S GAY ST., STE 2021, KNOXVILLE, TN 37929-9710

3. If the current registered office is to be changed, the street address of the new registered office, the zip code of such office, and the county in which the office is located is 992 Davidson Drive, Suite B, NASHVILLE, TN 37205

4. The name of the current registered agent is C T CORPORATION SYSTEM

5. If the current registered agent is to be changed, the name of the new registered agent is CAPITAL FILING SERVICES, INC.

6. After the change(s), the street addresses of the registered office and the business office of the registered agent will be identical.

5-19-14
Signature Date VP

Signer's Capacity

GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.
Name of Corporation

Signature

JOSE MOJICA
Name (typed or printed)

SS-4427 (Rev. 6/03)

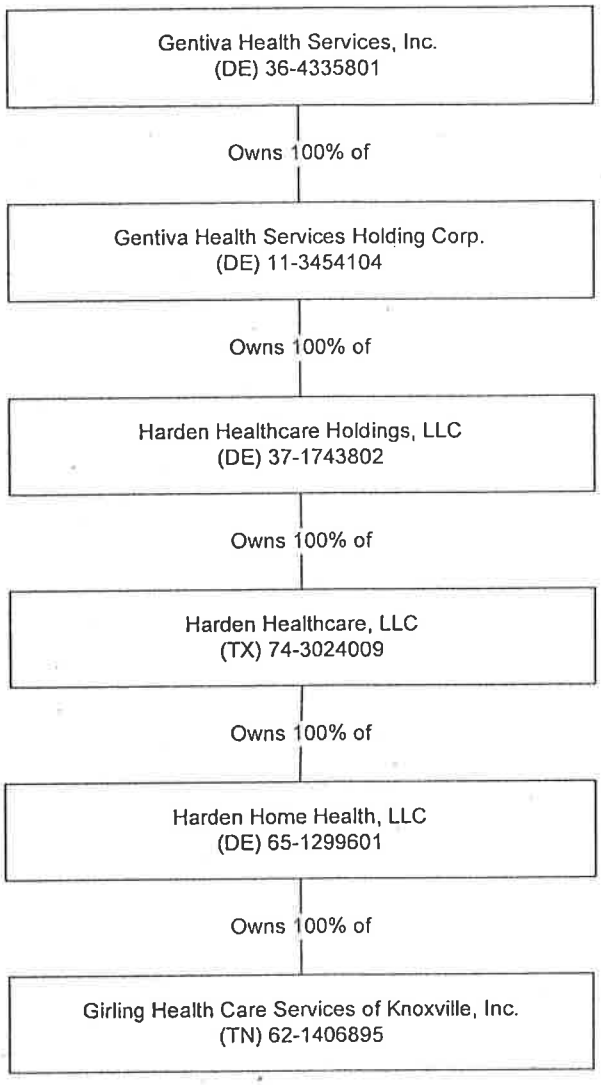
Filing Fee $20.00

RDA 1678

STREAMLINED ORGANIZATION CHART

SUPPLEMENTAL #1

January 22, 2015
4:21 pm



SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Attachment B, Project Description - 1

EEOICPA Enrolled Providers

SUPPLEMENTAL #1

January 22, 2015

4:21 pm

ACS Web Bill Processing Portal Office of Workers' Compensation Programs

Provider Search - Result

46 items found, displaying 1 to 25.

[First/Prev] 1, 2 [Next/Last]

Sort Feature - In order to sort by any field click on the column name. To reverse the order click on the column name again. Note the little arrows by each field indicate the order of sort; Ascending or Descending .

Click the **Back** button to return to the search page.

Name	Address	Provider Type	Specialty	Office Phone
CAMELLIA HOME HEALTH	2829 WEST ANDREW JOHNSON HWY MORRISTOWN, TN 378140000	Home Health Agency		(423) 200-4897
CAMELLIA HOME HEALTH	404 RACE STREET KINGSTON, TN 377630000	Home Health Agency		(865) 882-5477
TENNOVA HOME HEALTH	7203 CHAPMAN HWY KNOXVILLE, TN 379200000	Home Health Agency		(865) 647-3600
CARESOUTH HHA HOLDINGS OF WINCHESTE	2068 COWAN HIGHWAY WINCHESTER, TN 373982446	Home Health Agency		(931) 967-0633
RIGHT AT HOME	601 CONCORD ST STE 202 KNOXVILLE, TN 379190000	Home Health Agency		(865) 766-5718
HEALTH CARE INITIATIVE OF TN INC	4026 LARIGO DR KNOXVILLE, TN 379143161	Home Health Agency		(865) 548-5805
GIRLING HEALTH CARE INC	320 N CEDAR BLUFF STE 360 KNOXVILLE, TN 379230000	Home Health Agency		(865) 690-7767
LIFE CARE AT HOME OF TN	7625 HAMILTON PARK DRIVE SUITE 16 CHATTANOOGA, TN 374211125	Home Health Agency		(423) 473-5256
AMEDISYS HOME HEALTH CARE	575 OAK RIDGE TPKE STE 130 OAK RIDGE, TN 378307187	Home Health Agency		(865) 481-3434
CARESOUTH HHA HOLDINGS OF WINCHESTE	1535 W NORTHFIELD BLVD STE 1 MURFREESBORO, TN 371292559	Home Health Agency		(615) 895-8383
FOR O INC	DBA HOME INSTEAD SENIOR CARE 2412 W ANDREW JOHNSON STE E MORRISTOWN, TN 378140000	Home Health Agency		(423) 587-5800
RESCARE HOMECARE-KNOXVILLE	5401 KINGSTON PIKE SUITE 130 KNOXVILLE, TN 379195022	Home Health Agency		(865) 558-8431
DONELSON HOME HEALTH A GENTIVA CO	115 WINWOOD DRIVE SUITE 101 LEBANON, TN 370870000	Home Health Agency		(615) 449-0045
ABC INC	DBA HOME INSTEAD SENIOR CARE 4635 CHAMBLISS AVENUE KNOXVILLE, TN 379190000	Home Health Agency		(865) 523-1300
EAST TN PERSONAL CARE SERVICE	320 N CEDAR BLUFF RD SUITE 220 KNOXVILLE, TN 379230000	Home Health Agency		(865) 692-2200
PROFESSIONAL CASE MANAGEMENT OF TN	800 OAKRIDGE TURNPIKE B 100 OAKRIDGE, TN 378300000	Home Health Agency		(303) 757-4808
HOME HELPERS OF EAST TN	2240 SUTHERLAND AVE STE 106 KNOXVILLE, TN 379190000	Home Health Agency		(865) 771-9119
CARESOUTH HHA HOLDINGS OF WINCHESTE	828 ROYAL PKWY STE 111 NASHVILLE, TN 372143748	Home Health Agency		(615) 889-3336
HIGHPOINT HOMECARE		Home Health Agency		(615) 328-6395

The results shown indicate the most current provider information available as of the search date. This information is updated weekly. Provider phone number information may not be current. Please verify this information in your local phone book.

SUPPLEMENTAL #1

January 22, 2015

4:21 pm

Name	Address	Provider Type	Specialty	Office Phone
	575 EAST BLEDSOE STREET SUITE 2 GALLATIN, TN 370663052			
CAMELLIA HOME HEALTH	2221 JACKSBORO PIKE SUITE C15 LAFALLETTE, TN 377660000	Home Health Agency		(423) 566-6620
PERSONAL CARE CHOICES	357 N HOUSTON ST MARYVILLE, TN 378014764	Home Health Agency		(865) 681-0999
SMOKY MOUNTAIN HOME HEALTH AND HOSP	222 HERITAGE BLVD NEWPORT, TN 378210000	Home Health Agency		(423) 623-0233
THE HOME OPTION	DBA HARDEN HEALTHCARE 800 OAK RIDGE TURNPIKE#A208 OAK RIDGE, TN 378300000	Home Health Agency		(512) 663-6550
RMCM HEALTHCARE LLC	DBA BRIGHTSTAR OF MEMPHIS 6300 POPLAR AVE STE 103 MEMPHIS, TN 381190000	Home Health Agency		(901) 522-6899
GENTIVA HEALTH SERVICES	6223 HIGHLAND PLACE WAY STE 101 KNOXVILLE, TN 379194035	Home Health Agency		(865) 584-3133

The results shown indicate the most current provider information available as of the search date. This information is updated weekly. Provider phone number information may not be current. Please verify this information in your local phone book.

Back

Visit the following websites for additional information on OWCP programs:
DOL Home | **OWCP Home** | **FECA Home** | **DCMWC Home** | **DEEOIC Home**

Online Security | Browser Compatibility | Terms of Usage

92

SUPPLEMENTAL #1

Home Health Care Services and the EEOICPA

January 22, 2015
4:21 pm

General Information

Under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), which is administered by the U.S. Department of Labor's (DOL) Division of Energy Employees Occupational Illness Compensation (DEEOIC), eligible claimants are entitled to medical benefits to cover the reasonable cost of treatment for accepted medical illness(es). Medical benefits include those services, appliances, and supplies prescribed or recommended by a qualified physician, which are likely to cure, give relief to, or reduce the degree or the period of the accepted illness. Home health care is one of the many medical benefits you may receive for an accepted illness(es) under the EEOICPA.

This booklet covers the most frequently asked questions by DEEOIC claimants regarding home health care. While this booklet provides basic information about the home heath care benefits you may qualify for under the EEOICPA, unique or special circumstances may require personalized attention.

For further information about special circumstances or individual cases, please contact one of DEEOIC's Resource Centers or your claims examiner at one of DEEOIC's four District Offices. DEEOIC's Resource Centers and District Offices' contact information is listed at the end of this booklet.

What Is Home Health Care?

Home health care includes both in-home skilled nursing care, and the services of a home health aide to assist you with activities of daily living, related to your accepted illness(es). Examples of these daily activities include assistance with mobility around the house, dressing and feeding, and food preparation.

When Can I Apply for Home Health Care?

There are no restrictions on when you can apply for home health care once a work-related illness is accepted in your EEOICPA claim. However, home health care is authorized based upon the presentation of medical evidence from your treating physician confirming the need for care due to an accepted illness(es).

Do I Need Pre-Approval from the DEEOIC District Office Claims Examiner Assigned to My Claim Before Beginning to Receive Home Health Care?

Yes. Home health care services may be covered under the EEOICPA, but *pre-approval* by your DEEOIC District Office Claims Examiner is required **before** you incur the expense. Your case ID number should be clearly noted on any home health care request.

What Do I Need to Submit With My Request for Home Health Care?

When initially requesting home health care, the physician treating you for an accepted work-related illness will be asked to supply a letter of medical necessity or a written explanation of the care you require, called a Plan of Care. Any letter of medical necessity or Plan of Care must explain the need for home health care as it relates to the accepted illness(es) in your claim. Your physician is to clearly describe the following:

- Level of care required such as skilled nursing care, home health aide, etc.;
- Frequency of care required (i.e., number of hours per day or week for each type or level of care); and
- Time period for which you will require home health care.

Medical evidence presented by a physician who has not personally treated your accepted work-related illness, or who is otherwise unfamiliar with your treatment needs, is of reduced probative value in assessing home health care requests.

Is a Recent Physical Examination Needed to Receive Home Health Care?

Yes. DEEOIC requires your treating physician to have conducted a recent physical examination in support of any request for home health care services. A recent physical examination is defined as a face-to-face encounter between the requesting physician and the DEEOIC approved patient, within 60 days prior to the submission of a home health care authorization request. Any letter of medical necessity or Plan of Care requesting home health care must identify the name, address and telephone number of the requesting physician accompanied by his or her signature.

In addition, the physician is to submit a written narrative medical report that documents the results of the examination to include pertinent history and physical findings, specific functional limitations associated exclusively with the accepted work-related illness(es), medical rationale supporting the requested level and duration of home health care, and a discussion of the specific duties to be performed by a home

health care nurse or home health aide. The discussion should include, but not be limited to, the patient's particular needs regarding the administration of medication, medical monitoring, dressing changes, medical equipment checks, and activities of daily living, such as bathing and personal hygiene, meal preparation and feeding, and assistance in ambulating about the household.

Home health care authorization requests not accompanied or supported by the requested medical evidence may be delayed or denied. Submission of prescription forms, or other documentation signed by a physician who has not physically examined the patient will be of reduced probative value in assessing requests for home health care services.

Am I Free To Choose From Any Home Health Care Provider?

Yes. Once approval is granted for home health care services, you are free to choose any licensed medical provider. Moreover, you are free to change home health care providers at any time.

How Can I Determine if a Home Health Care Provider is Enrolled in the Energy Employees Occupational Illness Compensation Program?

A provider search feature is on the medical bill payment agent's bill processing website:

- http://owcp.dol.acs-inc.com

You should also check with your home health care provider for information on whether they are enrolled in the Energy Employees Occupational Illness Compensation Program.

How Can a Home Health Care Provider Obtain Enrollment and Billing Information?

If the home health care provider you wish to use is not enrolled in the program, they may obtain enrollment and billing information by calling the medical bill payment agent toll-free at (866) 272-2682 or by contacting one of the Resource Centers listed at the end of this booklet. Enrollment forms are available on the medical bill payment agent's website:

- http://owcp.dol.acs-inc.com

Does DEEOIC Endorse a particular Home Health Care Provider or Certify Providers That Provide Home Health Care Services?

No. DEEOIC neither endorses nor sponsors any home health care provider, or any other entity providing medical services.

Once I Am Approved for Home Health Care Services, Is My Approval Permanent?

No. Approval for home health care services is not permanent. Approval for home health care services is granted for up to six-month periods and must be renewed with the submission of updated medical information from your treating physician and a new face-to-face evaluation within 60 days of reauthorization.

Can I Request Changes to An Approved Level of Home Health Care?

Yes. Changes to an approved level of home health care must be requested in writing and must be accompanied by medical documentation from your treating physician which explains the basis for any alteration in your current plan of care.

Can DEEOIC Review My Home Health Care Authorization At Any Time?

Yes. DEEOIC may conduct reviews of home health care authorizations using medical consultants, field nurses, or other forms of inquiry with your treating physician at any given time.

How Do My Home Health Care Bills Get Paid?

If your home health care provider is enrolled in the program, the DEEOIC will pay them directly, based upon a set-rate fee schedule.

If your home health care provider is not enrolled in the program, you may obtain reimbursement for out-of-pocket expenses for covered medical care by completing Form OWCP-915, Claim for Medical Reimbursement. Reimbursement payments are paid in accord with a set-rate fee schedule. In addition, you must submit the following items which are to be attached securely to the form:

- Provider's itemized billing statement;
- Receipt of payment by your provider; and
- Evidence of your method of payment

Acceptable evidence of payment includes a cash receipt, copy of your cancelled check (both front and back), or a copy of your credit card receipt.

Mail the completed Claim for Medical Reimbursement form with attachments to the medical bill payment agent at:

Energy Employees Occupational Illness
Compensation Program
P.O. Box 8304
London, KY 40742-8304

Who Do I Contact for Assistance with My Claim?
DEEOIC maintains four District Offices nationwide that process claims under the EEOICPA. District Offices are located in Cleveland, Ohio; Denver, Colorado; Jacksonville, Florida; and Seattle, Washington; with jurisdiction based on the location of the employee's last employment. The District Offices, including their regional jurisdiction, are listed below.

Cleveland District Office
1001 Lakeside Avenue, Suite 350
Cleveland, Ohio 44114
Main: (216) 802-1300
Fax: (216) 802-1308
Toll Free: (888) 859-7211
Serving:
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, Virginia, West Virginia and Wisconsin

Denver District Office
P.O. Box 25601
One Denver Federal Center, Bldg. 53
Denver, Colorado 80225-0601
Main: (720) 264-3060
Fax: (720) 264-3099
Toll Free: (888) 805-3389
Serving:
Arkansas, Colorado, Kansas, Louisiana, Missouri, Montana, Nebraska, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wyoming and all claims from RECA Section 5 awardees

Jacksonville District Office
400 West Bay Street, Room 722
Jacksonville, Florida 32202
Main: (904) 357-4705
Fax: (904) 357-4704
Toll Free: (877) 336-4272

Serving:
Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee

Seattle District Office
300 Fifth Avenue, Suite 1050 E
Seattle, Washington 98104-2397
Main: (206) 373-6750
Fax: (206) 373-6798
Toll Free: (888) 805-3401
Serving:
Alaska, Arizona, California, Idaho, Hawaii, Marshall Islands, Nevada, New Mexico, Oregon and Washington

DEEOIC also established 11 Resource Centers nationwide to assist employees and their families in applying for benefits under the EEOICPA. If you need help with any part of your EEOICPA claim, including home health care, you may contact the nearest Resource Center. Resource Center staff provides assistance either in person or over the telephone; therefore, they are able to provide service to individuals who live outside the immediate geographical area. The Resource Centers, including their regional jurisdiction, are listed below:

California Resource Center
7027 Dublin Blvd., Suite 150
Dublin, California 94568
Main: (925) 606-6302
Fax: (925) 606-6303
Toll Free: (866) 606-6302
California - Hawaii

Denver Resource Center
8758 Wolff Court, Suite 101
Westminster, Colorado 80031
Main: (720) 540-4977
Fax: (720) 540-4976
Toll Free: (866) 540-4977
Colorado – Wyoming – Kansas Nebraska - Oklahoma - Iowa

Espanola Resource Center
412 Paseo De Onate, Suite "D"
Espanola, New Mexico 87532
Main: (505) 747-6766
Fax: (505) 747-6765
Toll Free: (866) 272-3622
New Mexico - Texas

Hanford Resource Center
303 Bradley Blvd., Suite 104
Richland, Washington 99352
Main: (509) 946-3333
Fax: (509) 946-2009
Toll Free: (888) 654-0014
Washington – Oregon - Alaska

Idaho Resource Center
Exchange Plaza
1820 East 17th Street, Suite 250
Idaho Falls, Idaho 83404
Main: (208) 523-0158
Fax: (208) 557-0551
Toll Free: (800) 861-8608
Idaho - North Dakota – Utah
South Dakota - Montana

Las Vegas Resource Center
Flamingo Executive Park
1050 East Flamingo Rd., Suite W-156
Las Vegas, Nevada 89119
Main: (702) 697-0841
Fax: (702) 697-0843
Toll Free: (866) 697-0841
Nevada - Arizona

New York Resource Center
6000 North Bailey Avenue
Suite 2A, Box #2
Amherst, New York 14226
Main: (716) 832-6200
Fax: (716) 832-6638
Toll Free: (800) 941-3943
Maine - New Hampshire
Vermont - Massachusetts
New York - Connecticut
New Jersey - Rhode Island
Delaware - Pennsylvania
Maryland

Oak Ridge Resource Center
Jackson Plaza Office Complex
800 Oak Ridge Turnpike
Suite C-103
Oak Ridge, Tennessee 37830
Main: (865) 481-0411
Fax: (865) 481-8832
Toll Free: (866) 481-0411
Tennessee – Mississippi - Alabama
Louisiana – Arkansas – Virginia

Paducah Resource Center
Barkley Center, Unit 125
125 Memorial Drive
Paducah, Kentucky 42001
Main: (270) 534-0599
Fax: (270) 534-8723
Toll Free: (866) 534-0599
Kentucky – Indiana - Illinois
Missouri

Portsmouth Resource Center
1200 Gay Street
Portsmouth, Ohio 45662
Main: (740) 353-6993
Fax: (740) 353-4707
Toll Free: (866) 363-6993
Ohio - Michigan – Wisconsin
Minnesota - West Virginia
Puerto Rico – District of Columbia

Savannah River Resource Center
1708 Bunting Drive
North Augusta, South Carolina 29841
Main: (803) 279-2728
Fax: (803) 279-0146
Toll Free (866) 666-4606
South Carolina - North Carolina
Georgia - Florida

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SHARE

Energy Employees Claimant Assistance Project

Help for EEOICPA claimants

Answers to Basic EEOICPA Questions

EEOICPA, Part B, Part E, claim, survivor, authorized representative

Answers to Basic EEOICPA Questions

2013 Ombudsman's Report to Congress

The 2013 Office of the EEOICPA Ombudsman's Report to Congress is out. The Report details problems reported to the Ombudsman over the year. Remember to contact the Ombudsman's Office whenever you experience a problem with EEOICPA.

DOL Responds to 2012 Ombudsman Report

Department of Labor's DEEOIC has responded to the 2012 Ombudsman's Annual Report to Congress.

EEOICPA Basics

Type in your Search Term

Find in Page

1. What is EEOICPA?
2. Why did Congress create EEOICPA?
3. Who may file an EEOICPA claim?
4. Who is a survivor under EEOICPA?
5. What is Part B?
6. What is Part E?
7. How do I file a claim?
8. What can I do to improve my claim?
9. What is an AWE site?
10. What is a Beryllium Vendor site?
11. What is a DOE site?
12. What is an Authorized Representative?

What is EEOICPA?

- The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) is a federal program created by Congress to compensate nuclear weapons workers who were made ill, or the surviving family members of deceased workers, by work done in the US nuclear weapons industry beginning in WW2. EEOICPA also provides medical benefits for approved illnesses.

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Why did Congress enact EEOICPA?

- In 2000 Congress determined that nuclear weapons production and testing involves unique dangers and workers could be harmed by exposure to even small amounts of radiation or beryllium. Congress felt that many Cold War nuclear weapons workers at Department of Energy (DOE) sites had been put at risk without their knowledge or consent. Previously secret records documented unmonitored exposures to radiation, beryllium, and toxic chemicals. Prior to the enactment of EEOICPA DOE contractors were always held harmless which made it was nearly impossible for nuclear workers to obtain compensation. Over two

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dozen recently published scientific studies show that some nuclear weapons workers have increased risk of dying from cancer and other diseases. Other studies show a correlation between disease and radiation or beryllium exposure. Studies also show that 98% of radiation induced cancers in nuclear workers occurred at radiation levels less than the existing maximum "safe" levels.

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Who may file an EEOICPA claim?

- Any worker who has been diagnosed with cancer or any other illness caused by chemical or toxins and who worked at one of the covered DOE facilities may file a claim.
- Anyone who is a survivor, as defined by the law, of a worker who died of cancer or chemically caused illness and worked at one of the covered DOE facilities may file a claim.

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Who is a survivor under EEOICPA?

Survivors are defined differently for Part B and Part E.

- Survivors under Part B include:

1) a spouse of a worker, married for at least one year
2) a child if there is no living spouse
3) a parent if there is no living spouse or child
4) a grandparent if there is no living spouse, child or parent
5) a grandchild if no surviving spouse, child, parent, or grandparent.

- Survivors under Part E include:

1) a spouse of a worker, married for at least one year
2) if there is no surviving spouse, children who were under age 18 at the time of the worker's death, and children up to age 23 if in college at the time of the workers death, or children any age if unable to work because of medical disability at the time of the worker's death.

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What is Part B?

- Part B of EEOICPA provides compensation for workers with radiation induced cancers, beryllium disease or silicosis. Claimants whose claims are approved will receive a lump-sum payment of $150,000 and medical benefits for the covered illness. Some claimants paid under Part B will also be paid under Part E.
- There are two ways to be paid under a Part B radiation claim:
  - The National Institute for Occupational Safety and Health (NIOSH) does a dose reconstruction for a claimant to estimate what radiation the worker was exposed to.
  - If NIOSH does not have enough evidence to estimate the amount of radiation workers at a facility were exposed to a Special Exposure Cohort (SEC) can be designated to allow workers with any one of twenty-two qualifying cancers to be approved without undergoing a dose reconstruction.
- NIOSH then sends the claim to Department of Labor for final determination.
- More detailed information on Part B.
- EECAP Part B-Part E brochure

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What is Part E?

2013 Institute of Medicine's Site Exposure Matrix Review

Institute of Medicine of the National Academies reviewed DOL's Public Site Exposure Matrix with very concrete recommendations to greatly improve the database DEEOIC relies heavily on in the determination of whether a claim should be paid or not.

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- Part E compensates workers for all occupationally induced illnesses caused by any toxic substance. Claimants with approved claims can receive compensation for lost wages and impairment of up to $250,000 plus medical benefits for the covered illness.
- Part E used to be known as Part D. Originally Part D was managed by Department of Energy (DOE). In 2004 Department of Labor (DOL) took over and now manages Part E claims.
- More detailed information on Part E.
- EECAP's Part B-Part E brochure

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How do I file a claim?

- Fill out the Department of Labor forms. These can be printed out and mailed or the application can be made on line.
- If you need help filling out the forms or you have questions, your local Resource Center can assist you. They can fill out the forms over the phone and mail them for you.
- EECAP can also help you by answering questions or filling out the form for you.

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What can I do to improve my claim?

- Keep copies of all EEOICPA mailings to and from DOL and NIOSH in a three-ring binder for quick reference. Or if you prefer, scan all documents into your computer and store there.
- Put all requests to DOL or NIOSH in writing. When either agency gives you a verbal answer to a question ask them to put it in writing as well. In case you need to take your claim to appeal you will want a clear paper trail.
- When mailing important information to DOL send it by certified mail and save the receipts to prove they received the information.
- Never mail originals of any documents; send only copies
- File a Freedom of Information Act (FOIA) request with Department of Energy (DOE) and request a copy of all the records in your file. Specifically ask for your Industrial Hygienist and Health Physics reports. DOL does not always request all your records. Often you will find information that is helpful with your claim.
- If your claim has been in progress for a while, request a copy of your administrative record from DOL. This should contain everything that DOL has on your claim, including internal communications. This may help you identify errors that have been made on your claim.
- For your Part E claim review DOL's Site Exposure Matrix (SEM) for your facility. While the SEM is incomplete it does offer a good place to start researching what toxins were on your site.
- Review documents from your facility for the time period that you worked there whenever possible. These documents are invaluable when it comes to documenting your exposure. DOL does not have all exposures documented. When you find a toxin or radionuclide you likely were exposed to, copy the document, noting the page number and site identifier of the document. Organize these and send them to DOL. Then also send a copy of all radionuclide exposure to NIOSH.
- When NIOSH sends you a draft dose reconstruction it will have a form OCAS-1 with it. NIOSH will tell you that you need to sign and return this form within 60 days or DOL will close the claim. If you feel that you need to do more research to improve your claim, write to DOL and tell them you are actively pursuing additional information on your claim and that you would like to put the claim on hold while you look. This will keep DOL from closing your claim and give you more time to investigate.
- Contact your Senate and House Constituent Services departments and ask for their help.

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What is an AWE site?

- An Atomic Weapons Employer is a private company that processed or produced radioactive material used to create atomic weapons for the United States, except for uranium mining and milling. This can include a period of residual contamination. Workers at AWE sites are eligible for Part B. DOE determines which sites are AWE sites.
- DOE's Office of Health, Safety and Security maintains a searchable database of the different facilities and their classifications. EECAP has developed a fact sheet that shows how a site was classified during a specific time period. Also, information on how a site is classified is available on EECAP's Facilities Information Map.

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What is a Beryllium Vendor site?

- A Beryllium Vendor is a private company that produced beryllium for use in atomic weapons for the United States and is named in a Department of Energy list. This can include a period of residual contamination. Workers at Beryllium Vendor sites are eligible for Part B. DOE determines which sites are BE sites.
- DOE's Office of Health, Safety and Security maintains a searchable database of the different facilities and their classifications. EECAP has developed a fact sheet that shows how a site was classified during a specific time period. Also, information on how a site is classified is available on EECAP's Facilities Information Map.

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What is a DOE site?

- A DOE facility is a location that DOE owned or leased or held certain contracts while producing radioactive material for atomic bombs or in which certain contracts were held. This can include a period of residual contamination. Workers at DOE sites are eligible for both Part B and Part E. DOL determines which sites are DOE sites.
- DOE's Office of Health, Safety and Security maintains a searchable database of the different facilities and their classifications. EECAP has developed a fact sheet that shows how a site was classified during a specific time period. Also, information on how a site is classified is available on EECAP's Facilities Information Map.

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What is an Authorized Representative?

- An Authorized Representative is someone the claimant appoints to help with the claim. If you are having trouble finding information you need for your claim or if you are feeling stressed by the EEOICPA process an Authorized Representative may be helpful to you.
- You can appoint anyone you wish to be an Authorized Representative but you can only have one Authorized Representative at a time.
- You can appoint an Authorized Representative using DOL's form or you may send a signed letter to DOL with the appointed person's name, address and phone number.
- EECAP also has an Authorized Representative brochure.

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Photo courtesy of DOE

Quick Links

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- NIOSH Info
- Services
- Fundraiser
- Sitemap

Social Media

Click on the icons below to become our Facebook friend, connect with us on LinkedIn, or follow us on Twitter to see what we are tweeting about

Contact us

EECAP

P.O. Box 552 | Yellow Springs | Ohio 45387

(937) 767-2890

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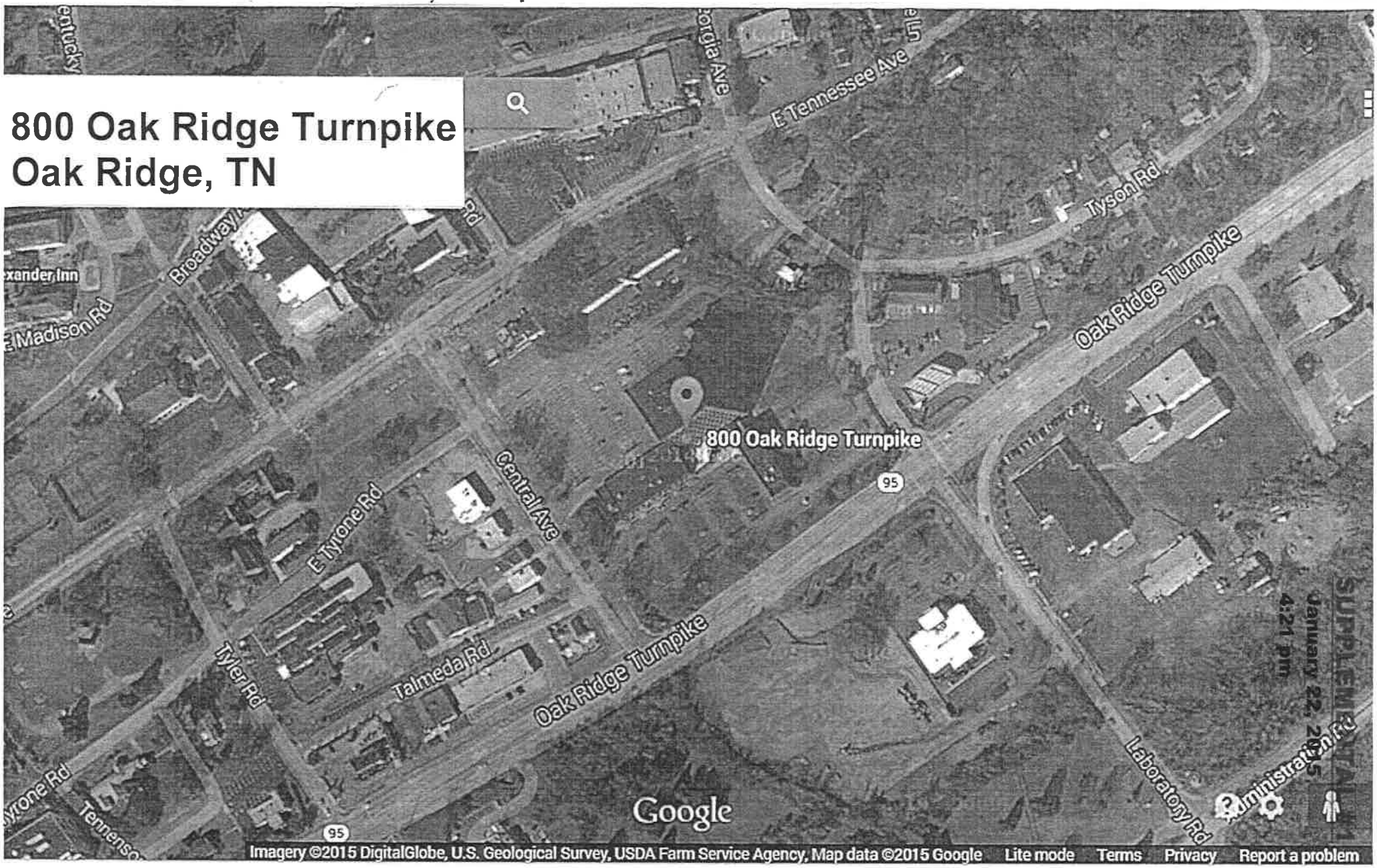
Attachment B, III.(A).

Revised Plot Plan

/www.google.com/maps/pla 800 Oak Ridge Turn...

orites Tools Help

169,779 square feet, 10 story office building located on 4.57 acres of land



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Attachment B.IV

Labelled Floor Plan

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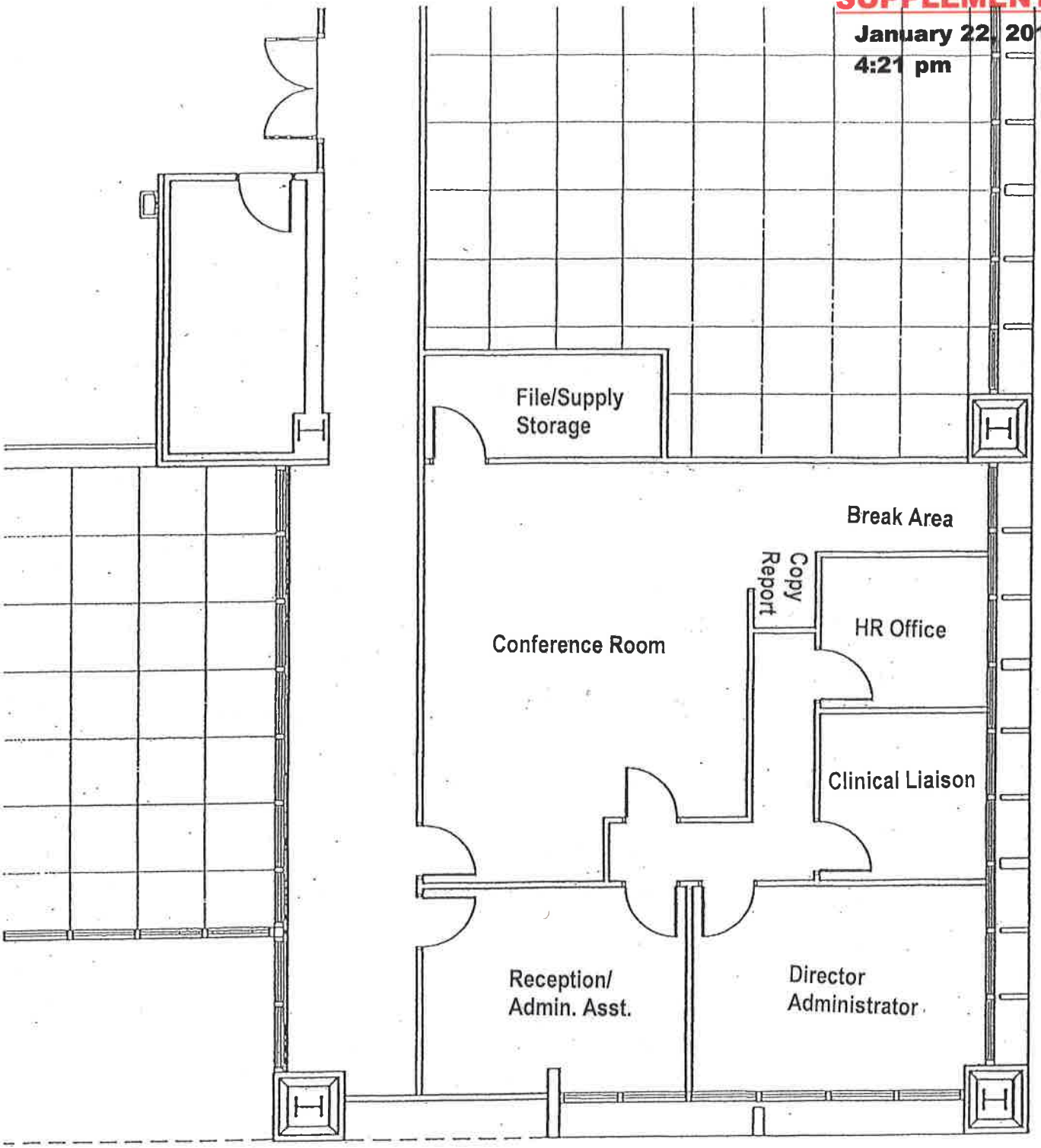

JACKSON PLAZA
800 OAK RIDGE TURNPIKE
OAK RIDGE, TN 37830

SUITE A-208

0 4' 8' 16'
SCALE 1/8" = 1'-0"

FLOOR PLAN

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Attachment C-Need-4

Demographic Data

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Tennessee

People QuickFacts	Tennessee	USA
Population, 2013 estimate	6,495,978	316,128,839
Population, 2010 (April 1) estimates base	6,346,113	308,747,716
Population, percent change, April 1, 2010 to July 1, 2013	2.4%	2.4%
Population, 2010	6,346,105	308,745,538
Persons under 5 years, percent, 2013	6.2%	6.3%
Persons under 18 years, percent, 2013	23.0%	23.3%
Persons 65 years and over, percent, 2013	14.7%	14.1%
Female persons, percent, 2013	51.2%	50.8%
White alone, percent, 2013 (a)	79.1%	77.7%
Black or African American alone, percent, 2013 (a)	17.0%	13.2%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	1.2%
Asian alone, percent, 2013 (a)	1.6%	5.3%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.2%
Two or More Races, percent, 2013	1.7%	2.4%
Hispanic or Latino, percent, 2013 (b)	4.9%	17.1%
White alone, not Hispanic or Latino, percent, 2013	74.9%	62.6%
Living in same house 1 year & over, percent, 2009-2013	84.6%	84.9%
Foreign born persons, percent, 2009-2013	4.6%	12.9%
Language other than English spoken at home, pct age 5+, 2009-2013	6.6%	20.7%
High school graduate or higher, percent of persons age 25+, 2009-2013	84.4%	86.0%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	23.8%	28.8%
Veterans, 2009-2013	484,901	21,263,779
Mean travel time to work (minutes), workers age 16+, 2009-2013	24.3	25.5
Housing units, 2013	2,840,914	132,802,859
Homeownership rate, 2009-2013	67.8%	64.9%
Housing units in multi-unit structures, percent, 2009-2013	18.3%	26.0%
Median value of owner-occupied housing units, 2009-2013	$139,200	$176,700
Households, 2009-2013	2,475,195	115,610,216
Persons per household, 2009-2013	2.52	2.63
Per capita money income in past 12 months (2013 dollars), 2009-2013	$24,409	$28,155
Median household income, 2009-2013	$44,298	$53,046
Persons below poverty level, percent, 2009-2013	17.6%	15.4%

Business QuickFacts	Tennessee	USA
Private nonfarm establishments, 2012	130,592[1]	7,431,808
Private nonfarm employment, 2012	2,344,047[1]	115,938,468
Private nonfarm employment, percent change, 2011-2012	1.9%[1]	2.2%
Nonemployer establishments, 2012	471,026	22,735,915
Total number of firms, 2007	545,348	27,092,908
Black-owned firms, percent, 2007	8.4%	7.1%
American Indian- and Alaska Native-owned firms, percent, 2007	0.5%	0.9%
Asian-owned firms, percent, 2007	2.0%	5.7%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	0.1%	0.1%
Hispanic-owned firms, percent, 2007	1.6%	8.3%
Women-owned firms, percent, 2007	25.9%	28.8%

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Manufacturers shipments, 2007 ($1000)	140,447,760	5,319,456,312
Merchant wholesaler sales, 2007 ($1000)	80,116,528	4,174,286,516
Retail sales, 2007 ($1000)	77,547,291	3,917,663,456
Retail sales per capita, 2007	$12,563	$12,990
Accommodation and food services sales, 2007 ($1000)	10,626,759	613,795,732
Building permits, 2012	20,147	829,658

Geography QuickFacts	Tennessee	USA
Land area in square miles, 2010	41,234.90	3,531,905.43
Persons per square mile, 2010	153.9	87.4
FIPS Code	47	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Thursday, 04-Dec-2014 14:54:46 EST

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Blount County, Tennessee

People QuickFacts	Blount County	Tennessee
Population, 2013 estimate	125,099	6,495,978
Population, 2010 (April 1) estimates base	123,016	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	1.7%	2.4%
Population, 2010	123,010	6,346,105
Persons under 5 years, percent, 2013	5.2%	6.2%
Persons under 18 years, percent, 2013	21.4%	23.0%
Persons 65 years and over, percent, 2013	17.9%	14.7%
Female persons, percent, 2013	51.5%	51.2%
White alone, percent, 2013 (a)	94.2%	79.1%
Black or African American alone, percent, 2013 (a)	2.9%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	0.4%
Asian alone, percent, 2013 (a)	0.9%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	1.5%	1.7%
Hispanic or Latino, percent, 2013 (b)	3.0%	4.9%
White alone, not Hispanic or Latino, percent, 2013	91.6%	74.9%
Living in same house 1 year & over, percent, 2009-2013	85.1%	84.6%
Foreign born persons, percent, 2009-2013	2.7%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	3.9%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	86.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	20.8%	23.8%
Veterans, 2009-2013	11,723	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	23.9	24.3
Housing units, 2013	55,427	2,840,914
Homeownership rate, 2009-2013	73.3%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	11.3%	18.3%
Median value of owner-occupied housing units, 2009-2013	$163,900	$139,200
Households, 2009-2013	48,728	2,475,195
Persons per household, 2009-2013	2.50	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$23,788	$24,409
Median household income, 2009-2013	$45,991	$44,298
Persons below poverty level, percent, 2009-2013	13.7%	17.6%

Business QuickFacts	Blount County	Tennessee
Private nonfarm establishments, 2012	2,285	130,592[1]
Private nonfarm employment, 2012	38,140	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	-0.3%	1.9%[1]
Nonemployer establishments, 2012	8,382	471,026
Total number of firms, 2007	10,063	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	0.3%	0.5%
Asian-owned firms, percent, 2007	0.9%	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	1.6%
Women-owned firms, percent, 2007	25.7%	25.9%

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Manufacturers shipments, 2007 ($1000)	5,312,323	140,447,760
Merchant wholesaler sales, 2007 ($1000)	898,029	80,116,528
Retail sales, 2007 ($1000)	1,551,134	77,547,291
Retail sales per capita, 2007	$12,945	$12,563
Accommodation and food services sales, 2007 ($1000)	208,506	10,626,759
Building permits, 2012	335	20,147

Geography QuickFacts	Blount County	Tennessee
Land area in square miles, 2010	558.71	41,234.90
Persons per square mile, 2010	220.2	153.9
FIPS Code	009	47
Metropolitan or Micropolitan Statistical Area	Knoxville, TN Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
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S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Thursday, 04-Dec-2014 15:05:50 EST

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Campbell County, Tennessee

People QuickFacts	Campbell County	Tennessee
Population, 2013 estimate	40,238	6,495,978
Population, 2010 (April 1) estimates base	40,716	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-1.2%	2.4%
Population, 2010	40,716	6,346,105
Persons under 5 years, percent, 2013	5.3%	6.2%
Persons under 18 years, percent, 2013	21.1%	23.0%
Persons 65 years and over, percent, 2013	18.8%	14.7%
Female persons, percent, 2013	51.3%	51.2%
White alone, percent, 2013 (a)	97.7%	79.1%
Black or African American alone, percent, 2013 (a)	0.5%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.3%	0.4%
Asian alone, percent, 2013 (a)	0.3%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	1.1%	1.7%
Hispanic or Latino, percent, 2013 (b)	1.3%	4.9%
White alone, not Hispanic or Latino, percent, 2013	96.6%	74.9%
Living in same house 1 year & over, percent, 2009-2013	86.7%	84.6%
Foreign born persons, percent, 2009-2013	0.7%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.5%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	70.4%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	9.5%	23.8%
Veterans, 2009-2013	2,950	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	25.6	24.3
Housing units, 2013	20,126	2,840,914
Homeownership rate, 2009-2013	69.2%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	11.4%	18.3%
Median value of owner-occupied housing units, 2009-2013	$91,500	$139,200
Households, 2009-2013	15,959	2,475,195
Persons per household, 2009-2013	2.51	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$16,812	$24,409
Median household income, 2009-2013	$31,943	$44,298
Persons below poverty level, percent, 2009-2013	23.8%	17.6%

Business QuickFacts	Campbell County	Tennessee
Private nonfarm establishments, 2012	586	130,592[1]
Private nonfarm employment, 2012	7,334	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	7.9%	1.9%[1]
Nonemployer establishments, 2012	2,513	471,026
Total number of firms, 2007	3,224	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	0.8%	1.6%

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Women-owned firms, percent, 2007	16.2%	25.9%
Manufacturers shipments, 2007 ($1000)	333,944	140,447,760
Merchant wholesaler sales, 2007 ($1000)	134,440	80,116,528
Retail sales, 2007 ($1000)	361,821	77,547,291
Retail sales per capita, 2007	$8,920	$12,563
Accommodation and food services sales, 2007 ($1000)	35,438	10,626,759
Building permits, 2012	131	20,147

Geography QuickFacts	**Campbell County**	**Tennessee**
Land area in square miles, 2010	480.19	41,234.90
Persons per square mile, 2010	84.8	153.9
FIPS Code	013	47
Metropolitan or Micropolitan Statistical Area	Knoxville, TN Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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Last Revised: Thursday, 04-Dec-2014 15:05:50 EST

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Claiborne County, Tennessee

People QuickFacts	Claiborne County	Tennessee
Population, 2013 estimate	31,560	6,495,978
Population, 2010 (April 1) estimates base	32,213	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-2.0%	2.4%
Population, 2010	32,213	6,346,105
Persons under 5 years, percent, 2013	4.8%	6.2%
Persons under 18 years, percent, 2013	19.6%	23.0%
Persons 65 years and over, percent, 2013	17.9%	14.7%
Female persons, percent, 2013	51.2%	51.2%
White alone, percent, 2013 (a)	96.8%	79.1%
Black or African American alone, percent, 2013 (a)	1.1%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.3%	0.4%
Asian alone, percent, 2013 (a)	0.6%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	1.2%	1.7%
Hispanic or Latino, percent, 2013 (b)	1.0%	4.9%
White alone, not Hispanic or Latino, percent, 2013	95.9%	74.9%
Living in same house 1 year & over, percent, 2009-2013	89.2%	84.6%
Foreign born persons, percent, 2009-2013	1.0%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.4%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	74.5%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	13.3%	23.8%
Veterans, 2009-2013	2,138	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	25.8	24.3
Housing units, 2013	14,876	2,840,914
Homeownership rate, 2009-2013	75.0%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	7.0%	18.3%
Median value of owner-occupied housing units, 2009-2013	$94,900	$139,200
Households, 2009-2013	12,553	2,475,195
Persons per household, 2009-2013	2.46	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$18,583	$24,409
Median household income, 2009-2013	$33,229	$44,298
Persons below poverty level, percent, 2009-2013	22.9%	17.6%

Business QuickFacts	Claiborne County	Tennessee
Private nonfarm establishments, 2012	442	130,592[1]
Private nonfarm employment, 2012	6,824	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	-0.6%	1.9%[1]
Nonemployer establishments, 2012	1,990	471,026
Total number of firms, 2007	2,503	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25.9%

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Manufacturers shipments, 2007 ($1000)	436,150	140,447,760
Merchant wholesaler sales, 2007 ($1000)	25,974	80,116,528
Retail sales, 2007 ($1000)	155,854	77,547,291
Retail sales per capita, 2007	$5,011	$12,563
Accommodation and food services sales, 2007 ($1000)	21,624	10,626,759
Building permits, 2012	50	20,147

Geography QuickFacts	Claiborne County	Tennessee
Land area in square miles, 2010	434.58	41,234.90
Persons per square mile, 2010	74.1	153.9
FIPS Code	025	47
Metropolitan or Micropolitan Statistical Area	None	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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Last Revised: Thursday, 04-Dec-2014 15:05:52 EST

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Grainger County, Tennessee

People QuickFacts	Grainger County	Tennessee
Population, 2013 estimate	22,702	6,495,978
Population, 2010 (April 1) estimates base	22,652	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	0.2%	2.4%
Population, 2010	22,657	6,346,105
Persons under 5 years, percent, 2013	5.1%	6.2%
Persons under 18 years, percent, 2013	21.2%	23.0%
Persons 65 years and over, percent, 2013	17.9%	14.7%
Female persons, percent, 2013	49.9%	51.2%
White alone, percent, 2013 (a)	97.9%	79.1%
Black or African American alone, percent, 2013 (a)	0.7%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.3%	0.4%
Asian alone, percent, 2013 (a)	0.2%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	1.0%	1.7%
Hispanic or Latino, percent, 2013 (b)	2.7%	4.9%
White alone, not Hispanic or Latino, percent, 2013	95.4%	74.9%
Living in same house 1 year & over, percent, 2009-2013	87.7%	84.6%
Foreign born persons, percent, 2009-2013	1.1%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	2.3%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	74.3%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	10.5%	23.8%
Veterans, 2009-2013	1,580	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	33.4	24.3
Housing units, 2013	10,760	2,840,914
Homeownership rate, 2009-2013	81.0%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	2.8%	18.3%
Median value of owner-occupied housing units, 2009-2013	$91,400	$139,200
Households, 2009-2013	9,003	2,475,195
Persons per household, 2009-2013	2.50	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$17,933	$24,409
Median household income, 2009-2013	$32,364	$44,298
Persons below poverty level, percent, 2009-2013	20.4%	17.6%

Business QuickFacts	Grainger County	Tennessee
Private nonfarm establishments, 2012	217	130,592[1]
Private nonfarm employment, 2012	2,097	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	6.4%	1.9%[1]
Nonemployer establishments, 2012	1,458	471,026
Total number of firms, 2007	1,697	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	1.6%

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Women-owned firms, percent, 2007	S	25.9%
Manufacturers shipments, 2007 ($1000)	171,296	140,447,760
Merchant wholesaler sales, 2007 ($1000)	8,638	80,116,528
Retail sales, 2007 ($1000)	79,483	77,547,291
Retail sales per capita, 2007	$3,515	$12,563
Accommodation and food services sales, 2007 ($1000)	6,097	10,626,759
Building permits, 2012	0	20,147

Geography QuickFacts	Grainger County	Tennessee
Land area in square miles, 2010	280.60	41,234.90
Persons per square mile, 2010	80.7	153.9
FIPS Code	057	47
Metropolitan or Micropolitan Statistical Area	Knoxville, TN Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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Last Revised: Thursday, 04-Dec-2014 15:05:56 EST

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Monroe County, Tennessee

People QuickFacts	Monroe County	Tennessee
Population, 2013 estimate	45,265	6,495,978
Population, 2010 (April 1) estimates base	44,517	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	1.7%	2.4%
Population, 2010	44,519	6,346,105
Persons under 5 years, percent, 2013	5.3%	6.2%
Persons under 18 years, percent, 2013	21.9%	23.0%
Persons 65 years and over, percent, 2013	18.8%	14.7%
Female persons, percent, 2013	50.5%	51.2%
White alone, percent, 2013 (a)	95.0%	79.1%
Black or African American alone, percent, 2013 (a)	2.3%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.6%	0.4%
Asian alone, percent, 2013 (a)	0.5%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	1.6%	1.7%
Hispanic or Latino, percent, 2013 (b)	3.7%	4.9%
White alone, not Hispanic or Latino, percent, 2013	91.7%	74.9%
Living in same house 1 year & over, percent, 2009-2013	83.2%	84.6%
Foreign born persons, percent, 2009-2013	2.2%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	3.5%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	77.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	10.5%	23.8%
Veterans, 2009-2013	3,738	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	27.2	24.3
Housing units, 2013	20,692	2,840,914
Homeownership rate, 2009-2013	73.6%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	7.1%	18.3%
Median value of owner-occupied housing units, 2009-2013	$115,300	$139,200
Households, 2009-2013	17,523	2,475,195
Persons per household, 2009-2013	2.52	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$19,643	$24,409
Median household income, 2009-2013	$37,595	$44,298
Persons below poverty level, percent, 2009-2013	19.6%	17.6%

Business QuickFacts	Monroe County	Tennessee
Private nonfarm establishments, 2012	714	130,592[1]
Private nonfarm employment, 2012	10,538	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	6.2%	1.9%[1]
Nonemployer establishments, 2012	2,704	471,026
Total number of firms, 2007	3,313	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25.9%

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Manufacturers shipments, 2007 ($1000)	1,386,238	140,447,760
Merchant wholesaler sales, 2007 ($1000)	173,428	80,116,528
Retail sales, 2007 ($1000)	453,016	77,547,291
Retail sales per capita, 2007	$10,109	$12,563
Accommodation and food services sales, 2007 ($1000)	40,997	10,626,759
Building permits, 2012	59	20,147

Geography QuickFacts	Monroe County	Tennessee
Land area in square miles, 2010	635.57	41,234.90
Persons per square mile, 2010	70.0	153.9
FIPS Code	123	47
Metropolitan or Micropolitan Statistical Area	None	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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Last Revised: Thursday, 04-Dec-2014 15:06:05 EST

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Morgan County, Tennessee

People QuickFacts	Morgan County	Tennessee
Population, 2013 estimate	21,915	6,495,978
Population, 2010 (April 1) estimates base	21,987	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-0.3%	2.4%
Population, 2010	21,987	6,346,105
Persons under 5 years, percent, 2013	4.3%	6.2%
Persons under 18 years, percent, 2013	19.7%	23.0%
Persons 65 years and over, percent, 2013	15.4%	14.7%
Female persons, percent, 2013	44.7%	51.2%
White alone, percent, 2013 (a)	94.2%	79.1%
Black or African American alone, percent, 2013 (a)	3.9%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	0.4%
Asian alone, percent, 2013 (a)	0.2%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	1.3%	1.7%
Hispanic or Latino, percent, 2013 (b)	1.1%	4.9%
White alone, not Hispanic or Latino, percent, 2013	93.2%	74.9%
Living in same house 1 year & over, percent, 2009-2013	84.8%	84.6%
Foreign born persons, percent, 2009-2013	1.0%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.8%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	79.6%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	7.4%	23.8%
Veterans, 2009-2013	1,991	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	31.2	24.3
Housing units, 2013	8,838	2,840,914
Homeownership rate, 2009-2013	80.6%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	2.7%	18.3%
Median value of owner-occupied housing units, 2009-2013	$90,700	$139,200
Households, 2009-2013	7,455	2,475,195
Persons per household, 2009-2013	2.55	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$17,747	$24,409
Median household income, 2009-2013	$37,631	$44,298
Persons below poverty level, percent, 2009-2013	20.8%	17.6%

Business QuickFacts	Morgan County	Tennessee
Private nonfarm establishments, 2012	154	130,592[2]
Private nonfarm employment, 2012	1,527	2,344,047[2]
Private nonfarm employment, percent change, 2011-2012	2.0%	1.9%[2]
Nonemployer establishments, 2012	1,199	471,026
Total number of firms, 2007	1,127	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Women-owned firms, percent, 2007	39.1%	25.9%
Manufacturers shipments, 2007 ($1000)	0[1]	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	58,482	77,547,291
Retail sales per capita, 2007	$2,986	$12,563
Accommodation and food services sales, 2007 ($1000)	3,500	10,626,759
Building permits, 2012	0	20,147

Geography QuickFacts	Morgan County	Tennessee
Land area in square miles, 2010	522.18	41,234.90
Persons per square mile, 2010	42.1	153.9
FIPS Code	129	47
Metropolitan or Micropolitan Statistical Area	Knoxville, TN Metro Area	

1: Counties with 500 employees or less are excluded.
2: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Thursday, 04-Dec-2014 15:06:06 EST

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Roane County, Tennessee

People QuickFacts	Roane County	Tennessee
Population, 2013 estimate	53,047	6,495,978
Population, 2010 (April 1) estimates base	54,180	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-2.1%	2.4%
Population, 2010	54,181	6,346,105
Persons under 5 years, percent, 2013	4.6%	6.2%
Persons under 18 years, percent, 2013	20.0%	23.0%
Persons 65 years and over, percent, 2013	20.6%	14.7%
Female persons, percent, 2013	50.8%	51.2%
White alone, percent, 2013 (a)	94.6%	79.1%
Black or African American alone, percent, 2013 (a)	2.7%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	0.4%
Asian alone, percent, 2013 (a)	0.6%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	1.7%	1.7%
Hispanic or Latino, percent, 2013 (b)	1.6%	4.9%
White alone, not Hispanic or Latino, percent, 2013	93.2%	74.9%
Living in same house 1 year & over, percent, 2009-2013	89.4%	84.6%
Foreign born persons, percent, 2009-2013	1.9%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.9%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	83.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	17.3%	23.8%
Veterans, 2009-2013	6,179	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	25.8	24.3
Housing units, 2013	25,496	2,840,914
Homeownership rate, 2009-2013	74.4%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	10.8%	18.3%
Median value of owner-occupied housing units, 2009-2013	$120,300	$139,200
Households, 2009-2013	22,117	2,475,195
Persons per household, 2009-2013	2.40	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$23,936	$24,409
Median household income, 2009-2013	$42,223	$44,298
Persons below poverty level, percent, 2009-2013	15.0%	17.6%

Business QuickFacts	Roane County	Tennessee
Private nonfarm establishments, 2012	729	130,592[1]
Private nonfarm employment, 2012	8,503	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	-2.8%	1.9%[1]
Nonemployer establishments, 2012	3,024	471,026
Total number of firms, 2007	3,683	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	29.2%	25.9%

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Manufacturers shipments, 2007 ($1000)	369,666	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	436,400	77,547,291
Retail sales per capita, 2007	$8,186	$12,563
Accommodation and food services sales, 2007 ($1000)	46,029	10,626,759
Building permits, 2012	15	20,147

Geography QuickFacts	Roane County	Tennessee
Land area in square miles, 2010	360.71	41,234.90
Persons per square mile, 2010	150.2	153.9
FIPS Code	145	47
Metropolitan or Micropolitan Statistical Area	Knoxville, TN Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Thursday, 04-Dec-2014 15:06:08 EST

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Scott County, Tennessee

People QuickFacts	Scott County	Tennessee
Population, 2013 estimate	22,015	6,495,978
Population, 2010 (April 1) estimates base	22,228	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-1.0%	2.4%
Population, 2010	22,228	6,346,105
Persons under 5 years, percent, 2013	6.2%	6.2%
Persons under 18 years, percent, 2013	24.4%	23.0%
Persons 65 years and over, percent, 2013	15.1%	14.7%
Female persons, percent, 2013	50.8%	51.2%
White alone, percent, 2013 (a)	98.3%	79.1%
Black or African American alone, percent, 2013 (a)	0.3%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.3%	0.4%
Asian alone, percent, 2013 (a)	0.3%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	0.9%	1.7%
Hispanic or Latino, percent, 2013 (b)	0.7%	4.9%
White alone, not Hispanic or Latino, percent, 2013	97.6%	74.9%
Living in same house 1 year & over, percent, 2009-2013	88.4%	84.6%
Foreign born persons, percent, 2009-2013	0.4%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	0.8%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	75.0%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	10.3%	23.8%
Veterans, 2009-2013	1,172	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	26.9	24.3
Housing units, 2013	9,809	2,840,914
Homeownership rate, 2009-2013	77.5%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	5.8%	18.3%
Median value of owner-occupied housing units, 2009-2013	$81,500	$139,200
Households, 2009-2013	8,206	2,475,195
Persons per household, 2009-2013	2.67	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$17,121	$24,409
Median household income, 2009-2013	$28,401	$44,298
Persons below poverty level, percent, 2009-2013	28.3%	17.6%

Business QuickFacts	Scott County	Tennessee
Private nonfarm establishments, 2012	311	130,592[1]
Private nonfarm employment, 2012	3,295	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	-2.5%	1.9%[1]
Nonemployer establishments, 2012	1,337	471,026
Total number of firms, 2007	1,582	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Women-owned firms, percent, 2007	27.5%	25.9%
Manufacturers shipments, 2007 ($1000)	401,688	140,447,760
Merchant wholesaler sales, 2007 ($1000)	28,362	80,116,528
Retail sales, 2007 ($1000)	159,566	77,547,291
Retail sales per capita, 2007	$7,270	$12,563
Accommodation and food services sales, 2007 ($1000)	14,628	10,626,759
Building permits, 2012	3	20,147

Geography QuickFacts	Scott County	Tennessee
Land area in square miles, 2010	532.30	41,234.90
Persons per square mile, 2010	41.8	153.9
FIPS Code	151	47
Metropolitan or Micropolitan Statistical Area	None	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
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Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Thursday, 04-Dec-2014 15:06:09 EST

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Attachment C-Economic Feasibility-4

Revised Historical Data Chart

SUPPLEMENTAL #1
January 22, 2015
4:21 pm

HISTORICAL DATA CHART

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in January.

	Year 2013 *NA	Year 2014	*Year*_____
A. Utilization Data (Specify unit of measure)	_____	72 patients	_____
B. Revenue from Services to Patients			
1. Inpatient Services	$_____	$_____	$_____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify)_home care	$_____	$3,057,811	_____
Gross Operating Revenue	**$_____**	**$3,057,811**	**$_____**
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$_____	$_____	$_____
2. Provision for Charity Care	_____	_____	_____
3. Provisions for Bad Debt	$_____	$16,820	_____
Total Deductions	**$_____**	**$16,820**	**$_____**
NET OPERATING REVENUE	**$_____**	**$3,040,991**	**$_____**
D. Operating Expenses			
1. Salaries and Wages	$_____	$1,825,345	$_____
2. Physician's Salaries and Wages	_____	_____	_____
3. Supplies	$_____	$22,104	_____
4. Taxes	_____	_____	_____
5. Depreciation	$_____	$3,887	_____
6. Rent	$_____	$23,835	_____
7. Interest, other than Capital	_____	_____	_____
8. Management Fees:			
a. Fees to Affiliates	_____	$178,793	_____
b. Fees to Non-Affiliates	_____		_____
9. Other Expenses – Specify on separate page 12	$_____	$_____	_____
Total Operating Expenses	**$_____**	**$2,053,964**	**$_____**
E. Other Revenue (Expenses) – Net (Specify)_____	$_____	$ 0	$_____
NET OPERATING INCOME (LOSS)	**$_____**	**$**	**$_____**
F. Capital Expenditures			
1. Retirement of Principal	$_____	$_____	$_____
2. Interest	_____	_____	_____
Total Capital Expenditures	**$_____**	**$_____**	**$_____**
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	**$_____**	**$987,027**	**$_____**

***Gentiva did not acquire Harden until the end of 2013 so will not have prior data.**

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Attachment C, Contribution to Orderly Development- 7 Enrolled Providers

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

ACS Web Bill Processing Portal Office of Workers' Compensation Programs

Provider Search - Result

46 items found, displaying 1 to 25.

[First/Prev] 1, 2 [Next/Last]

Sort Feature - In order to sort by any field click on the column name. To reverse the order click on the column name again. Note the little arrows by each field indicate the order of sort; Ascending or Descending.

Click the **Back** button to return to the search page.

Name	Address	Provider Type	Specialty	Office Phone
CAMELLIA HOME HEALTH	2829 WEST ANDREW JOHNSON HWY MORRISTOWN, TN 378140000	Home Health Agency		(423) 200-4897
CAMELLIA HOME HEALTH	404 RACE STREET KINGSTON, TN 377630000	Home Health Agency		(865) 882-5477
TENNOVA HOME HEALTH	7203 CHAPMAN HWY KNOXVILLE, TN 379200000	Home Health Agency		(865) 647-3600
CARESOUTH HHA HOLDINGS OF WINCHESTE	2068 COWAN HIGHWAY WINCHESTER, TN 373982446	Home Health Agency		(931) 967-0633
RIGHT AT HOME	601 CONCORD ST STE 202 KNOXVILLE, TN 379190000	Home Health Agency		(865) 766-5718
HEALTH CARE INITIATIVE OF TN INC	4026 LARIGO DR KNOXVILLE, TN 379143161	Home Health Agency		(865) 548-5805
GIRLING HEALTH CARE INC	320 N CEDAR BLUFF STE 360 KNOXVILLE, TN 379230000	Home Health Agency		(865) 690-7767
LIFE CARE AT HOME OF TN	7625 HAMILTON PARK DRIVE SUITE 16 CHATTANOOGA, TN 374211125	Home Health Agency		(423) 473-5256
AMEDISYS HOME HEALTH CARE	575 OAK RIDGE TPKE STE 130 OAK RIDGE, TN 378307187	Home Health Agency		(865) 481-3434
CARESOUTH HHA HOLDINGS OF WINCHESTE	1535 W NORTHFIELD BLVD STE 1 MURFREESBORO, TN 371292559	Home Health Agency		(615) 895-8383
FOR O INC	DBA HOME INSTEAD SENIOR CARE 2412 W ANDREW JOHNSON STE E MORRISTOWN, TN 378140000	Home Health Agency		(423) 587-5800
RESCARE HOMECARE-KNOXVILLE	5401 KINGSTON PIKE SUITE 130 KNOXVILLE, TN 379195022	Home Health Agency		(865) 558-8431
DONELSON HOME HEALTH A GENTIVA CO	115 WINWOOD DRIVE SUITE 101 LEBANON, TN 370870000	Home Health Agency		(615) 449-0045
ABC INC	DBA HOME INSTEAD SENIOR CARE 4635 CHAMBLISS AVENUE KNOXVILLE, TN 379190000	Home Health Agency		(865) 523-1300
EAST TN PERSONAL CARE SERVICE	320 N CEDAR BLUFF RD SUITE 220 KNOXVILLE, TN 379230000	Home Health Agency		(865) 692-2200
PROFESSIONAL CASE MANAGEMENT OF TN	800 OAKRIDGE TURNPIKE B 100 OAKRIDGE, TN 378300000	Home Health Agency		(303) 757-4808
HOME HELPERS OF EAST TN	2240 SUTHERLAND AVE STE 106 KNOXVILLE, TN 379190000	Home Health Agency		(865) 771-9119
CARESOUTH HHA HOLDINGS OF WINCHESTE	828 ROYAL PKWY STE 111 NASHVILLE, TN 372143748	Home Health Agency		(615) 889-3336
HIGHPOINT HOMECARE		Home Health Agency		(615) 328-6395

The results shown indicate the most current provider information available as of the search date. This information is updated weekly. Provider phone number information may not be current. Please verify this information in your local phone book.

SUPPLEMENTAL #1

January 22, 2015

4:21 pm

Name	Address	Provider Type	Specialty	Office Phone
	575 EAST BLEDSOE STREET SUITE 2 GALLATIN, TN 370663052			
CAMELLIA HOME HEALTH	2221 JACKSBORO PIKE SUITE C15 LAFALLETTE, TN 377660000	Home Health Agency		(423) 566-6620
PERSONAL CARE CHOICES	357 N HOUSTON ST MARYVILLE, TN 378014764	Home Health Agency		(865) 681-0999
SMOKY MOUNTAIN HOME HEALTH AND HOSP	222 HERITAGE BLVD NEWPORT, TN 378210000	Home Health Agency		(423) 623-0233
THE HOME OPTION	DBA HARDEN HEALTHCARE 800 OAK RIDGE TURNPIKE#A208 OAK RIDGE, TN 378300000	Home Health Agency		(512) 663-6550
RMCM HEALTHCARE LLC	DBA BRIGHTSTAR OF MEMPHIS 6300 POPLAR AVE STE 103 MEMPHIS, TN 381190000	Home Health Agency		(901) 522-6899
GENTIVA HEALTH SERVICES	6223 HIGHLAND PLACE WAY STE 101 KNOXVILLE, TN 379194035	Home Health Agency		(865) 584-3133

The results shown indicate the most current provider information available as of the search date. This information is updated weekly. Provider phone number information may not be current. Please verify this information in your local phone book.

Back

Visit the following websites for additional information on OWCP programs:
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SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Attachment C - Contribution to Orderly Development-8 and 9

Revised Page 27

SUPPLEMENTAL #1
January 22, 2015
4:21 pm

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

Response: The most recent licensure/certification inspection letter, dated April 8, 2013, is included as Attachment C, Contribution to the Orderly Development of Health Care-7(d). Harden did not have any deficiencies, so no plan of correction was required.]

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

Response: None.

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project

Response: None.

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

Response: The applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency with relevant information concerning the number of patients treated and such other data as may be required.

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Proof of Publication

Newspaper Verification

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Laurie Glass

From: Classified <classified@thedailytimes.com>
Sent: Friday, January 16, 2015 10:45 AM
To: Laurie Glass
Subject: Re: The Daily Times - Blount County - Ad#1640610

Yes, we are the newspaper of general circulation for Blounty County, TN.

Sara

On Jan 16, 2015, at 11:39 AM, Laurie Glass wrote:

Sara, we have been asked by the State for confirmation that The Daily Times is a paper of general circulation for Blount County. Will you please confirm with a reply email?

Thank you for your assistance.

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
<image003.png>
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Laurie Glass

From: Trecia <classifieds@lafollettepress.com>
Sent: Friday, January 16, 2015 11:41 AM
To: Laurie Glass
Subject: RE: LaFollette Press - Campbell County - Legal Ad 1/8/2015

Yes...LaFollette Press is a paper of general circulation for Campbell County.

Trecia Kindred
LaFollette Press
225 N. 1st Street
LaFollette, TN 37766
423-562-8468 ext.#221
classifieds@lafollettepress.com

From: Laurie Glass [mailto:Laurie.Glass@wallerlaw.com]
Sent: Friday, January 16, 2015 11:43 AM
To: classifieds@lafollettepress.com
Subject: LaFollette Press - Campbell County - Legal Ad 1/8/2015

Michell or Amy, we have been asked by the State for confirmation that the LaFollette Press is a paper of general circulation for Campbell County.

Will you please confirm with a reply email?

Thank you for your assistance.

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
waller
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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SUPPLEMENTAL #1
January 22, 2015
4:21 pm

Laurie Glass

From: Amber Morgan <amorgan@CIVITASMEDIA.COM>
Sent: Friday, January 16, 2015 12:09 PM
To: Laurie Glass
Subject: Re: Claiborne Progress - Claiborne County - Legal Ad 1/7/2015

The Claiborne Progress is a paper of general circulation in Claiborne County.

Amber Morgan
Receptionist
Classified Advertising
Claiborne Progress
423-254-5588

From: Laurie Glass <Laurie.Glass@wallerlaw.com>
Sent: Friday, January 16, 2015 11:56 AM
To: Amber Morgan
Cc: Kim Looney; Catherine Rolen
Subject: Claiborne Progress - Claiborne County - Legal Ad 1/7/2015

Amber, we have been asked by the State for confirmation that the Claiborne Progress is a paper of general circulation for Claiborne County. Can you please confirm by email?

Thank you!

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
waller
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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SUPPLEMENTAL #1

January 22, 2015
4:21 pm

Laurie Glass

From: Donna Campbell <classified@graingertoday.com>
Sent: Friday, January 16, 2015 10:55 AM
To: Laurie Glass
Subject: Re: Grainger Today - Grainger County - Legal Ad 1/7/2015

Importance: High

Laurie,
This paper, Grainger Today is the paper of general circulation for Grainger County.

Thanks,
Donna

On Jan 16, 2015, at 11:51 AM, Laurie Glass <Laurie.Glass@wallerlaw.com> wrote:

Donna, we have been asked by the State for confirmation that The Daily Times is a paper of general circulation for GRAINGER County. Will you please confirm with a reply email?

Thank you for your assistance.

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
<image003.png>
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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SUPPLEMENTAL #1
January 22, 2015
4:21 pm

Laurie Glass

From: Monroe Classifieds <classifieds@advocateanddemocrat.com>
Sent: Friday, January 16, 2015 11:11 AM
To: Laurie Glass
Subject: RE: The Advocate & Democrat - Monroe County - Legal Ad 1/7/2015

Yes we are!

From: Laurie Glass [mailto:Laurie.Glass@wallerlaw.com]
Sent: Friday, January 16, 2015 12:01 PM
To: classifieds@advocateanddemocrat.com
Cc: Kim Looney; Catherine Rolen
Subject: The Advocate & Democrat - Monroe County - Legal Ad 1/7/2015

Pam, we have been asked by the State to provide confirmation that The Advocate and Democrat is a paper of general circulation for Monroe County. Can you please confirm by replying to this email?

Thank you!

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
waller
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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No virus found in this message.
Checked by AVG - www.avg.com
Version: 2013.0.3495 / Virus Database: 4257/8940 - Release Date: 01/16/15

SUPPLEMENTAL #1
January 22, 2015
4:21 pm

Laurie Glass

From: lsuddath@morgancountynews.net
Sent: Tuesday, January 20, 2015 10:59 AM
To: Laurie Glass
Cc: Kim Looney; Catherine Rolen
Subject: Re: Roane County News (Roane Co) / Morgan County News (Morgan) - Legal Ads 1/7/2015

Hey Laurie,

Yes, The Roane County News and Morgan County News are both papers of general circulation. If you need anything else, just let me know.

Thanks,
Liz

Liz Suddath
Advertising Representative
Morgan County News
Office: 423-346-6225
Cell: 865-244-0479
lsuddath@morgancountynews.net

Quoting Laurie Glass <Laurie.Glass@wallerlaw.com>:

> Liz, per our telephone conversation this is the email I sent to
> Michelle and I understand she is out of the office. Can you please
> respond to this request? Thank you!
>
>
>
> Laurie A. Glass
> Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
> [Description: Waller]<http://wallerlaw.com/>
> Waller Lansden Dortch & Davis, LLP<http://wallerlaw.com/>
> 511 Union Street, Suite 2700
> Nashville, TN 37219
> 615-850-8807
> laurie.glass@wallerlaw.com
>
> From: Laurie Glass
> Sent: Monday, January 19, 2015 9:10 AM
> To: 'classifieds@roanecounty.com'
> Cc: Kim Looney; Catherine Rolen
> Subject: Roane County News (Roane Co) / Morgan County News (Morgan)
> - Legal Ads 1/7/2015
> Importance: High
>

SUPPLEMENTAL #1

January 22, 2015
4:21 pm

> Michelle and Liz, we have been asked by the State for confirmation
> that Roane County News is a paper of general circulation for Roane
> County and Morgan County News is a paper of general circulation for
> Morgan County. We also understand Roane County News handles Morgan
> County News legal ads. Can you please confirm by replying to this
> email?
>
> Thank you!
>
> Laurie A. Glass
> Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
> [Description: Waller]<http://wallerlaw.com/>
> Waller Lansden Dortch & Davis, LLP<http://wallerlaw.com/>
> 511 Union Street, Suite 2700
> Nashville, TN 37219
> 615-850-8807
> laurie.glass@wallerlaw.com<mailto:laurie.glass@wallerlaw.com>
>
>
> _____
>
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SUPPLEMENTAL #1
January 22, 2015
4:21 pm

Laurie Glass

From: Cora Queener <cqueener@highland.net>
Sent: Friday, January 16, 2015 11:39 AM
To: Laurie Glass
Subject: Re: Independent Herald (Scott County) - Legal Ad 1/8/2015

Laurie: The Independent Herald is a paper of general circulation for Scott County, TN. We also have the largest circulation of 5,000.
Hope this works!
Cora

On Jan 16, 2015, at 12:37 PM, Laurie Glass <Laurie.Glass@wallerlaw.com> wrote:

Cora, we have been asked by the State for confirmation that the Independent Herald is a paper of general circulation for Scott County. We understand that Scott County has two newspapers (the other being Scott County News). You also advised us that the Independent Herald has the largest circulation base in Scott County with printing 5,000 each week. Can you please confirm by replying to this email?

Thank you!

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
<image002.png>
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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Supplemental #2
-Original-

THE HOME OPTION BY HARDEN HEALTH

CN1501-001

SUPPLEMENTAL #2
January 29, 2015
4:24 pm

waller

Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
P.O. Box 198966
Nashville, TN 37219-8966

615.244.6380 main
615.244.6804 fax
wallerlaw.com

January 29, 2015

VIA HAND DELIVERY

Phillip M. Earhart
HSD Examiner
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application CN1501-001
The Home Option by Harden Health Care

Dear Mr. Earhart:

This letter is submitted in response to your letter dated January 27, 2015, wherein additional information or clarification was requested regarding the above-referenced CON application.

1. **Section B, Project Description, Item 1**

It is understood that approximately 125 skilled home health patients in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties will be transitioned from Gentiva Certified HealthCare Corp d/b/a Gentiva Health Services (License # 142) to Girling Health Care Inc. d/b/a Gentiva Health Services 2 (License #149) if this application is approved. It is also noted that it appears both agencies are located in the same building located at 320 North Cedar Bluff Road, Knoxville, TN and, if approved, Girling Health Care Inc. d/b/a Gentiva Health Services 2 License #149) will increase from approximately 206 patients (2013 JAR) to 331 patients. Please discuss the possible transition of the 125 home health patients including the timeframe, and current caseloads, capacity, and the availability of licensed staff at Girling Health Care Inc. d/b/a Gentiva Health Services 2 (License #149).

Response: Gentiva anticipates an orderly transition of patients. One option is for Gentiva to discontinue taking Medicare patients through GCHC and instead start seeing such patients through its sister licensed agency GHC, so that many patients will transition out of the services provided by GCHC simply by virtue of an end to their need for the home health services being provided. For any patients that need to be transferred, Gentiva will ensure that the patients have a choice. If they do not want to transfer to GHC to continue to receive care, Gentiva will facilitate their transfer to the home health provider of their choice. Gentiva anticipates that the staff who are currently providing services to the Medicare and other patient populations at GCHC will also be hired by GHC. Thus, there is no reason to expect that there will be any interruption in the level of services provided and there are

anticipated to be no capacity issues, as capacity is driven by availability of trained and qualified staff. Gentiva does not anticipate any layoffs of staff as a result of this proposed reorganization, but will strive to make the transition as seamless as possible for the patients.

2. **Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services) (1.-4.)**

Please address the Home Health Criteria since the applicant is proposing to add 8 counties to its existing service area. You will need to provide historical utilization data for home health agencies in the proposed service area and calculate the home health need for the counties in the proposed service area as detailed below. ***In responses to questions 2-5 of the Project Specific Criteria-Home Health Services in Supplemental #1, the applicant references the response in question #1, which is not a satisfactory response.*** Please do not refer to other parts of the application when responding to requests for supplemental information.

Response: The need formula is referenced below. As previously stated, there is not a need for any additional home health agencies in any of the counties proposed according to the need formula. However, whether or not a need exists for additional home health agencies or services in a given county should not be determinative of whether or not this application is approved. Gentiva seeks to reorganize its existing services so that one of its licensed agencies will concentrate on services provided to the EEOICPA program, while its other two agencies will focus primarily on the Medicare and other patient populations. Both Harden and GCHC are licensed home health agencies in the state of Tennessee and collectively are licensed in all of the counties that are the subject of this application. Simultaneously with the addition of counties to the license for Harden, the same counties will be de-licensed for GCHC, both of which are owned by Gentiva. There are no new services or new counties being served as a result of this application; it is a reorganization of existing services between related entities. Gentiva has demonstrated a need for this internal reorganization throughout the application as well as in these and the previous supplemental responses.

A) Your response to the items is noted. A review of the Department of Health Division for Licensing Health Care Facilities web-site indicates there are 39 home health agencies licensed to serve the applicant's proposed service area. This expanded listing will likely affect your calculations of gross need, the inventory of agencies which are currently serving the proposed service area, and the net need for additional agencies at this time and in the near-term future.

Response: As is shown in the charts below, there is no need for additional home health agencies in any of the counties proposed according to the need formula. However, the number of agencies providing home health services in this service area and any lack of need for additional home health agencies should not be determinative of whether or not a need for this project exists. This application is for an internal reorganization by Gentiva of existing licensed home health agencies. There are no new services or new counties being served as a result of this application; it is a reorganization of existing services between related entities.

Gentiva seeks to reorganize its existing services so that one of its licensed agencies will concentrate on services provided to the EEOICPA program, while its other two agencies will focus primarily on the Medicare and other patient populations. Both Harden and GCHC are licensed home health agencies in the state of Tennessee and collectively are licensed in all of the counties that are the subject of this application. Simultaneously with the addition of these 8 counties to the license for Harden, GCHC will de-license the same 8 counties. Gentiva already has the ability to provide all services referenced through its licensed agencies in this area. It feels that it can provide more efficient and effective care to the specialized patient population if it is allowed to focus the provision of this care in one agency, rather than having to split it among several. Gentiva has demonstrated a need for this reorganization throughout the application as well as in these and the previous supplemental responses.

B) ***Guidelines for Growth*** **Methodology**: Because the scope of the project includes the addition of 8 counties to an existing HHA's license, the applicant must include all existing licensed HHAs authorized to serve the Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott County service area in order to apply the need formula correctly. This can be done using the following table (*please note that utilization is requested for three JAR reporting periods).*

Existing Licensed HHAS & Their Utilization serving the 8-County Declared Service Area

Agency License #	County of Parent Office	Date Licensed	Total Counties Authorized in License (# Counties in PSA)	2011 JAR Total Patients Served	2012 JAR Total Patients Served	2013 JAR Total Patients Served
Clinch River Home Health - 01032	Anderson	10/26/1976	7 (4)	116	111	116
Professional Case Management of Tennessee - 01042	Anderson	01/30/2008	11 (6)	45	56	51
Blount Memorial Hospital Home Health Services - 05012	Blount	06/06/1984	19 (6)	1,262	1,208	1,132
Home Health Care of East Tennessee, Inc - 06063	Bradley	03/14/1984	17 (3)	827	867	645
Sunbelt Homecare - 07032	Campbell	08/10/1984	7 (5)	253	225	252
Amedisys Home Health of Tennessee - 13022	Claiborne	10/08/1982	5 (3)	1,439	1,736	1,728
Suncrest Home Health & Hospice - 13032	Claiborne	09/14/1984	11 (3)	365	451	401
Smoky Mountain Home Health & Hospice - 15032	Cocke	11/09/1989	12 (2)	47	54	32
Elk Valley Health Services Inc. - 19494	Davidson	07/17/1984	95 (8)	21	18	20
Home Care Solutions, Inc. - 19544	Davidson	09/07/1988	46 (5)	37	74	125
Quality Home Health - 25044	Fentress	03/07/1984	13 (4)	1,299	1,112	992
Quality Private Duty Care - 25034	Fentress	10/28/1983	9 (2)	47	63	86
Amedisys Home Health Care -	Hamblen	12/13/1982	13 (3)	685	606	669

32102						
Premier Support Services, Inc. - 32132	Hamblen	05/16/1984	16 (2)	53	38	85
Univ. of TN Med. Ctr Home Health/Hospice Service - 32122	Hamblen	12/18/1984	10 (1)	101	98	104
Alere Women's and Children's Health LLC - 33423	Hamilton	11/13/1998	13 (1)	1	2	2
Amedisys Home Health - 33103	Hamilton	07/01/1981	20 (2)	176	149	179
Gentiva Health Services - 33093	Hamilton	08/24/1984	12 (1)	0	0	0
Hancock County Home Health & Hospice Agency - 34011	Hancock	07/23/1975	4 (2)	33	39	118
Hometown Home Health Care, Inc. - 37021	Hawkins	01/09/1995	3 (1)	5	No 2012 JAR	6
Amedisys Home Health Care - 47202	Knox	08/02/1984	28 (8)	1,123	1,182	862
Camellia Home Health of East Tennessee - 47062	Knox	09/07/1978	22 (8)	421	428	358
Careall Home Care Services - 47232	Knox	08/21/1989	6 (4)	103	104	206
Covenant Homecare - 47402	Knox	07/14/1978	16 (8)	777	781	883
East Tennessee Children's Hospital Home Health - 47222	Knox	09/13/1984	16 (8)	180	143	167
Gentiva Health Services - 47042	Knox	11/28/1977	16 (8)	131	127	121
Gentiva Health Services 2 (Girling Health Care) - 47182	Knox	08/15/1984	18 (7)	127	133	206
Maxim Healthcare Services, Inc. - 47432	Knox	06/20/1984	18 (7)	33	46	52
NHC Homecare - 47012	Knox	06/10/1977	15 (6)	39	38	44
Tennova Healthcare Home Health - 47092	Knox	02/29/1980	15 (7)	663	547	573
UTMCK-Home Care Services: Hospice & Home Care - 47132	Knox	07/20/1983	15 (8)	680	919	941
Deaconess Homecare - 52024	Lincoln	02/25/1976	25 (2)	0	0	0
NHC Homecare - 54043	McMinn	02/13/1984	8 (2)	46	27	42
Intrepid USA Healthcare Services - 62052	Monroe	09/10/1984	15 (7)	24	31	33
Sweetwater Hospital Home Health - 62062	Monroe	08/20/1984	5 (2)	383	452	464
Professional Home Health Care Agency - 96030	Other	09/02/1977	2 (2)	10	9	13
Amedisys Home Health - 67024	Overton	01/17/1984	11 (3)	195	47	112
NHC Homecare - 75024	Rutherford	05/17/1976	24 (1)	0	1	2
Deaconess Homecare - 76032	Scott	09/20/1985	5 (3)	387	340	382

The next step regarding the need formula for home health services (Items 1-4) is to collate the data and show your work using the chart that follows:

Home Health Need Formula in the Applicant's 8-county Service Area

County (A)	# Licensed Agencies (B)	2015 Pop (C)	Patients served (2013) (D)**	Use Rate (Patient /1000 pop.) (E)	2019 Pop (F)	Projected Capacity (FxE) (G)	Projected Need (.015 X F) (H)	Net Need (surplus) (H-G)
				(Column D Divided by Column C)		Column E Times Column F	Column F Times 0.015	Column G Minus Column H
Blount	19	129,973	2,507	19.29	137,058	2,643.85	2,055.87	(588)
Campbell	24	41,783	1,715	41.05	42,792	1,756.61	641.88	(1,115)
Claiborne	23	32,765	2,002	61.10	33,449	2,043.73	502.49	(1,541)
Grainger	22	23,236	886	38.13	23,850	909.40	357.75	(552)
Monroe	20	46,563	1,517	32.58	48,648	1,584.95	729.72	(855)
Morgan	25	21,870	472	21.58	22,076	476.40	331.14	(145)
Roane	26	54,079	2,354	43.53	54,631	2,378.09	819.47	(1,559)
Scott	21	21,915	835	38.10	22,021	839.00	330.32	(509)

Note: Total Unduplicated agencies in service area is 39.

C) Based on the results of the need formula, please discuss what impact the proposed project will have on home health need in the service area.

Response: This application is expected to have no impact on the provision of home health services or need in the proposed service area even though as calculated by the need formula above, there is no need for any additional home health agencies in any of the counties proposed. Gentiva is already providing all of these services through its existing agencies. Whether or not a need exists according to the need formula should not be determinative of the need for this particular application. Rather Gentiva seeks to reorganize its existing services so that one of its licensed agencies will concentrate on services provided to patients in the EEOICPA program, while its other two agencies will focus primarily on the Medicare and other patient populations. As stated in the application, Gentiva feels that the ability to focus on the needs of the EEOICPA patient population in one agency will allow it to provide more efficient and effective care to its patients. Both Harden and GCHC are licensed home health agencies in the state of Tennessee and collectively are licensed in all of the counties that are the subject of this application. There are no new services or new counties being served as a result of this application; it is a reorganization of existing services between related entities. Gentiva can continue to provide the services the way they are currently being provided. However, Gentiva has determined that it is better for the provision and efficiency of care for the patients if the care for this particular patient population can be concentrated in one agency rather than distributed across two, as discussed in more detail in the application. Gentiva's need for this proposed reorganization has been demonstrated throughout the application as well as in the first and second supplemental responses.

3. **Section C. Need, Item 1 (Specific Criteria: Home Health Services, Item 5 – Documentation of Referral Sources)**

The applicant provided responses to the following standards but did not provide the required documentation.

Please provide the requested documentation addressing the following standards:

Letters:

5 (a) The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

5 (c) The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

Response: Please Attachment C Need, Item 5(c) - letter from John T. Foust, M.D., oncologist with Thompson Cancer Center in Oak Ridge, Tennessee.

Please provide a narrative response to the following questions. Please do not refer to other parts of the application.

Other

5 (b) The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

5 (d) The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

Response: The EEOICPA is a federal program created by Congress to compensate nuclear weapons workers who were made ill, or the surviving family members of deceased workers, by work done in the nuclear weapons industry beginning in WWII. The EEOICPA program also provides medical benefits for approved illnesses, including home health care. The EEOICPA covers workers who have been diagnosed with cancer or any other illness caused by chemical or toxins and who worked at one of the covered DOE facilities, which includes the facilities in Oak Ridge. Some of the services provided include in-home skilled nursing care, and the services of a home health aide to assist with activities of daily living, such as mobility around the house, dressing, and feeding and food preparation. Other services provided may include the administration of medication, medical monitoring, dressing changes, and medical equipment checks.

As stated in the application, referrals do not come from physicians in the same way that referrals come from physicians for the Medicare patient population. Physicians identify patients who may qualify for the EEOICPA program and its benefits at the same time as they need home health care, in which case, the patient would generally be given a list of enrolled

providers in its area and choose a provider in that way. A physician may also be treating a patient who is already enrolled in the program and determines they need home health services, in which case the physician may help direct the referral to an appropriately enrolled agency. There is a very limited choice of home health providers who are enrolled in the EEOICPA program. There is an even smaller subset of providers who may focus on this patient population. Gentiva is seeking this reorganization because it feels that it can more effectively and efficiently provide care to this patient population if it is focusing on it rather than diluting its efforts by seeking to serve all patient populations. To Gentiva's knowledge, there is only one other provider in the area who focuses on this patient population, Professional Case Management. By choosing to focus on this particular patient population and because there are relatively few home health providers enrolled in the EEOICPA program, the services provided are substantially different than those provided by the overwhelming majority of the providers in the service area. Of the 39 licensed home health providers in the service area, only a handful are enrolled in the EEOICPA program. Gentiva feels it is important for patients to have a choice in the provider of their home health services. This proposed reorganization will enable that to happen.

4. **Section C, Economic Feasibility, Item 2**

It is noted the project's $35,000 legal, administrative, and Consultant Fees will be paid by the applicant and are anticipated to be paid on an ongoing basis. However, please provide appropriate documentation (letter) of funding for the proposed project from the Chief Financial Officer for the $35,000 legal, administrative, and Consultant Fees.

Response: Please see attached letter from the CFO for Gentiva included as Attachment C - Economic Feasibility - Item 2.

5. **Section C, Economic Feasibility, Item 4. (Projected Data Chart)**

As requested in the previous supplemental request, please provide a Projected Data Chart for The Home Option of Harden Health Care as a whole which includes the 8 proposed counties subject to this application.

Response: Please see Projected Data Chart included as Attachment C - Economic Feasibility - Item 4.

waller

If you have any questions, please contact me by phone at 850-8722 or by email at kim.looney@wallerlaw.com

Sincerely,

Kim Harvey Looney
Waller Lansden Dortch & Davis LLP

KHL:lg
Attachments

SUPPLEMENTAL #2
January 29, 2015
4:24 pm

JAN 29 '15 PM 4:28

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: The Home Option by Harden Healthcare CN1501-001

I, KIM H. LOONEY, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Kim H Looney
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 29th day of January, 2015, witness my hand at office in the County of Davidson, State of Tennessee.

Laurie A Class
NOTARY PUBLIC

My commission expires January 8, 2019.

LAURIE A. CLASS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMMISSION EXPIRES: JANUARY 8, 2019

HF-0043

Revised 7/02

SUPPLEMENTAL #2

January 29, 2015
4:24 pm

Attachment C-Need, Item 5(c)

Physician Letter

SUPPLEMENTAL #2
January 29, 2015
4:24 pm

Ms. Melanie Hill
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CON Application for The Home Option by Harden Health Care

Dear Ms. Hill:

I am a physician practicing in Anderson Co County. My patients come from Anderson County and the surrounding areas. Some of my patients are enrolled in the EEOICPA program through the Department of Labor. When they need home health care, it is best for the patient if they are referred to an agency that specializes in such care. To my knowledge, there is only one other agency in this service area that focuses on this patient population. The remaining agencies primarily serve the traditional Medicare patient population. I understand that The Home Option by Harden Health Care is seeking to add counties to its home health agency that serves this patient population. I would like to be able to refer to them in this expanded service area. To have another option, so that patients could have a choice in their home health provider, would be good for me and my patients.

I hope you will approve the request by The Home Option by Harden Health Care to add counties to its existing license.

Sincerely,

4828-3246-3649.1

SUPPLEMENTAL #2

January 29, 2015
4:24 pm

Attachment C - Economic Feasibility - Item 2

CFO Letter

SUPPLEMENTAL #2
January 29, 2015
4:24 pm

January 28, 2015

Ms. Melanie Hill
Executive Director
Health Services & Development Agency
Suite 850
500 Deaderick Street
Nashville, Tennessee 37243

Re: Certificate of Need Application CN1501-001
The Home Option by Harden Healthcare

Dear Ms. Hill:

This letter certifies that Gentiva Health Services, Inc., which is the ultimate parent company over Gentiva Health Services Holding Corp, Harden Healthcare Holdings, LLC, Harden Healthcare, LLC, Harden Home Health, LLC and Girling Health Care Services of Knoxville, Inc., hereby anticipates funding the above-referenced project in the amount of $35,000 from cash reserves.

Gentiva Health Services, Inc.'s resources are described in the 2013 Annual Report, which is included in the CON application. There are sufficient funds available to fund the above project from current cash reserves.

Sincerely,

Eric Slusser
Executive Vice President,
Chief Financial Officer and Treasure

cc: Tony Strange, President
Kim H. Looney, Esq. (Waller Lansden)

SUPPLEMENTAL #2

January 29, 2015
4:24 pm

Attachment C-Economic Feasibility, Item 4

Projected Data Chart

SUPPLEMENTAL #2

January 29, 2015

4:24 pm

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month).

		Year-2015	Year-2016
A.	Utilization Data (Specify unit of measure) No. of Patients	72	83
B.	Revenue from Services to Patients		
	1. Inpatient Services	$_____	$_____
	2. Outpatient Services	_____	_____
	3. Emergency Services	_____	_____
	4. Other Operating Revenue (Specify)_____	_____	_____
	Gross Operating Revenue	**$3,000,000**	**$3,500,000**
C.	Deductions from Gross Operating Revenue		
	1. Contractual Adjustments	$_____	$_____
	2. Provision for Charity Care	_____	_____
	3. Provisions for Bad Debt	$20,000	$20,000
	Total Deductions	**$20,000**	**$20,000**
NET OPERATING REVENUE		**$2,980,000**	**$3,480,000**
D.	Operating Expenses		
	1. Salaries and Wages	$1,800,000	$2,133,333
	2. Physician's Salaries and Wages	_____	_____
	3. Supplies	$25,000	$25,000
	4. Taxes	_____	_____
	5. Depreciation	$1,800	$1,800
	6. Rent	$10,800	$10,800
	7. Interest, other than Capital	_____	_____
	8. Management Fees:		
	a. Fees to Affiliates	$36,450	$43,200
	b. Fees to Non-Affiliates		
	9. Other Expenses – Specify on separate page 12	_____	_____
	Total Operating Expenses	**$1,874,050**	**$2,214,133**
E.	Other Revenue (Expenses) -- Net (Specify)_____	$_____	$_____
NET OPERATING INCOME (LOSS)		**$_____**	**$_____**
F.	Capital Expenditures		
	1. Retirement of Principal	$_____	$_____
	2. Interest	_____	_____
	Total Capital Expenditures	**$_____**	**$_____**
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		**$1,105,950**	**$1,265,867**

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

January 16, 2015

Kim Looney
Attorney
Walter Lansden Dortch & Davis LLP
511 Union Street, Suite 2700
Nashville, TN 37219

RE: Certificate of Need Application CN1501-001
The Home Option by Harden Healthcare

Dear Ms. Cross,

This will acknowledge our January 12, 2015 receipt of your application for a Certificate of Need for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties. If approved, the applicant's sister agency Gentiva Certified Healthcare Corporation, proposes to de-license the same 8 counties. The Home Health Option by Harden is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge, TN 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by January 22, 2015. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

---

1. **Section A, Applicant Profile, Item 4**

   Review of the TDH provider licensure website revealed that the parent organizations of the applicant (License #148), Gentiva Health Services (license # 142) and Gentiva Health Services 2 (License # 149) are all located at 3350 Riverwood Parkway SE, Suite 1400, Atlanta, Georgia, 30339. Given the "sister status" mentioned in the published Letter of Intent, it appears that the applicant is related through common ownership to these 2 HHAs that operate in the proposed 8-country service area. To better understand these relationships, please describe the ownership of these entities more detail, noting similarities/differences in the nature and scope of each organization's purpose, administrative and clinical leadership, patient care services,

etc. In your response, please also provide the names, addresses, etc. of members with ownership interests of 5% or greater, if applicable.

It appears that the owner of the sister agency (Gentiva Certified Healthcare Corporation) that will transfer 8 of its existing 16 counties to the applicant was named in the published LOI in lieu of the actual name of the licensed home health organization - Gentiva Health Services, license # 142 (license expiration date May 18, 2015). In order to better understand the proposal, please explain.

The applicant refers to organizational documents in Attachment A-4. However, attachment A-4 could not be located. Please provide Attachment A-4.

2. Section B, Project Description, Item 1

The applicant is currently licensed for Anderson, Jefferson, Knox, Loudon, Sevier, and Union Counties. However, the 2013 Joint Annual Report for The Home Option of Hardin Healthcare indicates home health services were provided by the applicant in Hamblen and Roane Counties which the applicant is not licensed to provide. Please clarify.

The 2013 JAR indicates the applicant is already providing home health services in a County (Roane) the applicant proposes to add as part of this application. Please clarify if the applicant is currently providing home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott counties for which the applicant is applying.

It is noted the applicant proposes to add the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott to its licensed service area through the transfer of those counties from Gentiva, a sister agency whose license includes them. However, is the applicant aware that counties cannot be simply transferred between differently licensed home health agencies for CON purposes, although owned by the same parent company? Please clarify.

The 2013 Joint Annual Report indicates the payor mix of Gentiva Health Services is predominantly 78% Medicare and the payor mix of The Home Option of Hardin Healthcare is 95% EEOICP and 5% Private Pay. In addition, the 2013 Joint Annual Reports indicates there were 125 patients being served by Gentiva in the 8 counties that Gentiva will de-license if this application is approved. However, if The Home Option of Hardin Healthcare is not Medicare certified and will only provide services to EEOICP home health patients to those 8 counties, which home health agency will the non-EEOICP patients be transferred to that is licensed for those 8 counties?

Please provide a general overview of the Energy Employees Occupational Illness Compensation Act (EEOICPA). In addition, please provide a list of existing home health agencies that are contracted as EEOICPA providers in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties.

A current snapshot of the number of patients currently being served in the proposed 8 counties by Gentiva Health Services and their payor source is needed. Please complete the following table.

Gentiva Health Services			License #			
# of patients currently being served						
Counties	**Medicare**	**Private Pay**	**Commercial**	**EEOICP**	**Other**	**Total**
Blount						
Campbell						
Claiborne						
Grainger						
Monroe						
Morgan						
Roane						
Scott						
Total						

3. **Section B, Project Description Item III.A.(Plot Plan)**

   As required for all projects, a Plot Plan must provide **the size of the site (in acres), location of the structure on the site, the location of the proposed construction, and the names of streets, roads, highways that cross or border the site**. Please provide a new Plot Plan with all the required information.

4. **Section B, Project Description, Item IV (Floor Plan)**

   The floor plan is noted. However, please label and resubmit.

5. **Section C, Need, Item 1. (Service Specific Criteria-*Home Health Services)***

   Please address the Home Health Criterion since the applicant is proposing to add 8 counties to its existing service area. It is understood that a sister agency will de-license theses 8 counties if the proposed project is approved.

6. **Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services) (1.-4.) and Section C, Need, Item 5 (Historical Utilization)**

   It appears there are a sufficient number of HHA providers in the 8-county service area per the estimate of need prepared by the Tennessee Department of Health. Please note the table below.

Home Health Utilization and Need in the Applicant's Proposed 8-county Additional Service Area

County	# Authorized Agencies* Licensed/Active	Patients Served Gentiva (2013) Lic#142	Patients served Gentiva2 (2013) Lic#149	Subtotal Patients Served by both Gentiva HHAs (2013)	Total Patients served in Service Area (All HHAs) 2013	Projected Need in County (2018)	Additional Need in County (Surplus) for 2018
Blount`	19/18	79	99	178	2,507	2,028	(645)
Campbell	24/18	11	17	28	1,715	638	(1,135)
Claiborne	23/15	0	0	0	2002	499	(1,554)
Grainger	22/20	4	31	35	886	355	(557)
Monroe	22/19	2	14	16	1,517	721	(876)
Morgan	25/21	4	6	10	472	330	(146)
Roane	26/22	25	36	61	2.354	817	(1,561)
Scott	21/15	0	3	3	835	330	(505)
Total		125	206	331	14,090	5,718	(6,979)

* The official population source used by HSDA is the TN Dept. of Health, Division of Health Statistics' Population Projections, 2010-2020

As noted in the table above there is a significant surplus of patients in the service area that is projected in the 8 county service area for calendar year 2018. In addition, it appears that the applicant's sister agencies have a 3% or less combined market share in the service area based on utilization reported in the 2013 JAR. Please discuss why the applicant feels there is a need for the proposed transfer of counties between the 2 agencies at this time.

7. **Section C, Need, Item 4.A.**

Please provide the following information:

	Blount County	Campbell County	Claiborne County	Grainger County	Monroe County	Morgan County	Roane County	Scott County	Service Area Total	State of TN Total
Current Year (CY), Age 65+										
Projected Year (PY), Age 65+										
Age 65+, % Change										
Age 65+, % Total (PY)										
CY, Total Population										
PY, Total Population										
Total Pop. % Change										
Median Age										

Median Household Income										
Population % Below Poverty Level										

The applicant refers to Attachment C-Need-4 on the bottom of page 16. However, Attachment C-Need-4 could not be located. Please provide.

8. **Section C, Need, Item 5 (Historical Utilization) and Section C, Economic Feasibility, Item 9**

   This question is applicable since the applicant is adding counties to an existing home health license. Please respond.

   In addition, please complete the following chart for the proposed HHA and compare to the most recent 12-month payor mix of the applicant's sister company.

Payor	Applicant's Projected Year One Gross Revenues	as a % of Total Gross Revenue	2014 Gross Revenue of Sister HHA Gentiva Health Services	As a % of Total Gross Revenue
Medicare				
Medicaid/TennCare				
Commercial insurance				
Self-Pay				
Charity				
Total				

   Given that the applicant is not Medicare/Medicaid certified and plans to primarily serve a special patient population (former DOE employees), it appears that the applicant will not be able to serve the same patient caseload of the sister agency (Gentiva Health Services) in the proposed 8-county service area. Please explain the rationale for the proposed transfer between the 2 related HHAs given the significant differences in the composition of their patient caseloads.

9. **Section C, Need, Item 6**

   Please provide the details regarding the methodology used to project home health visits, patients, etc. during the first year and second year operation. The methodology must include detailed calculations or documentation from referral sources.

   Please complete the following table:

The Home Option of Hardin Healthcare

		2010	2011	2012	2013	2014	2015	2016	2017
Existing 6 licensed Counties-Home Option of Hardin Healthcare									
Anderson	Patients								
	Hours								
Jefferson	Patients								
	Hours								
Knox	Patients								
	Hours								
Loudon	Patients								
	Hours								
Sevier	Patients								
	Hours								
Union	Patients								
	Hours								
Sub-total	**Patients**								
	Hours								
Proposed addition of 8 counties- Home Option of Hardin Healthcare									
Blount	Patients								
	Hours								
Campbell	Patients								
	Hours								
Claiborne	Patients								
	Hours								
Grainger	Patients								
	Hours								
Monroe	Patients								
	Hours								
Morgan	Patients								
	Hours								
Roane	Patients								
	Hours								
Scott	Patients								
	Hours								
Subtotal	**Patients**								
	Hours								
Total	**Patients**								
	Hours								

It is noted the applicant proposes to de-license 8 counties from Gentiva Health Services if this application is approved. Please complete the following table for Gentiva Health Services which will reflect the future impact of de-licensing those 8 counties.

	Patients	Hours
2013		
2014		
2015		
2016		
2017		
Total		

10. Section C, Economic Feasibility, Item 2

Please provide appropriate documentation (letter) of funding for the proposed project from the Chief Financial Officer for the $35,000 legal, administrative, and Consultant Fees.

11. Section C, Economic Feasibility, Item 4. (Historical Data Chart)

The Historical Data Chart is noted. However, there appears to be calculation errors in the operating expenses section. Please correct and resubmit.

The Historical Data Chart is noted. However, please also indicate the number of hours for line A. Utilization Data.

12. Section C, Economic Feasibility, Item 4. (Projected Data Chart)

The Projected Data Chart is noted. However, please indicate both number of patients and hours for line A. Utilization Data.

In addition, please clarify if the projected data chart is for the proposed addition of 8 counties only.

Please provide a Projected Data Chart for Home Option of Hardin Healthcare as a whole and one for the 8 proposed counties.

Please also provide figures for total operating expenses and total capital expenditures in the Projected Data Chart and resubmit.

13. Section C, Economic Feasibility, Item 6.A.

Please provide the Department of labor fee schedule referenced in the application.

14. Section C., Economic Feasibility, Item 7

Please provide a response.

15. Section C., Economic Feasibility, Item 8

The applicant refers to Net Revenue of $470,000 in Year One and $563,950 in Year Two in the response. Please clarify if the applicant meant to refer to the

two figures as Net Operating Income Less Capital Expenditures rather than Net Revenue.

16. Section C., Economic Feasibility, Item 9

The applicant projects a 10% private insurance payor mix. Please describe this segment of home health business including contracts and type of services provided.

17. Section C, Orderly Development, Item 1

Why is there not a need for contractual relationships if the EEOICPA is the applicant's primary referral source?

18. Section C, Contribution to Orderly Development, Item 3.

Please provide the following information:

Position	No. of Full Time Equivalent Employees	1st Year	2nd Year	Applicant's Planned Salary/Wage Range	Prevailing Wage for this type of employee*
Administrator					
RN Case Manager					
Field RN Case Manager					
Intake Coordinators					
Staff RNs					
Staff LPNs					
Staff HHA/CNA					
TOTAL					

*TN Dept. of Labor & Workforce Development

19. Section C. (Contribution to Orderly Development) Item 7

Please provide documentation of the applicant's License from the US Dept. of Labor.

20. Section C, Contribution to Orderly Development, Item 8 and 9.

The applicant has responded "Not applicable" to items 8 and 9. Please clarify.

21. Proof of Publication

Publication in the daily Times, LaFollete Press, Claiborne Progress, Grainger Today, The Advocate and Democrat, Morgan County News, Roane County News and

Independent Herald is noted. Please document that these newspapers comply with Agency statute regarding general circulation.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is March 16, 2015. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. ɜ 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Phillip M. Earhart
HSD Examiner
Enclosure

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

January 26, 2015

Kim H. Looney
Attorney
Walter Lansden Dortch & Davis LLP
511 Union Street, Suite 2700
Nashville, TN 37219

RE: Certificate of Need Application CN1501-001
The Home Option by Harden Healthcare

Dear Ms. Looney,

This will acknowledge our January 22, 2015 receipt of your supplemental response for a Certificate of Need for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties. If approved, the applicant's sister agency Gentiva Certified Healthcare Corporation, proposes to de-license the same 8 counties. The Home Health Option by Harden is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge, TN 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by January 29, 2015. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

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1. **Section B, Project Description, Item 1**

   It is understood that approximately 125 skilled home health patients in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties will be transitioned from Gentiva Certified HealthCare Corp d/b/a Gentiva Health Services (License # 142) to Girling Health Care Inc. d/b/a Gentiva Health Services 2 (License #149) if this application is approved. It is also noted that it appears both agencies are located in the same building located at 320 North Cedar Bluff Road, Knoxville, TN and, if approved, Girling Health Care Inc. d/b/a Gentiva Health Services 2 License #149) will increase from approximately 206 patients (2013 JAR) to 331 patients. Please discuss the possible transition of the 125 home health patients including the

timeframe, and current caseloads, capacity, and the availability of licensed staff at Girling Health Care Inc. d/b/a Gentiva Health Services 2 (License #149).

2. **Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services) (1.-4.)**

Please address the Home Health Criteria since the applicant is proposing to add 8 counties to its existing service area. You will need to provide historical utilization data for home health agencies in the proposed service area and calculate the home health need for the counties in the proposed service area as detailed below. ***In responses to questions 2-5 of the Project Specific Criteria-Home Health Services in Supplemental #1, the applicant references the response in question #1, which is not a satisfactory response.*** Please do not refer to other parts of the application when responding to requests for supplemental information.

A) Your response to the items is noted. A review of the Department of Health Division for Licensing Health Care Facilities web-site indicates there are 39 home health agencies licensed to serve the applicant's proposed service area. This expanded listing will likely affect your calculations of gross need, the inventory of agencies which are currently serving the proposed service area, and the net need for additional agencies at this time and in the near-term future.

B) ***Guidelines for Growth*** **Methodology**: Because the scope of the project includes the addition of 8 counties to an existing HHA's license, the applicant must include all existing licensed HHAs authorized to serve the Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott County service area in order to apply the need formula correctly. This can be done using the following table (*please note that utilization is requested for three JAR reporting periods).*

Existing Licensed HHAS & Their Utilization serving the 8-County Declared Service Area

Agency (license #)	County of Parent Office	Date Licensed	Total Counties authorized in license (# counties in PSA) *	2011 JAR Total patients served	2012 JAR Total patients served	2013 JAR Total patients served
Total –						

** show the # of all counties for each HHA. The # of counties in the applicant's primary service area (PSA) should be shown separately in the bracket*

The next step regarding the need formula for home health services (Items 1-4) is to collate the data and show your work using the chart that follows:

Home Health Need Formula in the Applicant's 8-county Service Area

County (A)	# Licensed Agencies (B)**	2015 Pop (C)	Patients served (2013) (D)**	Use Rate (Patient /1000 pop.) (E)	2019 Pop (F)	Projected Capacity (FxE) (G)	Projected Need (.015 X F) (H)	Ned Need (surplus) (H-G)
Blount				(Column D Divided by Column C)		Column E Times Column F	Column F Times 0.015	Column G Minus Column H
Campbell								
Claiborne								
Grainger								
Monroe								
Morgan								
Roane								
Scott								
Total								

***Contact Alecia Craighead for a current list of home health providers serving the counties within the service area. She can be reached by phone (615-253-2782) or by email (alecia.l.craighead@tn.gov). Patient utilization can be found in the Home Health Joint Annual Reports available at the Department of Health website.*

C) Based on the results of the need formula, please discuss what impact the proposed project will have on home health need in the service area.

3. **Section C. Need, Item 1 (Specific Criteria: Home Health Services, Item 5 – Documentation of Referral Sources)**

The applicant provided responses to the following standards but did not provide the required documentation.

Please provide the requested documentation addressing the following standards:

Letters:

5 (a) The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

5 (c) The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

Please provide a narrative response to the following questions. Please do not refer to other parts of the application.

Other

5 (b) The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

5 (d) The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

4. **Section C, Economic Feasibility, Item 2**

It is noted the project's $35,000 legal, administrative, and Consultant Fees will be paid by the applicant and are anticipated to be paid on an ongoing basis. However, please provide appropriate documentation (letter) of funding for the proposed project from the Chief Financial Officer for the $35,000 legal, administrative, and Consultant Fees.

5. **Section C, Economic Feasibility, Item 4. (Projected Data Chart)**

As requested in the previous supplemental request, please provide a Projected Data Chart for Home Option of Hardin Healthcare as a whole which includes the 8 proposed counties subject to this application.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is March 16, 2015. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

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Should you have any questions or require additional information, please contact this office.

Sincerely,

Phillip M. Earhart
HSD Examiner
Enclosure