



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

March 3, 2026

Sent Via Email

Regina Ruff
Support Private Duty Care
1416 Taylor Place Road
Jamestown, TN 38556

Facility Type: Home Health Agencies

Dear Regina Ruff:

It is my pleasure to inform you that your application for licensure of Support Private Duty Care located at 1416 Taylor Place Road, Jamestown, TN 38556 has been initially approved January 12, 2026. The license number shall be 711. 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 865-594-9396 .

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,

Angela Tyler

Angela Tyler

cc: East Tennessee Regional Office



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

January 13, 2026

Sent Via Email

Regina Ruff
Support Private Duty Care
1416 Taylor Place Road
Jamestown, TN 38556

Facility Type: Home Health Agencies

Dear Regina Ruff:

It is my pleasure to inform you that your application for licensure of Support Private Duty Care located at 1416 Taylor Place Road, Jamestown, TN 38556 has been initially approved January 12, 2026. The license number shall be 711. 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 February 25, 2026. **You are hereby authorized to commence operation pending the final decision of the Commission.**

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Please contact me if I can be of further assistance.

Sincerely,

Angela Tyler

Angela Tyler

cc: East Tennessee Regional Office



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

October 22, 2025

Sent Via Email

Regina Ruff
Support Private Duty Care
1416 Taylor Place Road
Jamestown, Tennessee 38556

Dear Regina Ruff:

This is to acknowledge receipt of your application and fee to apply for licensure of Support Private Duty Care. 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 865-594-5739.

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

Angela Tyler

Application Summary

9/9/25 7:17 AM

Page 1 of 6

Application Detail

License Type: **Home Health Services: Licensed**
Application: **Home Health Services: Initial Application**
Application Date: **09/09/2025 (mm/dd/yyyy)**

Organization Detail

Organization Name: **Support Private Duty Care**
Organization Type: **Limited Liability Company**

Addresses

Mailing Address

Address: **1416 Taylor Place Road**
FENTRESS
Jamestown, TN
38556
US

Phone Number: **205-639-7752**

Extension:

E-mail Address: **regina.ruff@supportpdc.com**

Administrative

Name: **Support Private Duty Care**

Address: **1416 Taylor Place Road**
FENTRESS
Jamestown, TN
38556
US

Phone Number: **205-639-7752**

Extension:

E-mail Address: **regina.ruff@supportpdc.com**

Emergency Contact

Name: **Support Private Duty Care**

Address: **1416 Taylor Place Road**

FENTRESS

Jamestown, TN

38556

US

Phone Number: **205-639-7752**

Extension:

E-mail Address: **regina.ruff@supportpdc.com**

Ownership of Building

Name: **Support Private Duty Care**

Address: **1420 Taylor Place Road**

FENTRESS

Jamestown, TN

38556

US

Phone Number: **205-639-7752**

Extension:

E-mail Address: **regina.ruff@supportpdc.com**

Legal Entity

Name: **Support Private Duty Care**

Address: **1416 Taylor Place Road**

FENTRESS

Jamestown, TN

38556

US

Phone Number: **205-639-7752**

Extension:

E-mail Address:

regina.ruff@supportpdc.com**License Attributes Selected**

Specialty	Home Health Agency
Qualification/Certification	EEOICPA-Anderson
	EEOICPA-Campbell
	EEOICPA-Fentress
	EEOICPA-Knox
	EEOICPA-Loudon
	EEOICPA-Morgan
	EEOICPA-Overton
	EEOICPA-Pickett
	EEOICPA-Putnam
	EEOICPA-Roane
	EEOICPA-Scott

Basic License Data

Do you have Branch Offices? If yes, enter number(s) of branch(es).	1
Provide Administrator's Name:	Regina Ruff
Provide the Ownership's Name:	Support Private Duty Care
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	No

Parent Company

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

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

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

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: **Regina Ruff**

Street: **120 Moonbeam Lane**

City: **Jamestown**

State: **Tennessee**

Zip: **38556**

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: **Arthur Ruff**

Street: **120 Moonbeam Lane**

City: **Jamestown**

State: **Tennessee**

Zip: **38556**

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: **Mary Wyatt**

Street: **516 Price Street**

City: **Jamestown**

State: **Tennessee**

Zip: **38556**

Individual Owners, Partners, Director or Head of Government Entity 4

The name of the individual owner, partner, director of the corporation or head of the government: **Mark Ruff**

Street: **1420 Taylor Place Road**

City: **Jamestown**

State: **Tennessee**

Zip: **38556**

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

Support Private Duty.docx

Financial Ability SPDC.docx

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:

Regina M Ruff
1416 Taylor Place Road
Jamestown, TN 38556

Date: 09/09/2025

Transaction Identifier: 3905760704

Trace Number: 2460874

License Type	Licensee	Transaction	Application #	Account #	Amount
Home Health Services	Support Private Duty Care	Home Health Services: Initial Application	534-13154	*****9257	\$1404.00



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

**INITIAL NOTIFICATION OF HOME HEALTH ACCREDITATION FOR
CON EXEMPTION**

Instructions: This form must be filed with the Health Facilities Commission by any person who intends to establish a health care institution or initiates any service specified in T.C.A. 68-11-1607 (a) (3) pursuant to the exemption provided in T.C.A. 68-11-1607 (r) or T.C.A. 68-11-1607 (r). This form must be emailed to hsda.staff@tn.gov.

1. REPORTING DATE: 8/27/25

2. NAME AND ADDRESS OF PROVIDER

Support Private Duty care
Name

1416 Taylor Place road
Address

Jamestown TN 38556
City State Zip

3. CONTACT PERSON OR AUTHORIZED AGENT REPORTING EXEMPTION

Regina Ruff Office manager /co-owner
Name Title

regina.ruff@supportpdc.com
Email Address

Support Private Duty care
Company Name

1416 Taylor Place road
Address

Jamestown TN 38556
City State Zip

205-639-7752

7. NAME AND ADDRESS OF PROVIDER

Support Private Duty Care
Name

1416 Taylor place road
Address

Jamestown
City

TN
State

38556
Zip


8. ACCREDITATION (must be completed within 2 years of initial licensure)

Please Check

(Be advised that some accreditation organizations require 10 or more patients at a minimum before starting accreditation proceedings.)

- Community Health Accreditation Program, Inc.
- Accreditation Commission for Health Care and/or other accrediting body with deeming authority for home health services from CMS and participation in the Medicare Quality Initiatives
- Outcome and Assessment Information Set, and Home Health Compare, or other nationally recognized accrediting organization, for Home Health projects;

I UNDERSTAND THAT A HOME HEALTH AGENCY THAT PROVIDES HOME HEALTH SERVICES WITHOUT A CERTIFICATE OF NEED TO PEDIATRIC AND/OR EEOICPA PATIENTS THAT FAILS TO COMPLY WITH THE ACCREDITATION REQUIREMENTS IS SUBJECT TO LICENSURE SANCTIONS.


Signature

8/27/25
Date

Regina Ruff
Printed Name