

F-1541 WTR0 HSD
Application Summary

10/14/25 11:29 AM

App # 23735

Page 1 of 6

Application Detail

License Type: Home Medical Equipment: Licensed
Application: Home Medical Equipment: Initial Application
Application Date: 10/14/2025 (mm/dd/yyyy)

Organization Detail

Organization Name: ABC Home Medical Supply, Inc.
Organization Type: Corporation

Addresses

Main Address

Address: 12011 Volunteer Blvd
Ste C
WILSON
Mount Juliet, TN
37122
US

Phone Number: 615-420-2599

Extension:

E-mail Address: credentialing@abc-med.com

Administrative

Name: ABC Home Medical Supply, Inc.

Address: 1660 SW Saint Lucie West Blvd
Ste 200
ST. LUCIE
Port St Lucie, FL
34986
US

Phone Number: 866-897-8588

Extension: **900**
E-mail Address: **credentialing@abc-med.com**

Emergency Contact

Name: **ABC Home Medical Supply, Inc.**
Address: **12011 Volunteer Blvd**
Ste C
WILSON
Mount Juliet, TN
37122
US

Phone Number: **844-670-0899**

Extension:

E-mail Address: **credentialing@abc-med.com**

Ownership of Building

Name: **Centurion HSR Holdings, GP**
Address: **4201 Wilson Blvd, #110-159**
ARLINGTON
Arlington, VA
22203
US

Phone Number: **202-525-6099**

Extension:

E-mail Address: **credentialing@abc-med.com**

Legal Entity

Name: **ABC Home Medical Supply, Inc.**
Address: **1660 SW Saint Lucie West Blvd**
Ste 200
ST. LUCIE

Port St Lucie, FL

34986

US

Phone Number:

866-897-8588

Extension:

900

E-mail Address:

credentialing@abc-med.com

Holding Company

Name:

Twenty Second Company Inc.

Address:

1660 SW Saint Lucie West Blvd

Ste 200

ST. LUCIE

Port St Lucie, FL

34986

US

Phone Number:

866-897-8588

Extension:

900

E-mail Address:

credentialing@abc-med.com

Parent Company

Name:

ABC Medical Holdings, Inc.

Address:

1660 SW Saint Lucie West Blvd

Ste 200

ST. LUCIE

Port St Lucie, FL

34986

US

Phone Number:

866-897-8588

Extension:

900

E-mail Address:

credentialing@abc-med.com

License Attributes Selected

Qualification/Certification	All Counties
Additional License Information	For Profit

Basic License Data

If your facility has branch offices provide the number. If none, enter 00	00 00
Provide Administrator's Name:	Emily M. Vestal
Provide the Ownership's Name:	ABC Home Medical Supply, Inc.
Is your facility accredited by a federally approved accrediting body?	Yes
If answered yes accredited, must provide expiration date of accreditation.	07/29/2026 (mm/dd/yyyy)
What type of Home Care Organization: Hospital Based or Nursing Home Based or Free Standing?	Free Standing
Provide a Yes or No, if your facility is Chain Affiliated:	No
Provide a Yes or No, if your facility has a Holding Company:	Yes
Do you have Other Licensed Facilities in the state of Tennessee and/or other states?	Yes
Provide a Yes or No, if your facility has a parent company:	Yes
Do you have a contract with a management firm to operate this facility?	No
Have any owners ever been denied a license, had a license suspended or revoke, had a suspension of admissions or paid any civil monitory penalties for a health care facility in Tennessee or in any other state?	No
Does your facility have a physical location in Tennessee?:	Yes

Administrator Conviction Information

Administrator convicted of crime?:	No
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Individual Owners, Partners, Director or Head of Government Entity 1

The name of the individual owner, partner, director of the corporation or head of the government: **Emily M. Vestal**

Street: **5501 Churchill Lane**

City: **Libertyville**

State: **Illinois**

Zip: **60048**

Individual Owners, Partners, Director or Head of Government Entity 2

The name of the individual owner, partner, director of the corporation or head of the government: **Amanda L. Brunner**

Street: **238 Surrey Lane**

City: **Lake Forest**

State: **Illinois**

Zip: **60045**

Individual Owners, Partners, Director or Head of Government Entity 3

The name of the individual owner, partner, director of the corporation or head of the government: **Lise Heroux Bozych**

Street: **636 Carolyn Drive**

City: **Glen Ellyn**

State: **Illinois**

Zip: **60137**

Owner Discipline Information

Have any of the owners of the disclosing entity ever been denied a license suspended or revoked?: **No**

Have any of owners of the disclosing entity had a suspension of admissions?: **No**

Have any of the owners of the disclosing entity paid any civil monetary penalties for a health care facility in Tennessee or any other state?: **No**

File Attachments

Doc1.docx

Fees

Initial License Fee	\$1404.00
Total Amount Due:	\$1404.00

Attestation

I, being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a Home Medical Equipment facility in the State of Tennessee. I HEREBY: SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview. RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a Home Medical Equipment facility. AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications. RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification. ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications. AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary. This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.



State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

April 8, 2026

Sent Via Email

Emily M. Vestal
ABC Home Medical Supply, Inc.
1660 SW Saint Lucie West Blvd, Ste 200
Port St Lucie, Florida 34986

Facility Type: Home Medical Equipment

Dear Emily M. Vestal:

It is my pleasure to inform you that your application for licensure of ABC Home Medical Supply, Inc. located at 12011 Volunteer Blvd STE C, Mount Juliet, Tennessee 37122 has been initially approved for Initial HME Licensure that will serve all counties of Tennessee effective April 8, 2026 . The license number shall be 1541 . For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for May 27, 2026 . **You are hereby authorized to commence operation pending the final decision of the Commission.**

For certification purposes, please be advised it is your responsibility to contact your Health Facilities Commission regional office for participation in Medicare/Medicaid. The West Tennessee Regional Office phone number is 731-984-9684 .

If the Commission **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days; notifying you of the Commission's final decision.

If the Commission **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,

Niraj Soni

Niraj Soni, ASA 3
Phone: (615) 741-7539
Fax: (615) 253-8798
Email: Niraj.Soni@tn.gov



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HOME MEDICAL EQUIPMENT License # (if applicable): 1541 County: WILSON
Initial Renovation _____ Satellite/Off Campus Location _____
Physical Plant/Services/New Addition _____ Relocation/Replacement Facility _____
(Circle One) (Circle One)

Facility Name: ABC HOME MEDICAL SUPPLY, INC

Address: 12011 VOLUNTEER BLVD, STE C City: MT JULIET Zip Code: 37122

Application and fee on file in Central Office (CO)?: Yes No _____ CON #: _____

Project #: _____ Phase: _____ of _____

Facility approved for (if satellite/off campus site include address): Initial HME licensure Approved for all Counties

Sprinklered: _____ (Full 100%) Partial: _____ (%)

Licensed bed count from: _____ to _____ Number of beds increased/decreased: _____

If secured unit, number of beds in unit: _____ If Alzheimer's unit, number of beds in unit: _____
(NOTE: If this is an increase in the number of beds in a secured Alzheimer's unit, indicate number of beds approved for the increase number only)

Health Surveyor: CELIA SKELLEY, QUINTEN HODGE Date: 3/11/2024

Fire Safety: _____ Date: _____

CD Approved: Yes _____ No _____ N/A Health Survey Required: Yes No _____; if Yes, please indicate which region: West TN

Facility's Letter of Notification received in Licensure: Yes _____ No
(Completed by Central Office Licensure Staff)

CMS Paperwork (855, etc) approved and received in regional office: Yes _____ No NA
(NOTE: With exception of Initial Licensure Approvals)

Effective date: April 8, 2026 Licensure is recommended: Yes No _____
(Completed by Central Office Licensure Staff)

Duval Hela, Acc Supervisor 3/16/2024
Regional Administrator/Facilities Construction Director or Designee Date

Niraj Soni 4/8/2026
Licensure Program Unit Staff Date

Twenty Second Company Inc.

Mount Juliet, TN

has been Accredited by

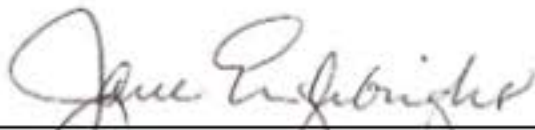


The Joint Commission

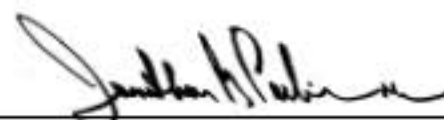
Which has surveyed this organization and found it to meet the requirements for the
Home Care Accreditation Program

July 29, 2023

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, EAAN
Chair, Board of Commissioners

ID #391317
Print/Reprint Date: 09/29/2023


Jonathan B. Perlman, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

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