



K-1563
APP# 23902
ETRO/HTSD
HOME MEDICAL EQUIPMENT

FEB 23 2026

APPLICATION FOR INITIAL LICENSURE

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html>. Please check this website periodically for updates.

Name of the Facility/Agency Precision Medical Products, Inc.

Location of the Facility:

Street 2217 Plaza Drive City Rocklin

County Placer State CA Zip 95765

Phone Number (888) 963-6265 Fax Number (877) 747-8749

Twenty-four (24) Hour Emergency Phone Number (888) 963-6265

Business Customer Service Phone Number with twenty-four (24) hour access/seven (7) days a week (888) 963-6265

E-Mail Address info@pmpmed.com

Does your facility have a physical location in the state of Tennessee? Yes No

Administrator Information:

Administrator Taylor Nordeen

Have you (Administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement, or fraud)? Yes No

If yes, what charge(s)? N/A

Location of Conviction N/A (City) (County) (State) Date N/A

Mailing address if different from the Facility location address:

Name Same as above

Street _____

City _____ State _____ Zip _____

Ownership of Building:

Name GODAVRI PROPERTIES, LLC. Phone Number (~~_____~~) N/A 888-963-6265 (NS)

Street 500 KANSAS AVENUE

City Modesto State CA Zip 95351

1. Geographic area served by Agency: (list county or counties) *If additional space is needed, please use a separate page.*
All Counties
out of State. California (NS)
2. Number of branch offices: 0
- Address of each branch office: *(If additional space is needed, please use a separate page)*
N/A

3. **Provide proof of the ability to meet the financial needs of the facility.**

OWNERSHIP OF BUSINESS:

1. a. Check the type of Legal Entity:
 _____ Individual _____ Partnership Corporation _____ Limited Liability Company
 _____ Church Related _____ Government/County _____ Other
- b. Check one: For Profit Non-profit _____
- c. Legal Entity checked in 1.a:
 Name Precision Holdings USA, Inc. Phone Number (888) 963-6265
 Street 2217 Plaza Drive
 City Rocklin State CA Zip 95765
- d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:
- | Name | Street | City, State, Zip |
|-----------------------|-------------------------|--------------------------|
| <u>Jeremy Perkins</u> | <u>2217 Plaza Drive</u> | <u>Rocklin, CA 95765</u> |
| | | |
| | | |
- (If additional space is needed, please use a separate sheet)*
- e. If a government/county owned facility, does the administrator have authority to act on behalf of the government/county as it relates to the operation of this facility? Yes _____ No _____ NA (NS)
- f. If no to e., who has said authority? N/A
2. a. Is your facility/organization accredited by a **federally approved** accrediting body but not limited to JCAHO, CARF, etc.? **Provide proof of accreditation.**
 Yes ACHC No _____ Expiration Date 12/14/2028
3. If you have a parent company, please provide the following information:

d. Termination/Suspension

i) suspended or terminated from participation in Medicare or Medicaid/TennCare programs? Yes ___ No

(Note: This would include involuntary termination of a nursing facility or skilled nursing facility by the Centers for Medicare and Medicaid Services (CMS) or state Medicaid agency).

e. Fraud and Abuse

i) paid through settlement, or civil or criminal fines, any monies to the federal government or any state as a result of any administrative or judicial proceeding based on allegations of fraud or abuse involving claims related to the provision of health care items and services? Yes ___ No

f. Corporate Integrity Agreement

i) Is presently an entity covered by and subject the terms of a corporate integrity agreement? Yes ___ No

(Note: If yes, provide a copy of CIA)

g. Bankruptcy

i) filed bankruptcy under any provision of the United States Bankruptcy Code? Yes ___ No

h. Civil Monetary Penalty (CMP)

i) paid to the Centers for Medicare and Medicaid Services or any state Medicaid agency a civil money penalty equal to or greater than \$250,000.00 as a result of an enforcement action during a survey? Yes ___ No

Failure to provide true and correct copies of any documents related to the items list in 7(a-h) listed above may be grounds for referral of the application for special consideration, and/or may be grounds for disciplines.

If the applicant answered "Yes" to any of the questions (a)-(h) above, please provide copies of any documentation associated with the event and/or sanction. The documentation should provide the Health Facilities Commission with sufficient information regarding the nature of the event and/or sanction, the current status of the issue, as well as details regarding what corrective action have been implemented (as applicable).

VERIFICATION BY NOTARY PUBLIC:

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

By checking this box, you acknowledge that you will ensure access to a secure online portal is available to Health Facilities Commission surveyors in order to conduct all necessary and required surveys related to licensure.

Taylor Nordeen
Applicant Signature

VP, Compliance & Contracts
Title or Position

02/16/2026
Date

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Jurat

Document Date: 02/16/2026

Number of Pages (including notarial certificate): 7

State of Florida

County of Hillsborough

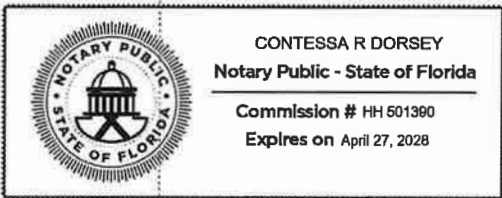
Sworn to (or affirmed) and subscribed before me by means of online notarization,
this 02/16/2026 by Taylor Nordeen.



Contessa R Dorsey

Personally Known OR Produced Identification

Type of Identification Produced DRIVER LICENSE





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 2, 2026

Sent Via Email

Taylor Nordeen
Precision Medical Products
2217 Plaza Drive
Rocklin, California 95765

Facility Type: Home Medical Equipment

Dear Taylor Nordeen:

It is my pleasure to inform you that your application for licensure of Precision Medical Products, Inc located at 2217 Plaza Drive, Rocklin, California 95765 has been initially approved for providing DME/HME services in all counties in Tennessee effective April 2, 2026 . The license number shall be 1563 . 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 East Tennessee Regional Office phone number is 865-594-9396 .

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: HME License # (if applicable): 1563 County: Placer

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

Facility Name: Precision Medical Products, Inc.

Application and fee on file in Central Office (CO)? Yes No _____ CON #: _____ Project #: _____ Phase: _____ of _____
2217 Plaza Drive Rocklin CA 95765

Facility approved for Home Medical Equipment (HME): Providing DME/HME services in all counties in Tennessee.

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

Licensed bed count from: 0 to 0 Number of beds increased/decreased: 0

If secured unit, number of beds in unit: N/A 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: Nancy Mullins RN Date: 03/30/26

Fire Safety: See attached application Date: _____

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

Facility's Letter of Notification received in Licensure: Yes No **NS**
(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 2, 2026
(Completed by Central Office Licensure Staff)

Licensure is recommended: Yes No _____


Regional Administrator/Facilities Construction Director or Designee 4/2/2026 Date

Niraj Soni
Licensure Program Unit Staff Date

CERTIFICATE of ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT

Precision Medical Products, Inc
ROCKLIN, CALIFORNIA

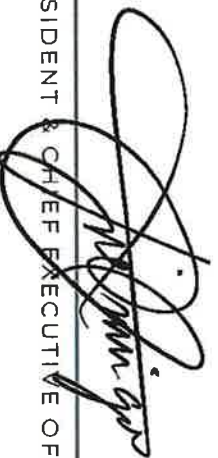
HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

DMEPOS

Home/Durable Medical Equipment Services

Accreditation #75848

FROM *December 15, 2025* THROUGH *December 14, 2028*



PRESIDENT & CHIEF EXECUTIVE OFFICER



CHAIR OF THE BOARD OF COMMISSIONERS

