

App# 23850

Application Summary

1/9/26 10:43 AM

ETRO / FTSD F-1554

Page 1 of 5

Application Detail

License Type: Home Medical Equipment: Licensed

Application: Home Medical Equipment: Initial Application

Application Date: 01/09/2026 (mm/dd/yyyy)

Organization Detail

Organization Name: Prism Medical Products, LLC

Organization Type: Limited Liability Company

Addresses

Main Address

Address: 1250 Imeson Park Blvd.  
 Building 500, Suites 509-513  
 DUVAL  
 Jacksonville, FL  
 32218  
 US

Phone Number: 888-244-6421

Extension: 4373

E-mail Address: compliance@prism-medical.com

Administrative

Name: Prism Medical Products, LLC

Address: 112 Church Street  
 Suite 101  
 SURRY  
 Elkin, NC  
 28621  
 US

Phone Number: 888-244-6421

Extension: 4373  
E-mail Address: compliance@prism-medical.com

**Emergency Contact**

Name: Prism Medical Products, LLC  
Address: 112 Church Street  
Suite 101  
SURRY  
Elkin, NC  
28621  
US

Phone Number: 888-244-6421  
Extension: 4314

E-mail Address: compliance@prism-medical.com

**Ownership of Building**

Name: Merritt-Jaimi, LLC  
Address: 2066 Lord Baltimore Drive  
BALTIMORE  
Baltimore, MD  
21244  
US

Phone Number: 410-298-2600  
Extension:

E-mail Address: compliance@prism-medical.com

**Legal Entity**

Name: Prism Medical Products, LLC  
Address: 112 Church Street  
Suite 101  
SURRY

**Elkin, NC**  
**28621**  
**US**  
 Phone Number: **888-244-6421**  
 Extension: **4373**  
 E-mail Address: **compliance@prism-medical.com**  
**Parent Company**  
 Name: **Henry Schein Home Health, LLC**  
 Address: **135 Duryea Road**  
**SUFFOLK**  
**Melville, NY**  
**11747**  
**US**  
 Phone Number: **888-244-6421**  
 Extension:  
 E-mail Address: **compliance@prism-medical.com**

---

**License Attributes Selected**

Qualification/Certification	<b>All Counties</b>
Additional License Information	<b>For Profit</b>

---

**Basic License Data**

If your facility has branch offices provide the number. If none, enter 00	<b>00</b>
Provide Administrator's Name:	<b>James St. Cyr</b>
Provide the Ownership's Name:	<b>Prism Medical Products, LLC</b>
Is your facility accredited by a federally approved accrediting body?	<b>Yes</b>
If answered yes accredited, must provide expiration date of accreditation.	<b>10/18/2028 (mm/dd/yyyy)</b>

What type of Home Care Organization: Hospital Based or Nursing Home Based or Free Standing?	<b>Free Standing</b>
Provide a Yes or No, if your facility is Chain Affiliated:	<b>No</b>
Provide a Yes or No, if your facility has a Holding Company:	<b>No</b>
Do you have Other Licensed Facilities in the state of Tennessee and/or other states?	<b>Yes</b>
Provide a Yes or No, if your facility has a parent company:	<b>Yes</b>
Do you have a contract with a management firm to operate this facility?	<b>No</b>
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?	<b>No</b>
Does your facility have a physical location in Tennessee?:	<b>No</b>

#### **Administrator Conviction Information**

Administrator convicted of crime?: **No**

#### **Individual Owners, Partners, Director or Head of Government Entity**

The name of the individual owner, partner,  
director of the corporation or head of the  
government: **James St. Cyr**

Street: **112 Church Street**

City: **Elkin**

State: **North Carolina**

Zip: **28621**

#### **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  
**No**

health care facility in Tennessee or any other state?

**File Attachments**

Prism-Medical Products, LLC COI.pdf

**Fees**

Initial License Fee	<b>\$1404.00</b>
Total Amount Due:	<b>\$1404.00</b>

**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, 9<sup>th</sup> Floor, Nashville, TN 37243  
[www.tn.gov/hfc](http://www.tn.gov/hfc) Phone: 615-741-7221

March 25, 2026

Sent Via Email

James St. Cyr  
Prism Medical Products, LLC  
112 Church Street, Suite 101  
Elkin, North Carolina 28621

Facility Type: Home Medical Equipment

Dear James St. Cyr:

It is my pleasure to inform you that your application for licensure of Prism Medical Products, LLC located at 1250 Imeson Park Blvd. Building 500, Jacksonville, Florida 32218 has been initially approved for providing DME/HME services in all counties in Tennessee effective March 25, 2026 . The license number shall be 1554. 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 April 22, 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](mailto:Niraj.Soni@tn.gov)



**APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY**

Facility Type: HME License # (if applicable): 1554 County: Duval

Initial X Renovation \_\_\_\_\_ Satellite/Off Campus Location \_\_\_\_\_

Physical Plant/Services/New Addition \_\_\_\_\_ Relocation/Replacement Facility \_\_\_\_\_  
(Circle One) (Circle One)

Facility Name: Prism Medical Products, LLC

Application and fee on file in Central Office (CO)? Yes X No \_\_\_\_\_ CON #: \_\_\_\_\_ Project #: \_\_\_\_\_ Phase: \_\_\_\_\_ of \_\_\_\_\_  
Prism Medical 1250 Imeson Park Blvd. Jacksonville FL. 32218

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: 03/13/26

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 \_\_\_\_\_ No X  
(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: March 25, 2026 Licensure is recommended: Yes X No \_\_\_\_\_  
(Completed by Central Office Licensure Staff)

Tom Lane B 3/24/2026  
Regional Administrator/Facilities Construction Director or Designee Date  
Niraj Soni 03/25/2026  
Licensure Program Unit Staff Date

# Prism Medical Products, LLC

Elkin, NC

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

October 18, 2025

Accreditation is customarily valid for up to 36 months.

Michael Suk, MD, JD, MPH, MBA, FACS  
Chair, Board of Commissioners

ID #469864

Print/Reprint Date: 10/21/2025

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

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



This reproduction of the original accreditation certificate has been issued for use in regulatory/prayer agency verification of accreditation by The Joint Commission