

## Application Summary

4/28/25 10:07 AM

WTR0 / ITSD

App# 23520  
F-1515

Page 1 of 6

### Application Detail

License Type: Home Medical Equipment: Licensed  
Application: Home Medical Equipment: Initial Application  
Application Date: 04/28/2025 (mm/dd/yyyy)

### Organization Detail

Organization Name: Core Care Technologies Inc  
Organization Type: Corporation

### Addresses

#### Main Address

Address: 309 Fries Mill Road  
Ste 2  
GLOUCESTER  
Sewell, NJ  
08080-9283  
US

Phone Number: 856-629-0400

Extension:

E-mail Address: rmanno@mbodylogic.com

#### Administrative

Name: Core Care Technologies Inc  
Address: 309 Fries Mill Road  
Ste 2  
GLOUCESTER  
Sewell, NJ  
08080-9283  
US

Phone Number: 856-629-0400

Extension:

E-mail Address:

**rmano@mbodylogic.com**

**Emergency Contact**

Name:

**Core Care Technologies Inc**

Address:

**309 Fries Mill Road**

**Ste 2**

**GLOUCESTER**

**Sewell, NJ**

**08080-9283**

**US**

Phone Number:

**856-629-0400**

Extension:

E-mail Address:

**rmano@mbodylogic.com**

**Ownership of Building**

Name:

**Core Care Technologies Inc**

Address:

**309 Fries Mill Road**

**Ste 2**

**GLOUCESTER**

**Sewell, NJ**

**08080-9283**

**US**

Phone Number:

**856-629-0400**

Extension:

E-mail Address:

**rmano@mbodylogic.com**

**Legal Entity**

Name:

**Core Care Technologies Inc**

Address:

**309 Fries Mill Road**

**Ste 2**

GLOUCESTER

Sewell, NJ

08080-9283

US

Phone Number:

856-629-0400

Extension:

E-mail Address:

rmano@mbodylogic.com

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License Attributes Selected

Qualification/Certification

All Counties

~~Overton~~

~~Perry~~

(NS)

~~Pickett~~

~~Polk~~

~~Putnam~~

~~Rhea~~

~~Roane~~

~~Robertson~~

~~Rutherford~~

~~Scott~~

~~Sequatchie~~

~~Sevier~~

~~Chelby~~

~~Smith~~

~~Stewart~~

~~Sullivan~~

~~Sumner~~

~~Tipton~~

~~Trousdale~~ (NS)

~~Unicoi~~

~~Union~~

~~van Buren~~

~~Warren~~

~~Washington~~

~~Wayne~~

~~Weakley~~

~~White~~

~~Williamson~~

~~Wilson~~

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: **Ronald Manno**

Provide the Ownership's Name: ~~Ronald Manno~~ **Core Care Technologies, Inc (NS)**

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

If answered yes accredited, must provide expiration date of accreditation. ~~09/23/2023 (mm/dd/yyyy)~~ **9/23/2026 (NS)**

What type of Home Care Organization: ~~Other~~ **Free Standing HME (NS)**  
Hospital Based or Nursing Home Based or 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**

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**

Provide a Yes or No, if your facility has a parent company:

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**

Administrators 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: **Ronald Manno**

Street: **63 Quail Hollow Drive**

City: **Sewell**

State: **New Jersey**

Zip: **08080**

#### **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**

Core care Tech Statements 4-28-25.pdf

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#### **Fees**

Initial License Fee **\$1404.00**

Total Amount Due: **\$1404.00**

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## 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, 9<sup>th</sup> Floor, Nashville, TN 37243  
[www.tn.gov/hfc](http://www.tn.gov/hfc) Phone: 615-741-7221

January 28, 2026

Sent Via Email

Ronald Manno  
Core Care Technologies Inc  
309 Fries Mill Road Ste 2  
Sewell, New Jersey 08080-9283

Facility Type: Home Medical Equipment

Dear Ronald Manno:

It is my pleasure to inform you that your application for licensure of Core Care Technologies Inc located at 309 Fries Mill Road, Sewell, New Jersey 08080-9283 has been initially approved for Out of State Home Medical Equipment Provider serving all counties in Tennessee effective January 28, 2026 . The license number shall be 1515 . 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.**

**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 731-984-9684 .**

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: West Tennessee Regional Office



**APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY**

Facility Type: HME License # (if applicable): #1515 County: Out of State HME Provider

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

Facility Name: Core Care Technologies Inc.

Address: 309 Fries Mill Road, Suite 2 City: Sewell, NJ ZIP Code: 08080

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

Project #: \_\_\_\_\_ Phase: \_\_\_\_\_ of \_\_\_\_\_

Facility approved for (if satellite/off campus site include address): Out of State Home Medical Equipment Provider serving all counties in Tennessee

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)**

Health Surveyor: Celia Skelley RN PHNCI Date: 11/25/25

Fire Safety: \_\_\_\_\_ Date: \_\_\_\_\_

CD Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A  Health Survey Required: Yes  No \_\_\_\_\_

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 NA  
**(NOTE: With exception of Initial Licensure Approvals)**

Effective date: January 28, 2026 Licensure is recommended: Yes  No \_\_\_\_\_  
**(Completed by Central Office Licensure Staff)**

Kz/Rhonda G. Rogers 12/1/2025

Regional Administrator/Facilities Construction Director or Designee Date  
Nuray Sonu 1/28/2026  
\_ Licensure Program Unit Staff Date

Administrator is Ronald Manno. : rmanno@mbobylogic.com

# Core Care Technologies, Inc.

Sewell, NJ

has been Accredited by

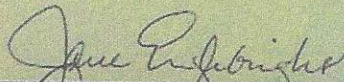


## The Joint Commission

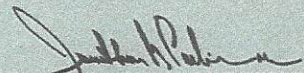
Which has surveyed this organization and found it to meet the requirements for the  
Home Care Accreditation Program

September 21, 2023

Accreditation is customarily valid for up to 36 months.

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

ID #375873  
Print/Reprint Date: 11/01/2023

  
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](http://www.jointcommission.org).

