



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

March 3, 2026

Sent Via Email

Anna Hampton
Tennessee Quality Care Home Health (East)
6303 6303 Cowboys Way, Suite 600
Attn: Addus Legal Dept/
Frisco, Texas 75034

Facility Type: Home Health Agencies

Dear Anna Hampton:

It is my pleasure to inform you that your application for licensure of Tennessee Quality Care Home Health (East) located at 95 Signature Place, Lebanon, TN 37087 has been initially approved November 5, 2025. The license number shall be 687. 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 West Tennessee Regional Office phone number is 731-984-9711.

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: West Tennessee Regional Office



**HEALTH FACILITIES COMMISSION
LICENSURE AND REGULATION
665 MAINTSTREAM DRIVE, SECOND FLOOR
NASHVILLE, TENNESSEE 37243**

APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: Home Health Services License # (if applicable): _____ County: Wilson

Initial X Renovation ___ Physical Plant/Services/New Addition ___ Relocation/Replacement Facility ___
(Circle One) (Circle One)

Facility Name: Tennessee Quality Care Home Health East

Address: 95 Signature Place, Lebanon, TN 37087

Application and fee on file in Central Office (CO)?: Yes X No ___ CON #: CN2402-005A

Project #: _____ Phase: _____ of _____

Facility approved for (if off campus site include address): Approved for Home Health Services. Approved to operate as a licensed home health agency. CCN pending.

Serving counties of Montgomery, Robertson, Cheatam, Maury, Williamson, Rutherford, Davidson, Sumner, Wilson, Trousdale, Macon, Smith, Dekalb, Clay, Jackson, Putnam, White, Cumberland, Overton, Pickett and Fentress.

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)

Surveyor: Felicia Boroughs PHNC1 Date: 10/27/2025

Fire Safety: _____ Date: _____

Facility's Letter of Notification received in Licensure: Yes X No ___
(Renovations, Physical Plant/Services/New Addition, Relocation/Replacement Facility ONLY)

CMS Paperwork (855, etc) approved and received in regional office: Yes ___ No ___
(NOTE: With exception of Initial Licensure Approvals)

Effective date: 11/5/2025 Licensure is recommended: Yes No ___

KZ / Rhonda K. Rogers 11/4/2025 [Signature] 11/5/2025
Regional Administrator Date Licensure Unit Program Staff Date

ETRO / File 687
ITSD / App# 12881

RECEIVED
AUG 20 2024
BY:



HOME HEALTH SERVICES 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 Tennessee Valley Home Care, LLC d/b/a Tennessee Quality Care Home HEALTH (East)

Location of the Facility:

Street 95 Signature Place City Lebanon
County Wilson State TN Zip 37087
Phone Number (731) 641-9990 Fax Number (731) 641-9940
Twenty-four (24) Hour Emergency Phone Number (731) 641-9990
E-Mail Address ahampton@addus.com

Administrator Information:

Administrator Anna Hampton

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, fraud)? Yes No

If yes, what charge(s)? _____

Location of Conviction _____ Date _____
(City) (County) (State)

Mailing address if different from the Facility location address:

Name Attn: Addus Legal Dept.
Street 6303 Cowboys Way, Suite 600
City Frisco State TX Zip 75034

Ownership of Building:

Name Pembroke Holdings, LLC Phone Number (615) 444-7222

Street 150 Public Square

City Lebanon State TN Zip 37087

- 1. Check type: Hospital Based Nursing Home Based Free Standing
- 2. Check type: Licensed only Agency Licensed/Medicaid Certified

3. Check type of services provided:

- | | | | |
|----------------------------|----------|------------------------------------|--|
| a. Skilled Nursing | <u>X</u> | f. Home Health Aid Services | <u>X</u> |
| b. Physical Therapy | <u>X</u> | g. Medical Supplies and Appliances | _____ |
| c. Occupational Therapy | <u>X</u> | h. Homemaker Services | _____ |
| d. Speech Therapy | <u>X</u> | i. Other (please specify) | <u>X - Private
Duty Nursing &
Home Health
Aid Services</u> |
| e. Medical Social Services | <u>X</u> | | |

4. Do you have a Certificate of Need (CON)? Yes X No _____

If yes, what is the geographic area served by the Agency: (list county or counties) If additional space is needed, please use a separate page.

Cheatham, Clay, Cumberland, Davidson, DeKalb, Fentress, Jackson, Macon, Maury, Montgomery,
Overton, Pickett, Putnam, Robertson, Rutherford, Smith, Sumner, Trousdale, White, Williamson and Wilson

5. Do you provide services to a pediatric population? Yes X No _____

If yes, what counties? All 21 counties listed above in (4)

6. Is your agency a provider in the EEOICPA federal program? Yes _____ No X

If yes, what counties? _____

7. 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 X
Church Related _____ Government/County _____ Other _____

b. Check one: For Profit X Non-profit _____

c. Legal Entity checked in 1.a:

Name Homecare, LLC TENNESSEE Valley Home Care, LLC Phone Number (469) 535-8200
Address 2300 Warrenville Rd., Suite 100, Downers Grove, IL 60515

d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:

See attached list of Officers.

Name	Street	City, State, Zip
------	--------	------------------

Name	Street	City, State, Zip
------	--------	------------------

(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 Not Applicable

f. If no to e., who has said authority? Not Applicable

2. a. Is your facility/organization accredited by a **federally approved** accrediting body including but not limited to JCAHO, CARF, etc.? **Provide proof of accreditation.**

Yes No Expiration Date 7/1/2026

3. Is this facility chain affiliated? Yes No

4. If you have a parent company please provide the following information:

Name Addus HealthCare, Inc. Phone Number (469) 535-8200

Address 6303 Cowboys Way, Suite 600, Frisco, TX 75034

5. a. If a corporation, is there a holding company? Yes No

b. If yes, list the name, address and phone number of the holding company:

Name _____ Phone Number (_____) _____

Street _____

City _____ State _____ Zip _____

6. a. Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states? Yes No

b. If yes, list names and addresses of all such facilities:

The following health care entity is also owned by Homecare, LLC: Tri-County Home Health and Hospice, LLC;

2300 Warrenville Rd, Suite 100, Downers Grove, IL 60515

7. a. Do you have a contract with a management firm to operate this facility? Yes No

If yes, specify dates: From _____ To _____

b. If yes, please specify name of firm: _____

Phone Number (_____) _____

Street _____ City, State, Zip _____

8. a. Have any owners of the disclosing entity 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? Yes No

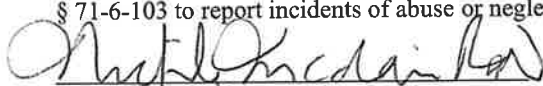
If yes, where? _____ When? _____

For what reason? _____

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.



Applicant Signature

Area VP of Operations

Title or Position

8/2/2024
Date

STATE OF TENNESSEE

County of Decatur

The above named applicant (print name) Nichole McClain, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 2nd day of August 2024
(Month) (Year)

Notary Public: Larry D Hill

My commission expires: 05-06-2026

FEE SCHEDULE: (FEES ARE NON-REFUNDABLE) \$1,404





State of Tennessee
Health Facilities Commission

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

June 26, 2024

Jeff Stofko
Ascendent Healthcare Advisors, Inc.
1335 Environ Way
Chapel Hill, North Carolina, 27517

RE: Tennessee Valley Home Care, LLC, d/b/a Tennessee Quality Care (Middle) – CN2402-005A

Dear Mr. Stofko:

As referenced in our recent letter, please find enclosed your Certificate of Need for the above-referenced application that was approved at the April 24, 2024, 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 # **CN2402-005A** 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: **American Home Care, LLC**
95 Signature Place
Lebanon, TN 37087

For: **Tennessee Valley Home Care, LLC dba Tennessee Quality Care Home Health (Middle)**

This Certificate is issued for:

For the establishment of a home care organization and the initiation of home health services in a 21-county service area that includes: Cheatham, Clay, Cumberland, Davidson, DeKalb, Fentress, Jackson, Macon, Maury, Montgomery, Overton, Pickett, Putnam, Robertson, Rutherford, Smith, Sumner, Trousdale, White, Williamson and Wilson Counties. Upon approval of this project, these 21 counties will be removed from the 51-county licensed service area of Tennessee Valley Home Care, LLC, d/b/a Tennessee Quality Care – Home Health (License No. 221), an existing home care organization located at 580 Tennessee Avenue, North, Parsons (Decatur County), Tennessee that is also owned by American Home Care, LLC.

CONDITION: Upon approval of this project, these 21 counties will be removed from the 51-county licensed service area of Tennessee Valley Home Care, LLC, d/b/a Tennessee Quality Care – Home Health (License No. 221), an existing home care organization located at 580 Tennessee Avenue, North, Parsons (Decatur County), Tennessee that is also owned by American Home Care, LLC.

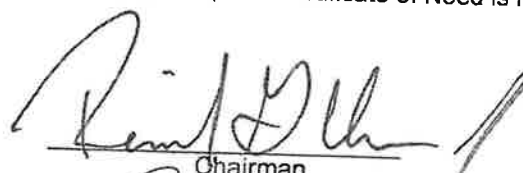
On the premises located at: **95 Signature Place**
Lebanon, TN 37087

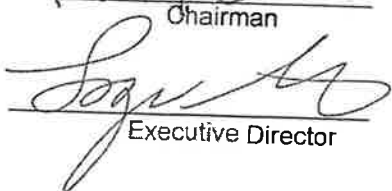
For an estimated project cost of **\$735,500.**

The Expiration Date for this Certificate of Need is **June 1, 2026**, 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: April 24, 2024

Date Issued: June 26, 2024


Chairman


Executive Director



State of Tennessee
Health Facilities Commission

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

Mr. Stofko
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In accordance with T.C.A. § 68-11-1609(g)(1) (as amended by Public Chapter 780, Acts of 2002), the applicant or any person who filed directly with the Commission a prior objection to the granting of a Certificate of Need 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. 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/hfsda/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/hfsda/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**

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

April 24, 2024

Jeff Stofko, Manager
Ascendient Healthcare Advisors, Inc.
1335 Environ Way
Chapel Hill, NC 37517

RE: Certificate of Need Application – Tennessee Valley Home Care, LLC dba Tennessee Quality Care Home Health (Middle)–CN2402-005A

Dear Mr. Stofko,

On April 24, 2024, 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 in a 21-county service area that includes: Cheatham, Clay, Cumberland, Davidson, DeKalb, Fentress, Jackson, Macon, Maury, Montgomery, Overton, Pickett, Putnam, Robertson, Rutherford, Smith, Sumner, Trousdale, White, Williamson and Wilson Counties. Upon approval of this project, these 21 counties will be removed from the 51-county licensed service area of Tennessee Valley Home Care, LLC, d/b/a Tennessee Quality Care – Home Health (License No. 221), an existing home care organization located at 580 Tennessee Avenue, North, Parsons (Decatur County), Tennessee that is also owned by American Home Care, LLC. The address of the project will be 95 Signature Place, Lebanon (Wilson County), Tennessee 37087. Estimated project cost: \$735,500.

This letter is to advise you that the Commission voted to **approve** the Certificate of Need for the referenced project with **condition: These 21 counties will be removed from the 51-county licensed service area of Tennessee Valley Home Care, LLC, d/b/a Tennessee Quality Care – Home Health (License No. 221).**

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.



August 14, 2024

VIA EMAIL

Tennessee Health Facilities Commission
Division of Licensure and Regulation
665 Mainstream Drive, Second Floor
Nashville, TN 37243
Attn: Ann Rutherford Reed (Ann.R.Reed@TN.gov)

Re: Tennessee Valley Home Care, LLC d/b/a Tennessee Quality Care – Home Health (East) –
Licensure Application

Ms. Reed:

I am writing on behalf of Tennessee Valley Home Care, LLC d/b/a Tennessee Quality Care – Home Health (TQC – East) to submit the enclosed Home Health Services Application for Initial Licensure, [Attachment 1](#). As explained in greater detail below, on April 24, 2024, TQC – East was granted a CON to establish a home care organization and initiate home health services in a 21-county service area including: Cheatham, Clay, Cumberland, Davidson, DeKalb, Fentress, Jackson, Macon, Maury, Montgomery, Overton, Pickett, Putnam, Robertson, Rutherford, Smith, Sumner, Trousdale, White, Williamson, and Wilson Counties. The TQC – East home office will be located at 95 Signature Place, Lebanon, TN 37087 and will seek accreditation from The Joint Commission.

Background

Currently, Tennessee Quality Care – Home Health (TQC) is a licensed, Joint Commission-accredited, Tennessee home care organization (License No. 221) serving 51 counties across the state of Tennessee. In 2023, TQC partnered with Addus HomeCare Corporation, which owns Addus HealthCare, Inc. (Addus), a national provider of home care services, to further expand TQC's capabilities to provide accessible and high quality care to its patients in Tennessee. Currently, TQC has one parent office in Parsons (Decatur County) (TQC Parsons) and 10 branch offices shown in [Attachment 2](#). To better serve its patients in the 51-county service area and ensure its structure is more aligned with state licensure surveyor preferences, TQC submitted two complementary and concurrent CON applications for the establishment of two additional parent offices in Lebanon (Wilson County) and Martin (Weakley County), where TQC currently operates two branch offices. These new parent locations were selected based on their relatively central geographic location within their respective proposed regions.

Both CON projects were approved by the Health Facilities Commission in April 2024 and will result in the internal restructuring of TQC's current 51-county service area. The current 51-county

service area will be divided into three distinct, separately licensed and Joint Commission-accredited regional service areas, each with a parent office and affiliated branch offices.

The following outlines how the existing, TQC Parsons 51-county service area will be divided upon licensure of the Lebanon and Martin parent offices (please also see Attachment 3):

- **TQC – Middle (Existing License No. 221, TQC Parsons)**
 - o **17 Counties:** Benton, Chester, Decatur, Dickson, Hardeman, Hardin, Henderson, Hickman, Houston, Humphreys, Lawrence, Lewis, Madison, McNairy, Perry, Stewart, and Wayne
 - o **Parent Location:** 580 Tennessee Avenue North, Parsons, TN (38363) (Decatur)
 - o **4 Branch Office Locations:** Camden (Benton), Dover (Stewart), Jackson (Madison), Waynesboro (Wayne)

- **TQC – East (Lebanon)**
 - o **21 Counties:** Cheatham, Clay, Cumberland, Davidson, DeKalb, Fentress, Jackson, Macon, Maury, Montgomery, Overton, Pickett, Putnam, Robertson, Rutherford, Smith, Sumner, Trousdale, White, Williamson, and Wilson
 - o **Parent Location:** 95 Signature Place, Lebanon, TN 37087 (Wilson)
 - o **2 Branch Office Locations:** Clarksville (Montgomery), Columbia (Maury)

- **TQC – West (Martin)**
 - o **13 Counties:** Carroll, Crockett, Dyer, Fayette, Gibson, Haywood, Henry, Lake, Lauderdale, Obion, Shelby, Tipton, and Weakley
 - o **Parent Location:** 115 Neal Street, Suite E&F, Martin, TN 38237 (Weakley)
 - o **2 Branch Office Locations:** Covington (Tipton), Paris (Henry)

Upon (i) state licensure of TQC – East and TQC – West, (ii) Medicare certification and confirmation of the effective date of enrollment of TQC – East and TQC – West and (iii) the notification of patients to provide patient choice as more fully described in Phase 3 below, the 34 counties outlined above will be removed from the existing licensed service area of TQC Parsons, leaving TQC Parsons with a service area of 17 counties in the Central Tennessee region (TQC – Middle). Thus, neither the TQC – East nor TQC – West projects will alter TQC’s existing 51-county service area. Rather, with three parent home health agencies in Tennessee, TQC will achieve more geographically balanced oversight of its current service area. This will improve operational efficiencies and allow TQC to further enhance the quality home health care it provides to patients, particularly those in underserved rural areas.

Transition of Patients

It is TQC’s goal to provide the best, highest quality patient care with limited to no interruption to patients as a result of this internal restructuring project. We look forward to working closely with your office to ensure patients and operations are transitioned efficiently and effectively. Importantly, any on-service TQC patient who will be served by the TQC – East or TQC – West parent offices will be notified of the licensure transition and made aware that they have a choice of home health providers and that, therefore, they may opt to receive their care from an alternative provider going forward. Please see Attachment 4 for a copy of TQC’s patient notice letter.

Below is a step-by-step plan to achieve the transition of patients from TQC Parsons to TQC – East and TQC – West:

Phase 1: *All patients continue to be served under Existing License No. 221 (TQC Parsons)*

- Submission of Home Health Services Applications for Initial Licensure for TQC – East and TQC – West.
- Submission of Medicare Applications for TQC – East and TQC – West.

Phase 2: *Existing patients continue to be served under Existing License No. 221 (TQC Parsons)*

- TQC – East and TQC – West receive new HHA licenses.
- Limited number of new patients admitted to TQC – East and TQC – West under new licenses in preparation for the Medicare certification survey.

Phase 3:

- TQC – East and TQC – West receive Medicare certification approvals.
- Existing patients in TQC – East and TQC – West service areas receive notice letter (Attachment 4).
- Within 30 days of the notice letter, any patient who indicates he/she would like to stay with TQC is transitioned from TQC Parsons to TQC – East or TQC – West, respectively.
- Upon expiration of the 30-day period specified above, the 21 counties covering TQC – East and the 13 counties covering TQC – West will be removed from TQC Parsons, License No. 221 and re-designated under the new TQC – East and TQC – West HHA licenses. This will leave TQC Parsons, License No. 221 with a 17-county service area.
- To the extent the final part of the Phase 3 patient transition cannot be accomplished within the 30-day period specified above, TQC will notify the Health Facilities Commission of any necessary timeframe adjustments.

Again, we look forward to working with you and are happy to answer any questions. Please feel free to reach out to me directly at (205)725-6236.

Sincerely,



Caitlin Dale
Manager of Hospice Contracting, Licensing, & Enrollment
Phone: (205)475-8324
cdale@addus.com

Christopher C. Puri
Counsel
cpuri@bradley.com
615.252.4643 direct

Bradley

July 28, 2023

VIA EMAIL (ann.r.reed@tn.gov)
and Hand-Delivered

Ms. Ann Rutherford Reed RN, BSN, MBA
Deputy Director, Licensure & Regulation
Tennessee Health Facilities Commission
Office of Health Care Facilities
665 Mainstream Drive
Nashville, Tennessee 37243

RECEIVED JUL 28 2023
Kayla Waters

Re: Completion of Acquisition and Transition of American National Home Health Care, Inc. ("ANNHCI") (HHA License No. 600) and Continuous Care Services, LLC ("CCS") (HHA License No. 048) by Tennessee Valley Home Care, LLC d/b/a Tennessee Quality Care-Home Health (HHA License No. 221)

Dear Ann:

As we have discussed previously, Tennessee Valley Home Care, LLC d/b/a Tennessee Quality Care-Home Health (HHA License No. 221) has acquired the license and all associated rights to American National Home Health Care, Inc. ("ANHHCI") (Home Health Care Agency License No. 600) and Continuous Care Services, LLC ("CCS") (Home Health Care Agency License No. 048) (hereinafter, "the Acquisition"). The transactions between ANHHCI and CCS, and TQC, respectively, closed on May 5, 2023.

As of the date of this letter:

1. All patients who were previously on the census of CCS and/or ANHHCI have been transferred to TQC, or elected to continue with a different home health agency.
2. The transition of patients from the Seller agencies is complete and there are no patients on the census of CCS or ANHHCI as of July 27, 2023.
3. Home Health Care Agency License No. 600 in the name of American National Home Health Care, Inc. is being surrendered.
4. Home Health Care Agency License No. 048 in the name of Continuous Care Services, LLC is being surrendered.

As requested by the Health Facilities Commission ("HFC"), with this letter, please find enclosed the physician wall licenses for License 600 and License 048 are attached to this letter. So that we may have documentation of closing out this process for our files. I would appreciate you confirming receipt of the letter and licenses through an email to that effect.

Ms. Ann Rutherford Reed RN, BSN, MBA
July 28, 2023
Page 2

Should you have any questions or need anything further, please do not hesitate to contact me.

Very truly yours,

Bradley Arant Boult Cummins LLP

A handwritten signature in cursive script that reads "Christopher C. Puri".

Christopher C. Puri

CCP/ced

Enclosure

Provider Information for 1245059005

The following NPI(s) contain information matching your search criteria. Please select the NPI to view all the data associated with the NPI.

[Home](#) / [Back To Results](#) / [NPI View](#)

Please Note: Issuance of an NPI does not ensure or validate that the Health Care Provider is Licensed or Credentialed. For more information please refer to [NPI: What You Need to Know](#)

TENNESSEE VALLEY HOME CARE, LLC

Other Names:

Doing **TENNESSEE**
Business **QUALITY CARE -**
As: **HOME HEALTH**
EAST

Organization Subpart: YES



NPI: 1245059005



Last Updated: 2024-10-08

Certification Date: 2024-10-08

Details

Name	Value
NPI	1245059005
Enumeration Date	2024-10-08
NPI Type	NPI-2 Organization
Status	Active
Authorized Official	Name: Mr. WILLIAM BRADLEY BICKHAM Title: President & COO

Mailing Address	6303 COWBOYS WAY STE 600 FRISCO, TX 75034-0329 United States Phone: 205-725-6236 Fax: View Map			
Primary Practice Address	95 SIGNATURE PL LEBANON, TN 37087-3285 United States Phone: 731-641-9990 Fax: View Map			
Secondary Practice Address(es)	161 HATCHER LN CLARKSVILLE, TN 37043-5987 United States Phone: 931-221-4890 Fax: View Map 1407 HATCHER LN STE B COLUMBIA, TN 38401-1055 United States Phone: 615-656-3658 Fax: View Map			
Health Information Exchange	Endpoint Type	Endpoint Description	Content Use Type	Endpoint Affiliation Location
Other Identifiers	Issuer	State	Number	Other Issuer
Taxonomy	Primary Taxonomy	Selected Taxonomy	License State Number	
	Yes	251E00000X - Home Health		

Organizational



TENNESSEE
Quality CARE
HOME HEALTH

— AN ADDUS HOMECARE COMPANY —

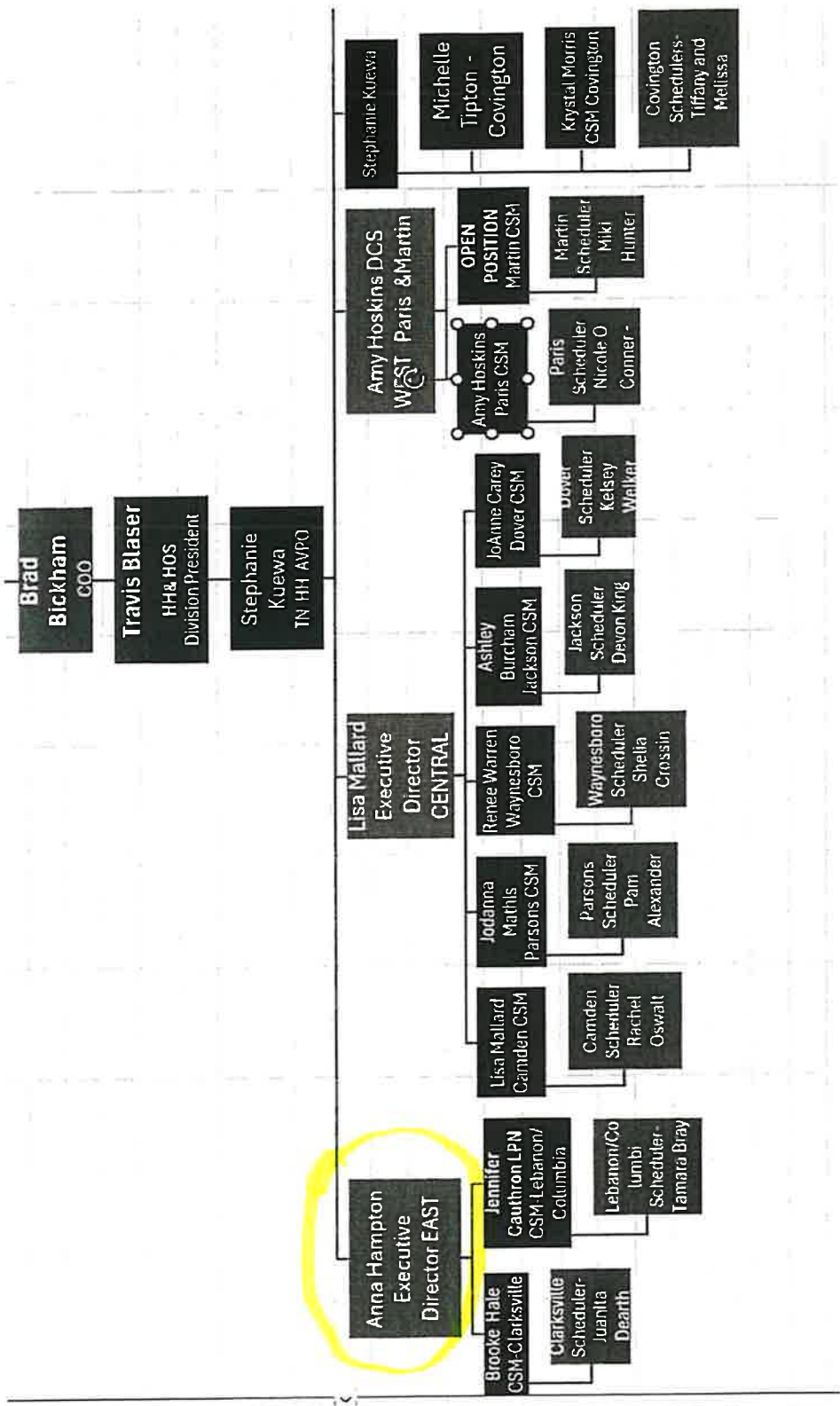
Addus HomeCare Corporation
Publicly Traded Corporation
EIN: 20-5340172
801 Warrenville Rd., Suite 800
Lisle, IL 60532
100%

Addus HealthCare, Inc.
EIN: 42-1014070
801 Warrenville Rd., Suite 800
Lisle, IL 60532
100%

American Home Care, LLC
EIN: 62-1641780
801 Warrenville Rd., Suite 800
Lisle, IL 60532
100%

Homecare, LLC
EIN: 62-1525405
801 Warrenville Rd., Suite 800
Lisle, IL 60532
100%

Tennessee Valley Home Care, LLC
EIN: 62-1407753
801 Warrenville Rd., Suite 800
Lisle, IL 60532





Governing Body Administrator Appointment

The governing Body of Addus HealthCare, Inc. appoints the below-named individual as the Agency Administrator. This person will be responsible for the overall day-to-day operations of the Tennessee Quality Care Locations

Camden, Clarksville, Columbia, Covington, Dover, Franklin, Jackson, Lebanon, Martin, Paris, Parsons, Waynesboro

All Branch Locations

December 9, 2024

Effective Date

Brad Bickham

Governing Body Representative Name

A handwritten signature in black ink that reads "Brad Bickham".

Governing Body Representative Signature

Anna Hampton, 2024

Administrator Name

A handwritten signature in black ink that reads "Anna Hampton".

Administrator Signature



Governing Body Back-Up Administrator Appointment

The governing Body of Addus HealthCare, Inc. appoints the below named individual as the Back-up Agency Administrator. As Back-up Administrator, this person will be responsible for the overall day-to-day operations of the Addus HealthCare Inc. in the absence of the Administrator.

Lebanon/Columbia, TN

Location

August 1, 2025

Effective Date

W. Bradley Bickham

Governing Body Representative Name

A handwritten signature in black ink, appearing to read 'W. Bradley Bickham', written over a horizontal line.

Governing Body Representative Signature

Jennifer Cauthron

Back-up Administrator Name

A handwritten signature in black ink, appearing to read 'Jennifer Cauthron', written over a horizontal line.

Back-up Administrator Signature



September 8, 2023

Kelly Nichols
VP of Operations
Tennessee Valley Home Care, LLC
580 Tennessee Avenue North
Parsons, TN 38363

Joint Commission ID #: 677161
Program: Home Care Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 9/8/2023

Dear Mrs. Nichols:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning July 1, 2023 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations