

ETRO / ETSD

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Application Detail

License Type:

Home Medical Equipment: Licensed

Application:

Home Medical Equipment: Initial Application

Application Date:

09/15/2025 (mm/dd/yyyy)

Organization Detail

Organization Name:

Coreverity LLC

Organization Type:

Limited Liability Company

Addresses

Main Address

Address:

1 PARROTT DRIVE SUITE 400

FAIRFIELD

Shelton, CT

06484

US

Phone Number:

203-435-4089

Extension:

E-mail Address:

ivan.nussberg@
coreverity.com

Administrative

Name:

COREVERITY, LLC

Address:

1 PARROTT DRIVE SUITE 400

FAIRFIELD

Shelton, CT

06484

US

Phone Number:

203-435-4089

Extension:

E-mail Address:

dina.canalia@coreverity.com

Emergency Contact

Name: COREVERITY, LLC

Address: 1 PARROTT DRIVE SUITE 400

FAIRFIELD

Shelton, CT

06484

US

Phone Number: 203-257-6743

Extension:

E-mail Address: Patrick.hicks@coreverity.com

Ownership of Building

Name: DG ONE PARROTT SHELTON LLC

Address: 1 PARROTT DRIVE SUITE 400

FAIRFIELD

Shelton, CT

06484

US

Phone Number: 203-221-8999

Extension:

E-mail Address: david@davidadamrealty.com

Legal Entity

Name: COREVERITY LLC

Address: 1 PARROTT DRIVE SUITE 400

FAIRFIELD

Shelton, CT

06484

US

Phone Number: 203-435-4089 (NS)

Extension:

E-mail Address:

ivan.nussberg@ CNS)
CoreVerity.com

License Attributes Selected

Qualification/Certification

All Counties

Out of State Connecticut

Additional License Information

For Profit

Basic License Data

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

00

Provide Administrator's Name:

Patrick Hicks

Provide the Ownership's Name:

CoreVerity, LLC CNS)

Ownership Name Continued:

Is your facility accredited by a federally approved accrediting body?

Yes

If answered yes accredited, must provide expiration date of accreditation.

07/22/2027 CNS)
~~07/23/2024~~ (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 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

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?

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 1

The name of the individual owner, partner, director of the corporation or head of the government: **Clancy Purcell**

Street: **100 Parrott Drive**

City: **Shelton**

State: **Connecticut**

Zip: **06484**

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: **Ivan Nussberg**

Street: **356 Wheelers Farms Rd, Unit 107**

City: **Milford**

State: **Connecticut**

Zip: **06461**

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

Delaware CoreverityLLC.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.



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

February 19, 2026

Sent Via Email

Patrick Hicks
Coreverity, LLC
1 Parrott Drive Suite 400
Shelton, Connecticut 06484

Facility Type: Home Medical Equipment

Dear Patrick Hicks:

It is my pleasure to inform you that your application for licensure of Coreverity LLC located at 1 Parrott Drive Suite 400, Shelton, Connecticut 06484 has been initially approved for providing DME/HME services for all counties in Tennessee effective February 19, 2026 . The license number shall be 1537. 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,

Niraj Soni

Niraj Soni, ASA 3
Phone: (615) 741-7539
Fax: (615) 253-8798
Email: Niraj.Soni@tn.gov

