



State of Tennessee

Health Facilities Commission

665 Mainstream Drive, 2nd Floor, Nashville, TN 37243

www.tn.gov/hfc

Phone: 615-741-7221

August 29, 2025

Sent Via Email

Naama Breckler
Better Health Supplies, Inc
680 8th Street, Suite 240, Unit G
San Francisco, California 94103

Facility Type: Home Medical Equipment

Dear Naama Breckler:

It is my pleasure to inform you that your application for licensure of Better Health Supplies, Inc has been initially approved for providing DME/HME services for all counties in Tennessee; effective August 29, 2025. The license number shall be 1511. 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 September 24, 2025 . **You are hereby authorized to commence operation pending the final decision of the Commission** No further action is necessary on your part currently.

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 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 Administrator



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HME License # (if applicable): 1511 County: San Francisco

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

Facility Name: Better Health Supplies Inc.

Address: 680 8th St. Ste. 240 Unit G City: San Francisco Zip Code: 94103

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): Providing DME/HME services in all counties in Tennessee.

Sprinklered: _____ (Full 100%) Partial: _____ (%)

Licensed bed count from: _____ to _____ Number of beds increased/decreased: _____

Total Licensed bed count: _____

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: Nancy Mullins Date: 08/26/2025

Fire Safety: _____ Date: _____

CD Approved: Yes _____ No _____ N/A ☒ Health Survey Required: Yes ☒ No _____; if Yes, please indicate which region: ETRO

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: August 29, 2025 Licensure is recommended: Yes ☒ No _____
(Completed by Central Office Licensure Staff)

Dr. Debra Vena / M 8/28/2025
Regional Administrator/Facilities Construction Director or Designee Date

Niraj Sonu 8/29/25
Licensure Program Unit Staff Date

Application Summary

3/31/25 10:55 AM

App# 23481 ~~PROTECTED~~ F-1511

Page 1 of 6

Application Detail

License Type:

Home Medical Equipment: Licensed

Application:

Home Medical Equipment: Initial Application

Application Date:

03/31/2025 (mm/dd/yyyy)

Organization Detail

Organization Name:

Org Type
Addresses

Better Health Supplies Inc.
Corporation.

Main Address

Address:

680 8th Street

Suite 240

Unit G

SAN FRANCISCO

San Francisco, CA

94103-4951

US

Phone Number:

415-475-8444

Extension:

E-mail Address:

licenses@joinbetter.com

Administrative

Name:

Better Health Supplies Inc.

Address:

680 8th Street

Suite 240

Unit G

SAN FRANCISCO

San Francisco, CA

94103-4951

US

Phone Number:

707-652-9393

Phone Number:

Extension:

E-mail Address:

licenses@joinbetter.com

Emergency Contact

Name:

Better Health Supplies Inc.

Address:

680 8th Street

Suite 240

Unit G

SAN FRANCISCO

San Francisco, CA

94103-4951

US

Phone Number:

707-652-9393

Extension:

E-mail Address:

licenses@joinbetter.com

Ownership of Building

Name:

**THE CHARLES AND SHERRI SUGARMAN
LIVING TRUST**

Address:

680 8th Street

Suite 201

SAN FRANCISCO

San Francisco, CA

94103

US

Phone Number:

415-475-8444

Extension:

E-mail Address:

licenses@joinbetter.com

Legal Entity

Name:

Better Health Supplies inc.

Address: 680 8th Street
Suite 240
Unit G
SAN FRANCISCO
San Francisco, CA
94103-4951
US

Phone Number: 415-475-8444

Extension:

E-mail Address: licenses@joinbetter.com

License Attributes Selected

Qualification/Certification

All Counties

~~Out of State Arkansas~~~~Out of State California~~~~Out of State Colorado~~~~Out of State Connecticut~~~~Out of State Florida~~~~Out of State Georgia~~~~Out of State Illinois~~~~Out of State Indiana~~~~Out of State Kentucky~~~~Out of State Louisiana~~~~Out of State Maryland~~~~Out of State Massachusetts~~~~Out of State Michigan~~~~Out of State Mississippi~~~~Out of State Nevada~~

~~Out of State New Hampshire~~~~Out of State North Carolina~~~~Out of State Ohio~~~~Out of State Pennsylvania~~~~Out of State Rhode Island~~~~Out of State South Carolina~~~~Out of State Texas~~~~Out of State Utah~~~~Out of State Vermont~~

Additional License Information

For Profit

Out of State California

Basic License Data

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

00

Provide Administrator's Name:

Naama S Breckler

Provide the Ownership's Name:

Better Health

Ownership Name Continued:

Technologies Inc.

Is your facility accredited by a federally approved accrediting body?

Yes

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

01/31/2026 (mm/dd/yyyy)

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

Free Standing HME

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

No

firm to operate this facility?

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?

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:

Better Health technologies Inc.

Street:

680 8th Street Suite 240 Unit H

City:

San Francisco

State:

California

Zip:

94103

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:

Naama S Breckler, CEO

Street:

4110 Ventura Avenue

City:

Miami

State:

Florida

Zip:

33133

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

January Bank Statement.pdf

Fees

Initial License Fee	\$1404.00
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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.



Online Payment Receipt

Receipt Issued By:

Board for Licensing Health Care Facilities

Receipt Issued To:

Better Health Supplies Inc.

680 8th Street

San Francisco, CA 94103-4951

Date: 03/31/2025

Transaction Identifier: 3895072747

Trace Number: 2287600

License Type	Licensee	Transaction	Application #	Account #	Amount
Home Medical Equipment	Better Health Supplies Inc.	Home Medical Equipment: Initial Application	548-23481	*****6889	\$1404.00



State of Tennessee
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

April 17, 2025

Sent Via Email

Naama S. Breckler
Better Health Supplies, Inc
680 8th Street, Unit G
San Francisco, California 94103

Dear Naama Breckler:

This is to acknowledge receipt of your application and fee to apply for licensure of Better Health Supplies, Inc. Please review the instruction sheet that you received with the application to apply for licensure so that you are aware of the process for obtaining licensure of your facility. If a certificate of need is required to provide services, you will need to contact *Health Services and Developmental Agency* at (615) 741-2364.

Please remember that if you are applying for licensure of a facility that requires an architectural plans review contact Plans Review for complete and details and procedures at (615) 741-6998. You must submit those plans along with the plans review fee prior to scheduling a survey. **For Homes for the Aged facilities specifically; TCA-368-11-202 allows "schematics shall be submitted to the department for approval of plans and specifications, converting and existing single family dwelling" with six (6) or less beds.**

It is your responsibility to contact the East Tennessee Regional Office to request a survey of your facility. Please submit the request in writing to West Tennessee Regional Office Dr. Debra Verna , East Tennessee Regional Administrator, . If you would like to fax the request to) the fax number is 865-594-5739

Your application and fee will be held in a pending status until you are recommended by the Regional Office for licensure. Once the recommendation for licensure is received from the regional office, your facility will receive a letter for "Initial Approval." Admission of patients MAY NOT occur until the facility's receipt of the "Initial Approval" letter. Your application will be presented before the Health Facilities Commission and final approval at the next regularly scheduled commission meeting. Your facility CAN operate once you receive the "Initial Approval."

This application will only be good for one (1) years from the date of receipt. If the initial licensure has not occurred within that one (1) year period you will be required to submit a new application and fee unless you have contacted our office in writing extending your application.

In the event that a certificate of need is required prior to obtaining a license for this facility the application file will be closed the day following the expiration date of the certificate of need.

Should you have any questions or if I can be of assistance to you please call me at (615) 741-7539 or you may email me at Niraj.Soni@tn.gov .

Sincerely,

Niraj Soni

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