



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

May 4, 2026

Sent Via Email

Traci Hartman  
The Daavlin Distributing Co. DBA Phothera  
205 West Bement Street  
Bryan, Ohio 43506

Facility Type: Home Medical Equipment

Dear Traci Hartman:

It is my pleasure to inform you that your application for licensure of The Daavlin Distributing Co. DBA Phothera located at 205 West Bement Street, Bryan, OH 43506 has been initially approved for providing DME/HME services in all counties in Tennessee effective May 4, 2026 . The license number shall be 1559 . 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](mailto:Niraj.Soni@tn.gov)



**APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY**

Facility Type: HME License # (if applicable): 1559 County: Williams

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

Facility Name: Phothera-Daavlin 205 West Bement Street Bryan, Ohio 43506

Application and fee on file in Central Office (CO)? Yes  No \_\_\_\_\_ CON #: \_\_\_\_\_ Project #: \_\_\_\_\_ Phase: \_\_\_\_\_ of \_\_\_\_\_

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: 04/24/26

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   
(Completed by Central Office Licensure Staff)

CMS Paperwork (855, etc.) approved and received in regional office: Yes \_\_\_\_\_ No N/A  
(NOTE: With exception of Initial Licensure Approvals)

Effective date: May 4, 2026 Licensure is recommended: Yes  No \_\_\_\_\_  
(Completed by Central Office Licensure Staff)

Tom Lane 4-30-2026  
Regional Administrator/Facilities Construction Director or Designee Date  
Meg 5/4/26  
Licensure Program Unit Staff Date

## Application Summary

2/5/26 4:13 PM

ITSD/ETRO App#23878  
F-1559

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### Application Detail

License Type: **Home Medical Equipment: Licensed**  
Application: **Home Medical Equipment: Initial Application**  
Application Date: **02/05/2026 (mm/dd/yyyy)**

### Organization Detail

Organization Name: **The Daavlin Distributing Co. DBA Phothera**  
Organization Type: **Corporation**

### Addresses

#### Main Address

Address: **205 West Bement Street**

**WILLIAMS**

**Bryan, OH**

**43506**

**US**

Phone Number: **419-636-6304**

Extension:

E-mail Address: **CustomerService@Phothera.com**

#### Administrative

Name: **The Daavlin Distributing Co. DBA Phothera**

Address: **205 West Bement Street**

**WILLIAMS**

**Bryan, OH**

**43506**

**US**

Phone Number: **419-633-3413**

Extension:

E-mail Address: **thartman@Phothera.com**

**Emergency Contact**

Name:

**The Daavlin Distributing Co. DBA Phothera**

Address:

**205 West Bement Street**

**WILLIAMS**

**Bryan, OH**

**43506**

**US**

Phone Number:

**419-633-3413**

Extension:

E-mail Address:

**thartman@Phothera.com**

**Ownership of Building**

Name:

**Daavlin Holdings LLC**

Address:

**444 West Lake Street**

**Suite 4400**

**COOK**

**Chicago, IL**

**60606**

**US**

Phone Number:

**216-831-0600**

Extension:

E-mail Address:

**thartman@phothera.com**

**Legal Entity**

Name:

**The Daavlin Distributing Co. DBA**  
~~Madison Industries~~

Address:

**444 West Lake Street**

**Suite 4400**

**COOK**

**Chicago, IL**

**60606**

**Phothera CNS**

US

Phone Number: 216-831-0600

Extension:

E-mail Address: thartman@phothera.com

**Holding Company**  
 Name: Daavlin Holdings LLC

Address: 444 West Lake Street  
 Suite 4400  
 COOK  
 Chicago, IL  
 60606  
 US

Phone Number: 216-831-0600

Extension:

E-mail Address: thartman@phothera.com

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**License Attributes Selected**

Additional License Information

For Profit

Qualification/Certification

All Counties

- ~~Out of State Alabama~~
- ~~Out of State Alaska~~
- ~~Out of State Arizona~~
- ~~Out of State Arkansas~~
- ~~Out of State California~~
- ~~Out of State Colorado~~
- ~~Out of State Connecticut~~
- ~~Out of State Delaware~~
- ~~Out of State District of Columbia~~
- ~~Out of State Florida~~

- ~~Out of State Georgia~~
- ~~Out of State Hawaii~~
- ~~Out of State Idaho~~
- ~~Out of State Illinois~~
- ~~Out of State Indiana~~
- ~~Out of State Iowa~~
- ~~Out of State Kansas~~
- ~~Out of State Kentucky~~
- ~~Out of State Louisiana~~
- ~~Out of State Maine~~
- ~~Out of State Maryland~~
- ~~Out of State Massachusetts~~
- ~~Out of State Michigan~~
- ~~Out of State Minnesota~~
- ~~Out of State Mississippi~~
- ~~Out of State Missouri~~
- ~~Out of State Montana~~
- ~~Out of State Nebraska~~
- ~~Out of State Nevada~~
- ~~Out of State New Hampshire~~
- ~~Out of State New Jersey~~
- ~~Out of State New Mexico~~
- ~~Out of State New York~~
- ~~Out of State North Carolina~~
- ~~Out of State North Dakota~~
- Out of State Ohio
- ~~Out of State Oklahoma~~
- ~~Out of State Oregon~~

- ~~Out of State Pennsylvania~~
- ~~Out of State Puerto Rico~~
- ~~Out of State Rhode Island~~
- ~~Out of State South Carolina~~
- ~~Out of State South Dakota~~
- ~~Out of State Texas~~
- ~~Out of State Utah~~
- ~~Out of State Vermont~~
- ~~Out of State Virginia~~
- ~~Out of State Washington~~
- ~~Out of State West Virginia~~
- ~~Out of State Wisconsin~~
- ~~Out of State Wyoming~~

**Basic License Data**

If your facility has branch offices provide the number. If none, enter 00 **00**

Provide Administrator's Name: **Traci Hartman**

Provide the Ownership's Name: **The Daavlin Distributing Co.**

Ownership Name Continued: **DBA Phothera**

Is your facility accredited by a federally approved accrediting body? **Yes**

If answered yes accredited, must provide expiration date of accreditation. **09/30/2027 (mm/dd/yyyy)**

What type of Home Care Organization: Hospital Based or Nursing Home Based or Free Standing? **Other**

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 **No**

state of Tennessee and/or other states?

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?: **No**

#### 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: **Daavlin Holdings LLC**

Street: **444 West Lake Street, Suite 4400**

City: **Chicago**

State: **Illinois**

Zip: **60606**

#### 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

Bank Letter- Comerica.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.

# Board of Certification/Accreditation

Swings Mills, Maryland

## Accredited Facility

Practice limited to DMEPOS supplier categories:  
DM23

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

**Daavlin Distributing**  
205 W Bement St  
Bryan, Ohio 43506-1264

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, BOCO, BOCPD, CDME, Chief Operating Officer



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



S10953

Facility Number

September 30, 2027

Accredited Through

Accredited Since: September 26, 2009

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.