

## Application Summary

9/17/25 11:05 AM

F-1538 App# 23689  
WTRO/ITSD

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### Application Detail

License Type: Home Medical Equipment: Licensed  
Application: Home Medical Equipment: Initial Application  
Application Date: 09/17/2025 (mm/dd/yyyy)

### Organization Detail

Organization Name: Donaco Medical Supply, LLC dba HR  
HealthCare Patient Services

Organization Type: Limited Liability Company

### Addresses

#### Main Address

Address: 117 Towne Lake Parkway  
Suite 200  
CHEROKEE  
Woodstock, GA  
30188-4831  
US

Phone Number: 678-401-2628

Extension: 101

E-mail Address: ddonald@hrhealthcare.com

#### Administrative

Name: Donaco Medical Supply, LLC dba HR  
HealthCare Patient Services

Address: 117 Towne Lake Parkway  
Suite 200  
CHEROKEE  
Woodstock, GA  
30188-4831  
US

Phone Number: 678-401-2628

Extension: 101

E-mail Address: ddonald@hrhealthcare.com

**Emergency Contact**

Name: Donaco Medical Supply, LLC dba HR HealthCare Patient Services

Address: 117 Towne Lake Parkway

Suite 200

CHEROKEE

Woodstock, GA

30188-4831

US

Phone Number: 678-401-2628

Extension: 101

E-mail Address: ddonald@hrhealthcare.com

**Ownership of Building**

Name: US National Property Management, LLC

Address: 117 Towne Lake Parkway

Suite 200

CHEROKEE

Woodstock, GA

30188-4831

US

Phone Number: 678-401-2628

Extension: 101

E-mail Address: ddonald@hrhealthcare.com

**Legal Entity**

Name: Donaco Medical Supply, LLC dba HR HealthCare Patient Services

Address: 117 Towne Lake Parkway

Suite 200

**CHEROKEE****Woodstock, GA****30188-4831****US**

Phone Number:

**678-401-2628**

Extension:

**101**

E-mail Address:

**ddonald@hrhealthcare.com****License Attributes Selected**

Qualification/Certification

**All Counties****Out of State Georgia**

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:

**Dallas Donald**

Provide the Ownership's Name:

**HR HealthCare Patient Services**

Is your facility accredited by a federally approved accrediting body?

**Yes**

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

**09/11/2027 (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  
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**

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: **Hendrix Acquisition, LLC**

Street: **2600 Eastern Blvd, Suite 201**

City: **York**

State: **Pennsylvania**

Zip: **17402**

**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: **HR Pharmaceuticals, Inc.**

Street: **2600 Eastern Blvd**

City: **York**

State: **Pennsylvania**

Zip: **17402**

**Individual Owners, Partners, Director or Head of Government Entity 3**

The name of the individual owner, partner, director of the corporation or head of the government: **Wiesman Capital & Co., LLC**

Street: **2600 Eastern Blvd**

City: **York**

State: **Pennsylvania**

Zip: **17402**

**Individual Owners, Partners, Director or Head of Government Entity 4**

The name of the individual owner, partner, director of the corporation or head of the government: **Colby P. Wiesman**

Street: **2600 Eastern Blvd**

City: **York**

State: **Pennsylvania**

Zip: **17402**

**Individual Owners, Partners, Director or Head of Government Entity 5**

The name of the individual owner, partner, director of the corporation or head of the government: **Christopher P. Wiesman**

Street: **2600 Eastern Blvd**

City: **York**

State: **Pennsylvania**

Zip: **17402**

**Individual Owners, Partners, Director or Head of Government Entity 6**

The name of the individual owner, partner, director of the corporation or head of the government: **Jon P. Wiesman**

Street: **2600 Eastern Blvd**

City: **York**

State: **Pennsylvania**

Zip: **17402**

**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**

## Proof of Financial Ability.pdf

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**Fees**

Initial License Fee	<b>\$1404.00</b>
Total Amount Due:	<b>\$1404.00</b>

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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 14, 2026

Sent Via Email

Dallas Donald  
Donaco Medical Supply, LLC dba HR HealthCare Patient Services  
117 Towne Lake Parkway, Suite 200  
Woodstock, Georgia 30188-4831

Facility Type: Home Medical Equipment

Dear Dallas Donald:

It is my pleasure to inform you that your application for licensure of Donaco Medical Supply, LLC dba HR HealthCare Patient Services located at 117 Towne Lake Parkway, Woodstock, Georgia 30188-4831 has been initially approved for Out of State HME providing services to all counties of Tennessee effective January 14, 2026 . The license number shall be 1538. 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](mailto:Niraj.Soni@tn.gov)

cc: West Tennessee Regional Office



**APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY**

Facility Type: HME License #(if applicable): #1538 County: Out of State HME provider

Initial X Renovation Satellite/Off Campus Location

Physical Plant/ Relocation/Replacement Facility  
(Circle One) (Circle One)

Facility Name: Donaco Medical Supply, LLC dba HR Healthcare Patient Services

Address: 117 Towne Lake Parkway, Suite 200 City: Woodstock, GA ZIP 5919 Code: 30188

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

Project #                      Phase:                      of                     

Facility approved for (if satellite/off campus site include address): Approved for Out of State HME providing services to all counties of TN

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: 12/30/25

Fire Safety:                      Date:           

CD Approved: Yes      No      N/A NA Health Survey Required: Yes: X 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 N/A  
(NOTE: With exception of Initial Licensure Approvals)

Effective date: January 14, 2026 Licensure is recommended: Yes ✓ No       
(Completed by Central Office Licensure Staff)

KZ/Rhonda G. Rogers 01/08/2026

Regional Administrator/Facilities Construction Director or Designee

Niraj Seni  
Licensure Program Unit Staff

1/14/26  
Date

Administrator is Dallas Donald: [ddonald@hrhealthcare.com](mailto:ddonald@hrhealthcare.com)  
Please Send copy to Susan Brune: [sbrune@hrhealthcare.com](mailto:sbrune@hrhealthcare.com)

# CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT

*Donaco Medical Supply LLC*  
*d/b/a HR HealthCare Patient Services*  
WOODSTOCK, GEORGIA

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

DMEPOS

*Medical Supply Provider Services*

*Accreditation #53708*

FROM *December 2, 2024*, THROUGH *September 11, 2027*



PRESIDENT & CHIEF EXECUTIVE OFFICER



CHAIR OF THE BOARD OF COMMISSIONERS

