

App # 1555

Application Summary

1/13/26 1:42 PM

WTRO / FTSD App# 23853

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Application Detail

License Type: Home Medical Equipment: Licensed
Application: Home Medical Equipment: Initial Application
Application Date: 01/13/2026 (mm/dd/yyyy)

Organization Detail

Organization Name: Rebecka's Lingerie
Organization Type: Limited Liability Company

Addresses

Main Address

Address: 4004 Hillsboro PK
Suite 160R
~~4004 Hillsboro Pk, 160R~~ (NS)
DAVIDSON
Nashville, TN
37215
US

Phone Number: 615-269-4413

Extension:

E-mail Address: AANDLENTERPRISELLC@GMAIL.COM

Administrative

Name: Rebecka's Lingerie

Address: 4004 Hillsboro Pk
suite 160R
DAVIDSON
Nashville, TN
37215
US

Phone Number: 615-269-4413
Extension:
E-mail Address: AANDLENTERPRISELLC@GMAIL.COM

Emergency Contact

Name: Rebecka's Lingerie
Address: 4004 Hillsboro Pk
suite 160R
DAVIDSON
Nashville, TN
37215
US

Phone Number: 615-364-1594
Extension:
E-mail Address: adriennemariefrancis@comcast.net

Ownership of Building

Name: brookside properties
Address: 2002 Richard Jones rd
#200
DAVIDSON
Nashville, TN
37215
US

Phone Number: 615-352-3300
Extension:
E-mail Address: AANDLENTERPRISELLC@GMAIL.COM

Legal Entity

Name: A & L Enterprise LLC
Address: 4004 Hillsboro PK

Suite 160 R
DAVIDSON
Nashville, TN
37215
US

Phone Number: **615-269-4413**

Extension:

E-mail Address: **AANDLEENTERPRISELIC@GMAIL.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 **0**
Provide Administrator's Name: **Adrienne M Francis**
Provide the Ownership's Name: **A &L Enterprise LLC**
Is your facility accredited by a federally approved accrediting body? **Yes**
If answered yes accredited, must provide expiration date of accreditation. **09/15/2028 (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: **No**
Do you have Other Licensed Facilities in the state of Tennessee and/or other states? **No**
Provide a Yes or No, if your facility has a parent company: **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 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**

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: **Adrienne M Francis**

Street: **4407 Prescott Rd**

City: **Nashville**

State: **Tennessee**

Zip: **37204**

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: ~~Adrienne M Francis~~

CNS

Street: ~~4407 Prescott Rd~~

City: ~~Nashville~~

State: ~~Tennessee~~

Zip: ~~37204~~

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

Surety Bond.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 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.



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HOME MEDICAL EQUIPMENT License # (if applicable): 1555 County: DAVIDSON
Initial Renovation _____ Satellite/Off Campus Location _____
Physical Plant/Services/New Addition _____ Relocation/Replacement Facility _____
(Circle One) (Circle One)

Facility Name: REBECKA'S LINGERIE

Address: 4004 HILLSBORO PK, STE 160R City: NASHVILLE Zip Code: 37215

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 the following counties: 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 *CS* Date: 3/30/2026

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)

Donald Nelson, ACC Supervisor 4/2/2026
Regional Administrator/Facilities Construction Director or Designee Date

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



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

Adrienne M Francis
Rebecka's Lingerie
4004 Hillsboro Pk Suite 160R
Nashville, Tennessee 37215

Facility Type: Home Medical Equipment

Dear Adrienne M. Francis:

It is my pleasure to inform you that your application for licensure of Rebecka's Lingerie located at 4004 Hillsboro PK Suite 160R, Nashville, Tennessee 37215 has been initially approved for HME Initial Licensure provider serving all counties in Tennessee effective April 8, 2026 . The license number shall be 1555. 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

Board of Certification / Accreditation

Wings Mills, Maryland

Accredited Facility

Practice limited to DMEPOS supplier categories:

PD01, S04

The Board of Certification/Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

A&L Enterprise LLC
DBA Rebecka's Lingerie
4004 Hillsboro Pike Ste 160R
Nashville, TN 37215

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-Accredited Facilities.
In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgment.



Matthew Gruskin, MBA, BOCC, BOCPPD, CDME, Chief Operating Officer



Judi L. Knott, MA, MBA, CAE, President & CEO

S71515

Facility Number

September 30, 2028

Accredited Through

Accredited Since: 2025



BOC is a CMS deemed accrediting organization.

This accreditation is the property of BOC — the certificate holder agrees to abide by the BOC and CMS standards.