



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

February 27, 2026

Sent Via Email

Robert J. Bindner II
Blueberry Health Infusion Nursing LLC
6700 Baum Drive
Suite 22
Knoxville, TN 37919

Facility Type: Home Health Agencies

Dear Robert J. Bindner II:

It is my pleasure to inform you that your application for licensure of Blueberry Health Infusion Nursing located at 6700 Baum Drive, Knoxville, TN 37919 has been initially approved February 27, 2026. The license number shall be 709. 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 March 25, 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 East Tennessee Regional Office phone number is 865-597-0739 .

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,

Angela Tyler

Angela Tyler

cc: East Tennessee Regional Office



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HHA License # (if applicable): 709 County: Knox

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

Facility Name: Blueberry Health Infusion Nursing

Address: 6700 Baum Drive, Suite 22 City: Knoxville Zip Code: 37919

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

Project #: Phase: of

Facility approved for (if satellite/off campus site include address): Knox county

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: Jessica Lilly Date: 02/06/2026

Fire Safety: Date:

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

Facility's Letter of Notification received in Licensure: Yes X No
(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: 2/27/2026 Licensure is recommended: Yes X No
(Completed by Central Office Licensure Staff)

 Tom A. Lane, RMA 02/06/2026
Regional Administrator/Facilities Construction Director or Designee Date

 Angela A. Tyler 2/27/2026
Licensure Program Unit Staff Date



State of Tennessee
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

October 10, 2025

Sent Via Email

Blueberry Health Infusion Nursing
6700 Baum Drive
Suite 22
Knoxville, Tennessee 37919

Dear Blueberry Health Infusion Nursing:

This is to acknowledge receipt of your application and fee to apply for licensure of Blueberry Health Infusion Nursing. Please review the instruction sheet that you received with the application to apply for licensure so that you are aware of the process for obtaining licensure of your facility. If a certificate of need is required to provide services, you will need to contact Health Facilities Commission at (615) 741-2364.

Please remember that if you are applying for licensure of a facility that requires architectural plan review contact Plans Review for complete and details and procedures at (615) 741-6998. You must submit those plans along with the plans review fee prior to scheduling a survey. **For Homes for the Aged facilities specifically, TCA-368-11-202 allows "schematics shall be submitted to the department for approval of plans and specifications, converting and existing single-family dwelling" with six (6) or less beds.**

It is your responsibility to contact the East Tennessee Regional Office to request a survey of your facility. Please submit the request in writing to East Tennessee, Regional Administrator, 7175 Strawberry Plans Pike, Suite 103. Knoxville, Tennessee 37914. If you would like to fax the request to Debra Verna the fax number is 865-594-5298.

Your application and fee will be held in a pending status until you are recommended by the Regional Office for licensure. Once the recommendation for licensure is received from the regional office, your facility will receive a letter for "Initial Approval." Admission of patients MAY NOT occur until the facility's receipt of the "Initial Approval" letter. Your application will be presented before the Board for Licensing Health Facilities Commission for ratification and final approval at the next regularly scheduled commission meeting. Your facility CAN operate once you receive the "Initial Approval."

This application will only be good for one (1) year from the date of receipt. If the initial licensure has not occurred within that one (1) year period, you will be required to submit a new application and fee unless you have contacted our office in writing extending your application.

In the event that a certificate of need is required prior to obtaining a license for this facility the application file will be closed the day following the expiration date of the certificate of need.

Should you have any questions or if I can be of assistance to you please call me at (615) 741-7221 or you may email me at Angela.A.Tyler@tn.gov

Sincerely,

Angela Tyler

received 8/14/25 A 709

Application Summary

8/14/25 8:32 AM

Page 1 of 5

Application Detail

License Type: Home Health Services: Licensed
Application: Home Health Services: Initial Application
Application Date: 08/14/2025 (mm/dd/yyyy)

Organization Detail

Organization Name: Blueberry Health Infusion Nursing
Organization Type: Limited Liability Company

Addresses

Mailing Address

Address: 6700 Baum Drive
Suite 22
KNOX
Knoxville, TN
37919
US

Phone Number: 865-805-5491

Extension:

E-mail Address: labindner@gmail.com

Administrative

Name: Blueberry Health Infusion Nursing LLC

Address: 6700 Baum Drive
Suite 22
KNOX
Knoxville, TN
37919
US

Phone Number: 865-805-5491

Extension:

E-mail Address:

labindner@gmail.com

Emergency Contact

Name:

Blueberry Health Infusion Nursing LLC

Address:

6700 Baum Drive

Suite 22

KNOX

Knoxville, TN

37919

US

Phone Number:

865-805-5491

Extension:

E-mail Address:

labindner@gmail.com

Ownership of Building

Name:

West Bearden Park LLC

Address:

800 Corporate Drive

Suite 305

C/O Suncap Property Management LLC

BROWARD

Ft Lauderdale, FL

33334

US

Phone Number:

865-330-0013

Extension:

E-mail Address:

bcooper@tjdev.com

Legal Entity

Name:

Blueberry Health Infusion Nursing LLC

Address:

6700 Baum Drive

Suite 22

KNOX**Knoxville, TN****37919****US**

Phone Number:

865-805-5491

Extension:

E-mail Address:

labindner@gmail.com**License Attributes Selected**

Specialty	Home Health Agency
Qualification/Certification	All Counties

Basic License Data

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

No

Provide Administrator's Name:

Robert J. Bindner II

Provide the Ownership's Name:

~~Robert J. Bindner II~~ (ejs) **Blueberry Health Infusion Nursing, LLC**

Ownership Name Continued:

~~Laura Bindner, Schwabing Corp.~~

Is your facility accredited by a federally approved accrediting body?

No

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

No

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

No

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

No

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 monetary penalties for a health care facility in Tennessee or in any other state? **No**

Certificate of Need Number:: **CN2505-019A**

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

Provide a Yes or No, Is your agency a provider in the EEOICPA federal program? **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: **Robert J. Bindner II**

Street: **6700 Baum Drive, Suite 22**

City: **Knoxville**

State: **Tennessee**

Zip: **37919**

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: **Laura A. Bindner**

Street: **6700 Baum Drive, Suite 22**

City: **Knoxville**

State: **Tennessee**

Zip: **37919**

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: **SchwaBing Corp.**

Street: **6700 Baum Drive, Suite 22**

City: **Knoxville**

State: **Tennessee**

Zip: **37919**

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

Blueberry CON Approval Letter.pdf

Blueberry Bank Statement.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.



Online Payment Receipt

Receipt Issued By:

Board for Licensing Health Care Facilities

Receipt Issued To:

Blueberry Health Infusion Nursing
6700 Baum Drive
Knoxville, TN 37919

Date: 08/14/2025

Transaction Identifier: 3904331589

Trace Number: 2432904

License Type	Licensee	Transaction	Application #	Account #	Amount
Home Health Services	Blueberry Health Infusion Nursing	Home Health Services: Initial Application	534-13145	*****1004	\$1404.00



State of Tennessee
Health Facilities Commission

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

July 23, 2025

Kim Harvey Looney, Attorney
KL Gates LLP
501 Commerce Street, Suite 1500
Nashville, TN 37203

RE: Certificate of Need Application – Blueberry Health Infusion Nursing, LLC. – CN2505-019A

Dear Ms. Looney,

On July 23, 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 located at 6700 Baum Drive, Suite 22, Knoxville (Knox), Tennessee 37919. The proposed home health agency will be limited to home infusion and related nursing services for pharmacy patients of Schwabing Corp, d/b/a Vital Care of Knoxville. The proposed service area will consist of all Tennessee 95 counties including CON-exempt Lake and Perry Counties. The applicant is owned is owned by Blueberry Health Infusion Nursing, LLC. Estimated project cost: \$74,919.

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 pharmacy patients of Schwabing Corp, d/b/a Vital Care of Knoxville.**

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.



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Ms. Looney
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



State of Tennessee
Health Facilities Commission

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

August 27, 2025

Kim Harvey Looney, Attorney
KL Gates LLP
501 Commerce Street, Suite 1500
Nashville, TN 37203

RE: Blueberry Health Infusion Nursing, LLC – CN2505-019A

Dear Ms. Looney:

As referenced in our recent letter, please find enclosed your Certificate of Need for the above-referenced application that was approved at the July 23, 2025, meeting of the Tennessee Health Facilities Commission.

The Health Facilities Commission Rules require that an *Annual Progress Report be submitted each year*, and a *Final Project Report form is to be submitted within ninety (90) days after completion of a project* which shall include completion date, final costs, and other relevant information in regard to the project, per § 68-11-1611.

The aforementioned forms can be found on the Commission's website at www.tennessee.gov/HSDA. Should you have any questions or require further information regarding this Certificate, please do not hesitate to contact this office.

Sincerely,

Logan Grant
Executive Director

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

STATE OF TENNESSEE
Health Facilities Commission



Certificate of Need # **CN2505-019A** is hereby granted under the provisions of T.C.A. § 68-11-1601, *et seq.*, and rules and regulations issued thereunder by this Commission.

To: **Blueberry Health Infusion Nursing, LLC**
6700 Baum Drive, Suite 22
Knoxville, TN 37919

For: **Blueberry Health Infusion Nursing, LLC**

This Certificate is issued for:

For the establishment of a home care organization and the initiation of home health services. The proposed home health agency will be limited to home infusion and related nursing services for pharmacy patients of Schwabing Corp, d/b/a Vital Care of Knoxville. The proposed service area will consist of all Tennessee 95 counties including CON-exempt Lake and Perry Counties. The applicant is owned is owned by Blueberry Health Infusion Nursing, LLC.

On the premises located at: **6700 Baum Drive, Suite 22**
Knoxville (Knox County), TN 37312

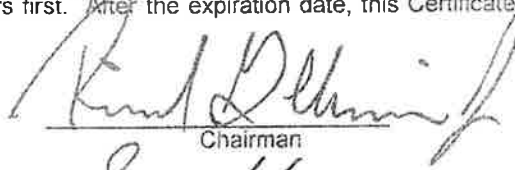
For an estimated project cost of **\$74,919.**

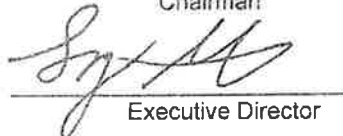
LIMITATION: Limited to home infusion and related nursing services for pharmacy patients of Schwabing Corp, d/b/a Vital Care of Knoxville.

The Expiration Date for this Certificate of Need is September 1, 2027, or upon completion of the action for which the Certificate of Need was granted, whichever occurs first. After the expiration date, this Certificate of Need is null and void.

Date Approved: July 23, 2025

Date Issued: August 27, 2025


Chairman


Executive Director