

ETROKTSO
Application Summary

11/18/25 1:16 PM

F-1549

App# 23776

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Application Detail

License Type:

Home Medical Equipment: Licensed

Application:

Home Medical Equipment: Initial Application

Application Date:

11/18/2025 (mm/dd/yyyy)

Organization Detail

Organization Name:

Tobii Dynavox LLC

Organization Type:

Limited Liability Company

Addresses

Main Address

Address:

1400 Cherrington Parkway

Building 100

ALLEGHENY

Coraopolis, PA

15108

US

Phone Number:

~~800-344-1778~~ 412-222-7782 (NS)

Extension:

E-mail Address:

reimbursement@tobiidynavox.com

Administrative

Name:

Tobii Dynavox LLC

Address:

1400 Cherrington Parkway

Building 100

ALLEGHENY

Coraopolis, PA

15108

US

Phone Number:

~~800-344-1778~~ 412-222-7782 (NS)

Extension:

E-mail Address:

reimbursement@tobiidynavox.com

Emergency Contact

Name:

Tobii Dynavox LLC

Address:

1400 Cherrington Parkway

Building 100

ALLEGHENY

Coraopolis, PA

15108

US

Phone Number:

~~888-944-1778~~ 412--222-7782 (NS)

Extension:

E-mail Address:

reimbursement@tobiidynavox.com

Ownership of Building

Name:

PIBP 100 LLC

Address:

395 E. Waterfront Drive

Suite 300

ALLEGHENY

Pittsburgh, PA

15120

US

Phone Number:

412-476-3009

Extension:

E-mail Address:

mhudec@cdventures.com

Legal Entity

Name:

Tobii Dynavox LLC

Address:

1400 Cherrington Parkway

Building 100

ALLEGHENY

Coraopolis, PA

15108

US

Phone Number:

~~800-344-4778~~ 412-222--7782 (NS)

Extension:

E-mail Address:

reimbursement@tobiidynavox.com

Parent Company

Name:

Tobii Assistive Technology, Inc.

Address:

1400 Cherrington Parkway

Building 100

ALLEGHENY

Coraopolis, PA

15108

US

Phone Number:

~~800-344-4778~~ 412-222-7782 (NS)

Extension:

E-mail Address:

reimbursement@tobiidynavox.com

License Attributes Selected

Additional License Information

For Profit

Qualification/Certification

All Counties

Out of State Pennsylvania

Basic License Data

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

00

Provide Administrator's Name:

Tara Rudnicki

Provide the Ownership's Name:

Tobii Dynavox LLC

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

If answered yes accredited, must provide expiration date of accreditation. **08/23/2026 (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: **Yes**

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: **Tobii Assistive Technology, Inc.**
Tara Rudnicki, President (NS)

Street: **1400 Cherrington Parkway, Buliding 100**

City: **Coraopolis**

State: **Pennsylvania**

Zip: **15108**

Owner Discipline Information

Have any of the owners of the disclosing entity ever been denied a license suspended or revoked?: **No**

Have any of the owners of the disclosing entity ever been denied a license suspended or revoked?:

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

CONSISDTLYTD for 2506.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

March 2, 2026

Sent Via Email
Revised

Tara Rudnicki
Tobii Dynavox LLC
1400 Cherrington Parkway, Building 100
Coraopolis, Pennsylvania 15108

Facility Type: Home Medical Equipment

Dear Tara Rudnicki:

It is my pleasure to inform you that your application for licensure of Tobii Dynavox LLC located at 1400 Cherrington Parkway, Coraopolis, PA 15108 has been initially approved for providing HME/DME services in all counties effective February 4, 2026 . The license number shall be 1549. 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

cc: East Tennessee Regional Office



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HME License # (if applicable): 000 County: Barren

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

Facility Name: Tobii Dynavox LLC Address: 1400 Cherrington Parkway Building 100 City: Coraopolis PA
Zip Code: 15108

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

Facility approved for Home Medical Equipment: Providing HME/DME services in all counties.

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: 01/30/26

Fire Safety: See attached application Date: _____

CD Approved: Yes No _____ 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: February 4 2026 Licensure is recommended: Yes No _____
(Completed by Central Office Licensure Staff)

Tom A. Lane, RNJL

2/2/2026

Regional Administrator/Facilities Construction Director or Designee

Date

Nancy [Signature]
Licensure Program Unit Staff

2/4/26
Date

Tobii Dynavox LLC

Pittsburgh, PA

has been Accredited by




The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the
Home Care Accreditation Program

February 23, 2023

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD; RN, CENP, FAAN
Chair, Board of Commissioners

ID #489292
Print/Reprint Date: 02/27/2023


Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

