



State of Tennessee

Health Facilities Commission

502 Deaderick Street, 9th Floor, Nashville, TN 37243

www.tn.gov/hfc

Phone: 615-741-7221

December 19, 2025

CORRECTED

Sent Via Email

Virginia Maddo (compliance@onco360.com)

Amerita, Inc.

5959 Shallow Rd. Suite 109A

Chattanooga, TN 37421

Facility Type: Home Health Agencies

Dear Virginia Maddox:

It is my pleasure to inform you that your application for licensure of Amerita, Inc. located at 5959 Shallow Rd. Suite 109A, Chattanooga, Tennessee 37421 has been initially approved. The license number shall be 708. 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 January 28, 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 East Tennessee Regional office for participation in Medicare/Medicaid. The East Tennessee Regional Office phone number is 865-594-0730.

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,

Eddie J. Stewart

Eddie J. Stewart

Health Facilities Program Manager

Health Facilities Commission

Licensure and Regulation

cc: East Tennessee Regional Office



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HHA License # (if applicable): 292 County: Hamilton

Add Counties Initial X Renovation Satellite/Off Campus Location
Physical Plant/Services/New Addition Relocation/Replacement Facility
(Circle One) **(Circle One)**

Facility Name: Amerita INC

Address: 5959 Shallowford Road Suite 109A City: Chattanooga Zip Code: 37421

Application and fee on file in Central Office (CO)?: Yes X No CON #: CN2503-008A

Project #: Phase: of

Facility approved for (if satellite/off campus site include address): To add IV therapy in home three pharm
locations: Chattanooga, Nashville and Kingsport.

 Approved for 80 counties in TN – see pages 3-6 for application for listing counties.

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

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

Total Licensed bed count:

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: Connie Baker Date: 12/10/25

Fire Safety: Date:

CD Approved: Yes No N/A X Health Survey Required: Yes X No ; if Yes, please indicate which region: East

Facility’s Letter of Notification received in Licensure: Yes X No N/A
(Completed by Central Office Licensure Staff)

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

Effective date: 12/19/2025 Licensure is recommended: Yes X No
(Completed by Central Office Licensure Staff)

 Tom Lane/Lb 12/11/25

Regional Administrator/Facilities Construction Director or Designee Date

 Eddie Stewart 12/19/2025

Licensure Program Unit Staff Date

Application Summary

7/18/25 1:19 PM

Page 1 of 9

Application Detail

License Type: **Home Health Services: Licensed**
Application: **Home Health Services: Initial Application**
Application Date: **07/18/2025 (mm/dd/yyyy)**

Organization Detail

Organization Name: **Amerita, Inc.**
Organization Type: **Corporation**

Addresses

Mailing Address

Address: **5959 Shallow Rd. Suite ~~104~~ 109-A**

HAMILTON

Chattanooga, TN

37421

US

Phone Number: **423-893-9335**

Extension:

E-mail Address: **compliance@onco360.com**

Administrative

Name: **Amerita, Inc.**

Address: **5959 Shallow Rd. Suite ~~104~~ 109-A**

HAMILTON

Chattanooga, TN

37421

US

Phone Number: **423-893-9335**

Extension:

E-mail Address: **compliance@onco360.com**

Emergency Contact

Name:

Amerita, Inc.

Address:

5959 Shallow Rd. Suite ~~104~~ 109-A

HAMILTON

Chattanooga, TN

37421

US

Phone Number:

423-893-9335

Extension:

E-mail Address:

compliance@onco360.com

Ownership of Building

Name:

Hickory Shallowford Land Company, LLC

Address:

5959 Shallow Rd. Suite 433

HAMILTON

Chattanooga, TN

37421

US

Phone Number:

423-698-8660

Extension:

9

E-mail Address:

colleen@hudson-companies.com

Legal Entity

Name:

Amerita, Inc.

Address:

805 N Whittington Pkwy

Suite 400

JEFFERSON

Louisville, KY

40222

US

Phone Number: **502-394-2100**
 Extension:
 E-mail Address: **compliance@onco360.com**

Parent Company
 Name: **Pharmacy Corporation of America**
 Address: **805 N Whittington Pkwy**
Suite 400
JEFFERSON
Louisville, KY
40222
US

Phone Number: **502-394-2100**
 Extension:
 E-mail Address: **compliance@pharmerica.com**

License Attributes Selected

Specialty	Home Health Agency
Qualification/Certification	Anderson
	Bedford
	Benton
	Bledsoe
	Blount
	Bradley
	Campbell
	Cannon
	Carroll
	Carter
	Cheatham
	Claiborne

Clay

Cocke

Coffee

Cumberland

Davidson

DeKalb

Decatur

Dickson

Fentress

Franklin

Giles

Grainger

Greene

Grundy

Hamblen

Hamilton

Hancock

Hardin

Hawkins

Henderson

Henry

Hickman

Houston

Humphreys

Jackson

Jefferson

Johnson

Knox

Lawrence

Lewis

Lincoln

Loudon

Macon

Marion

Marshall

Maury

McMinn

Meigs

Monroe

Montgomery

Moore

Morgan

Overton

Perry

Pickett

Polk

Putnam

Rhea

Roane

Robertson

Rutherford

Scott

Sequatchie

Sevier

Smith

Stewart

Sullivan**Sumner****Trousdale****Unicoi****Union****Van Buren****Warren****Washington****Wayne****White****Williamson****Wilson****Basic License Data**

Do you have Branch Offices? If yes, enter number(s) of branch(es).

20

Provide Administrator's Name:

Virginia Maddox

Provide the Ownership's Name:

Hickory Shallowford Land

Ownership Name Continued:

Company, LLC

Is your facility accredited by a federally approved accrediting body?

Yes

If answered yes accredited, must provide expiration date of accreditation.

07/31/2026 (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

Yes

Provide a Yes or No, if your facility has a Holding Company

No

Provide a Yes or No, if your facility has a Parent Company

Yes

Do you have Other Licensed Facilities in the state of Tennessee and/or other states? **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**

Certificate of Need Number:: **CN2503-008A**

Provide a Yes or No, Do you provide services to a pediatric population? ~~Yes~~ **NO**

Provide a Yes or No, Is your agency a provider in the EEOICPA federal program? ~~Yes~~ **NO**

Administrator's Conviction Information

Administrator convicted of crime?: **No**

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: **Jennifer Yowler - President (Officer)**

Street: **805 N Whittington Pkwy Suite 400**

City: **Louisville**

State: **Kentucky**

Zip: **40222**

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: **Christopher Urban - Vice President (Officer)**

Street: **805 N Whittington Pkwy, Suite 400**

City: **Louisville**

State: **Kentucky**

Zip: **40222**

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: **Allison Brown - Secretary (Officer)**

Street: **805 N Whittington Pkwy, Suite 400**

City: **Louisville**

State: **Kentucky**

Zip: **40222**

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

CON Approval Letter.pdf

Financial Ability Statement_Signed.pdf

Fees

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

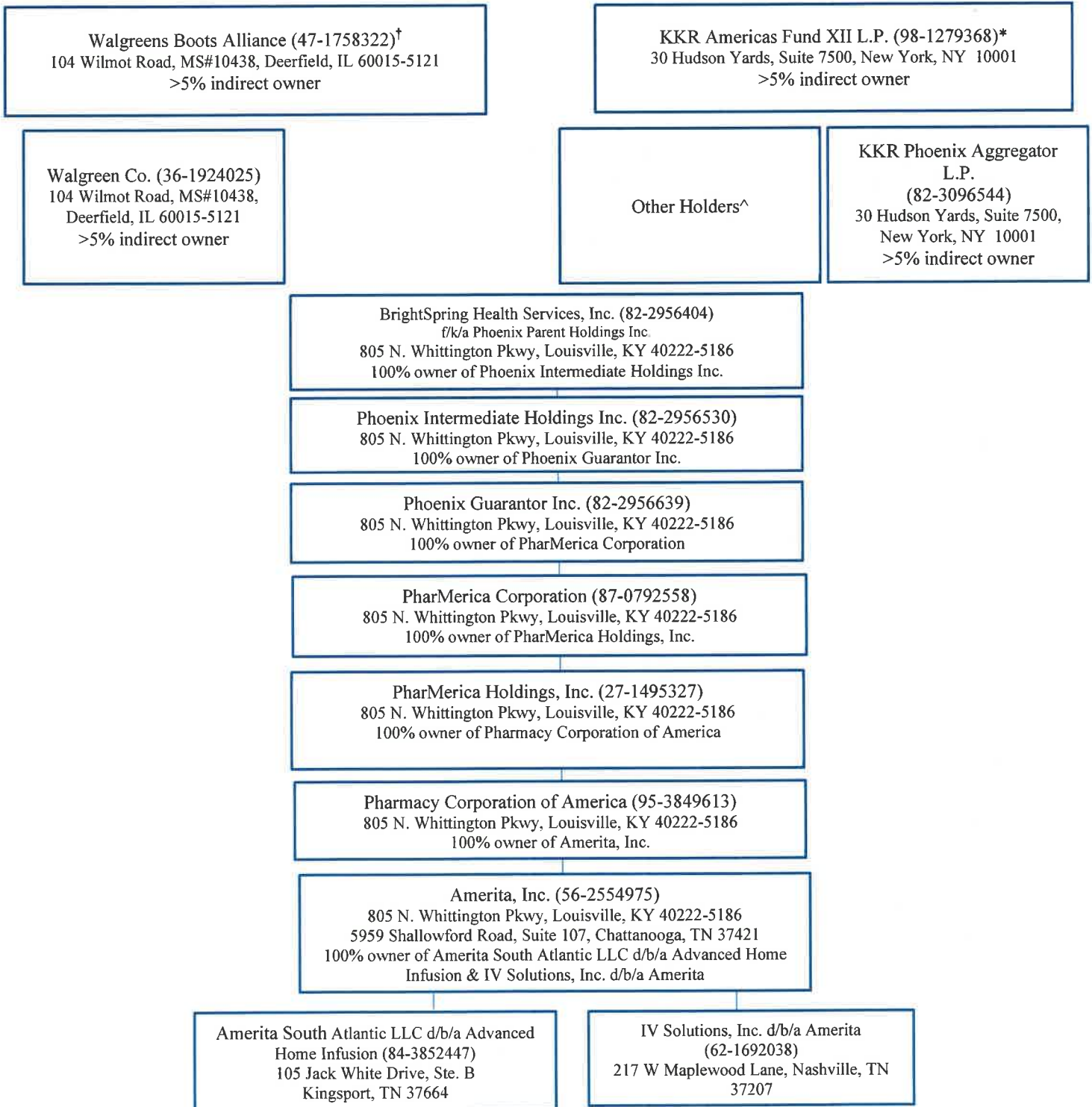
Attestation

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 Health Services 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 Health Services 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.

List of Healthcare Facilities Under Common Ownership

Entity Name	Address
Amerita South Atlantic, LLC d/b/a Amerita	9741 - H Southern Pine Blvd. Charlotte, NC 28273
Amerita, Inc.	10204 Werch Drive Unit 301 Woodridge, IL 60517
Amerita, Inc.	7307 S Revere Pkwy Suite 200 Centennial, CO 80112
Nextron Medical Technologies, Inc. Haemotronic, Inc. Haemotronic, Infusion, Inc.	11 Commerce Way Totowa, NJ 07512
Amerita South Atlantic, LLC d/b/a Amerita	4001 Piedmont Parkway, Suite 150, High Point, NC 27265
Amerita	15303 W. 95th St. Building 5A Lenexa, Kansas 66219
Amerita Of New York, LLC	75 Nassau Terminal Rd. STE 100 New Hyde Park, NY 11040
Amerita, Inc.	14000 N Portland, Suite 205, Oklahoma City, 73134
Amerita, Inc.	7898 East Acome Drive, Suite 104, Scottsdale, AZ 85260
Amerita, Inc.	3775 Crossings Dr. Unit 4 Suite A-D, Prescott, AZ 86305
Amerita, Inc.	2 Hemingway Drive Riverside, RI 02915
Amerita South Atlantic, LLC d/b/a Amerita	2113 Energy Drive Apex, NC 27502
Amerita, Inc.	6015 Randolph Blvd. San Antonio, Texas 78233
Amerita, Inc.	2002 N. Forbes Blvd STE 104, Suite 104, Tucson, AZ 85745
Amerita, Inc.	12515 East 55th Street, Suite 101, Tulsa, OK 74146

ORGANIZATIONAL CHART

No other entities or individuals own more than 5% of the licensed entity.

* Exclusive of Walgreen Co. and KKR Phoenix Aggregator L.P.

^ Publicly traded on Nasdaq Global Select Market.

* KKR Americas Fund XII L.P. is an affiliate of KKR & Co. Inc., a publicly traded entity listed on the NYSE.

† Walgreens Boots Alliance is a publicly traded entity listed on the NYSE.



State of Tennessee
Health Facilities Commission

Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

May 28, 2025

Jeffrey Stofko, Senior Manager
Ascendient Healthcare Advisors Inc
1335 Environ Way
Chapel Hill, NC 27517

RE: Certificate of Need Application – Amerita – CN2503-008A

Dear Mr. Stofko,

On May 28, 2025, the Tennessee Health Facilities Commission met in regular session to consider your application. The application proposed the following:

For the establishment of a home care organization and the initiation of home health services limited to home infusion and related nursing services for patients of pharmacies owned by Amerita, Inc. The address of the project will be 5959 Shallowford Road, Suite 104, Chattanooga (Hamilton County), Tennessee 37421. The project will serve a proposed service area of 80 counties: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Claiborne, Clay, Cocke, Coffee, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fentress, Franklin, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardin, Hawkins, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lawrence, Lewis, Lincoln, Loudon, Macon, Marion, Marshall, Maury, McMinn, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Smith, Stewart, Sullivan, Sumner, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, White, Williamson, and Wilson Counties, as well as CON-exempt Perry County. The applicant will be owned by Pharmacy Corporation of America. Estimated project cost: \$352,581.

This letter is to advise you that the Commission voted to **approve** the Certificate of Need for the referenced project with **Condition: Limited to home infusion and related nursing services for patients of pharmacies owned by Amerita, Inc.**

Per TCA § 68-11-1609(b) the Commission found the application should be approved because the action proposed in the application is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers. Please note consumer advantage language was added as the third criterion necessary for a Certificate of Need to be granted, effective October 1, 2021.

Commission members made this decision after full consideration of all the information provided to them including but not limited to the original application and supplemental responses; staff summary and licensing Commission comments, if applicable; support and opposition letters, if applicable; consideration of the criteria and standards. Commission Rules; and all additional evidence gathered during the presentation of the application. The HFC maintains a publicly available detailed written record that fully documents the factual and legal basis for this decision.

In accordance with T.C.A. § 68-11-1609(g)(1) (as amended by Public Chapter 780, Acts of 2002), the applicant may petition the Commission in writing for a hearing. To be timely filed, the petition must be filed within fifteen (15) days from the date of the Commission's meeting at which the challenged action was taken.



State of Tennessee
Health Facilities Commission

Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Mr. Stofko
Page 2

You are encouraged to review T.C.A. § 68-11-1610(a) and the Commission Rules so that you may fully understand your rights.

Your Certificate of Need will be issued to you within the next sixty (60) days and transmitted under separate letter. Please note that the Certificate of Need has an expiration date on its face, after which time the Certificate is null and void. The expiration date is strictly enforced, and the certification period can only be extended by the Commission upon written application and for good cause shown, as defined by Commission Rules.

T.C.A. § 68-11-1611 requires that the Commission review annual progress of each project. Commission Rules require that within ninety (90) days after completion of a project that a Final Project Form be submitted to this office. The Annual Progress Report form is available on the Commission website at <http://www.tn.gov/hsda/article/con-forms>. The Final Project Form, which shall include completion date, final costs, and other relevant information, is also available on the Commission website at <http://www.tn.gov/hsda/article/con-forms>. These forms may be filled-in, printed, and submitted with any applicable supporting documentation. These forms may also be obtained by contacting us at the phone number or address listed above.

Please note an additional requirement was added per PC 1043, effective July 1, 2016. It is codified at TCA § 68-11-1609 (h) and it directs the Health Facilities Commission to maintain continuing oversight of certificates of need approved after July 1, 2016 by requiring applicants to submit annual reports concerning continued need and appropriate quality measures as determined by the Commission. The Commission may impose conditions that require the demonstration of compliance with continued need and quality measures; provided, that the conditions for quality measures may not be more stringent than those measures identified in the applicant's submitted application. **Continuing oversight of this project will begin one year after project completion and will continue each year thereafter. The Annual Reporting Form will be available on the Commission's website.** The form may be filled-in, printed, and submitted with any applicable supporting documentation. It may also be obtained by contacting us at the phone number or address listed above.

If you have questions or require additional information, please feel free to contact this office.

Sincerely,



Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, HFC

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT

Amerita, Inc.
CHATTANOOGA, TENNESSEE

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

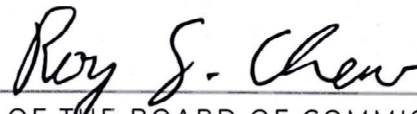
PHARMACY

Ambulatory Infusion Center, Infusion Nursing Services (Non-Medicare Certified), Infusion Pharmacy Services (incl. Sterile Compounding, Ref. USP <797>), Specialty Pharmacy Services
Accreditation #36306

FROM *July 14, 2023*, THROUGH *July 13, 2026*



PRESIDENT & CHIEF EXECUTIVE OFFICER



CHAIR OF THE BOARD OF COMMISSIONERS

