



State of Tennessee  
Health Facilities Commission  
665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243  
[www.tn.gov/hfc](http://www.tn.gov/hfc) Phone: 615-741-7221

July 2, 2025

Sent Via Email

Simon Njoroge  
Betterlives LLC  
120 Forest Court  
Knoxville, Tennessee 37919

Facility Type: Home Health Agencies

Dear Simon Njoroge:

It is my pleasure to inform you that your application for licensure of BetterLives LLC located at 120 Forest Court, Knoxville, TN 37919 has been initially approved **July 1, 2025**. The license number shall be 695. 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 July 23, 2025. **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 Regional Office phone number is 869-594-5396 .**

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,

*Angela Tyler*

Angela Tyler

cc: East Tennessee Regional Administrator



## APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: EE OICPA Home Health License # (if applicable): \_\_\_\_\_ County: Knox

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

Facility Name: Better Lives

Address: 120 Forest Court City: Knoxville TN Zip Code: 37919

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

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

Facility approved for (if satellite/off campus site include address): Counties Anderson  
Blount, Knox, Loudon, Sevier  
SN, HHA,

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

Licensed bed count from: NA to \_\_\_\_\_ Number of beds increased/decreased: NA

If secured unit, number of beds in unit: NA If Alzheimer's unit, number of beds in unit: NA  
(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: [Signature]

Date: 6/30/2025

Fire Safety: NA

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 \_\_\_\_\_  
(NOTE: With exception of Initial Licensure Approvals)

Effective date: 7-1-2025  
(Completed by Central Office Licensure Staff)

Licensure is recommended: Yes / No \_\_\_\_\_

Dr. Debra Vena  
Regional Administrator/Facilities Construction Director or Designee Date 6/30/2025

[Signature]  
Licensure Program Unit Staff Date 7-1-2025



**State of Tennessee**

**Health Facilities Commission**

665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243

[www.tn.gov/hfc](http://www.tn.gov/hfc)

Phone: 615-741-7221

March 13, 2025

Sent Via Email

Simon Njoroge  
BetterLives LLC  
120 Forest Court  
Knoxville, Tennessee 37919

Dear Simon Njoroge

This is to acknowledge receipt of your application and fee to apply for licensure of BetterLives LLC. 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 Tennessee Regional Office to request a survey of your facility. Please submit the request in writing to , Regional Administrator, . If you would like to fax the request to ) the fax number is .

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 Board for Licensing Health Care Facilities for ratification and final approval at the next regularly scheduled board 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.

**A home health agency limited to the provision of home health services in the federal Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA) and/or to patients under eighteen (18) years of age is required within two (2) years of the initiation of services to obtain accreditation as identified in T.C.A. §68-11-1607(r)(1) & (s)(3). Proof of accreditation must be submitted to the Health Facilities Commission upon receipt.**

Should you have any questions or if I can be of assistance to you please call me at (615) 741-7221 or you may email me at .

Sincerely,

*Angela Tyler*

Angela Tyler

Applied ETR0/1TSD  
3-13-25

F.10 #695

## Application Summary

2/4/25 11:16 AM

Page 1 of 5

### Application Detail

License Type: Home Health Services: Licensed  
Application: Home Health Services: Initial Application  
Application Date: 02/04/2025 (mm/dd/yyyy)

### Organization Detail

Organization Name: betterlives llc  
Organization Type: Limited Liability Corporation

### Addresses

#### Mailing Address

Address: 120 forest court

KNOX

knoxville, TN

37919

US

Phone Number: 865-313-6355

Extension:

E-mail Address: bettelivesllc2@gmail.com

#### Administrative

Name: betterlives llc

Address: 120 forest c ~~simon njoropge~~

KNOX

Knoxville, TN

37919

US

Phone Number: 865-919-7812

Extension:

E-mail Address: bettelivesllc2@gmail.com

received  
2/4/25

**Emergency Contact**

Name:

betterlives

Address:

~~2332 LARAMIE 7927 beeler farm~~

120 forest court

KNOX

Knoxville, TN

37918

US

Phone Number:

865-919-7812

Extension:

E-mail Address:

synjoroge@yahoo.com

**Ownership of Building**

Name:

betterlives

Address:

120 forest court

KNOX

knoxville, TN

37919

US

Phone Number:

865-919-7812

Extension:

E-mail Address:

betterlivesllc2@gmail.com

**Legal Entity**

Name:

betterlives llc

Address:

~~2332 LARAMIE 7927 beeler farm~~

120 forest court

KNOX

knoxville, TN

37919

US

Phone Number:

865-919-7812

Extension:

E-mail Address:

synjoroge@yahoo.com

**License Attributes Selected**

Specialty	Limited to EEOICPA
Qualification/Certification	EEOICPA-Anderson
	EEOICPA-Blount
	EEOICPA-Knox
	EEOICPA-Loudon
	EEOICPA-Sevier

**Basic License Data**

Do you have Branch Offices? If yes, enter number(s) of branch(es).	0
Provide Administrator's Name:	simon njoroge
Provide the Ownership's Name:	simon njoroge
Is your facility accredited by a federally approved accrediting body?	No
What type of Home Care Organization: Hospital Based or Nursing Home Based or Free Standing?	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
Provide a Yes or No, if your facility has a Parent Company	No
Do you have Other Licensed Facilities in the state of Tennessee and/or other states?	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	No

facility in Tennessee or in any other state?

Provide a Yes or No, Do you provide services to a pediatric population? **No**

Provide a Yes or No, Is your agency a provider in the EEOICPA federal program? **No**

#### Administrator's 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: **simon njoroge**

*owner 100%*

Street: **7927**

City: **KNOXVILLE**

State: **Tennessee**

Zip: **37918-0000**

#### 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

CON Exemption.pdf

BetterLives - 2024 p&l.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 Health Services 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 Health Services 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:**

betterlives llc  
forest court 120 forest court  
Knoxville, TN 37919

**Date:** 02/04/2025

**Transaction Identifier:** 3891311238

**Trace Number:** 2235271

License Type	Licensee	Transaction	Application #	Account #	Amount
Home Health Services	betterlives llc	Home Health Services: Initial Application	534-13013	*****9110	\$1404.00



**State of Tennessee**

**Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243

[www.tn.gov/hfc](http://www.tn.gov/hfc)

Phone: 615-741-2364

[hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

**INITIAL NOTIFICATION OF HOME HEALTH ACCREDITATION FOR  
CON EXEMPTION**

**Instructions:** This form must be filed with the Health Facilities Commission by any person who intends to establish a health care institution or initiates any service specified in T.C.A. 68-11-1607 (a) (3) pursuant to the exemption provided in T.C.A. 68-11-1607 (r) or T.C.A. 68-11-1607 (r). This form must be emailed to [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov).

**1. REPORTING DATE:**

01/27/2025

**2. CONTACT PERSON OR AUTHORIZED AGENT REPORTING EXEMPTION**

Simon Njoroge	Director
(Name)	(Title)
Betterlives LLC	<a href="mailto:Synjoroge@yahoo.com">Synjoroge@yahoo.com</a>
(Company)	(Email Address)
120 FOREST COURT	865-919-7812
(Mailing Address)	(Telephone Number)
Knoxville TN 37919	865-801-9560
(City) (State) (Zip)	(Fax Number)

**3. IF SEEKING THE ESTABLISHMENT OF A HOME HEALTH AGENCY UNDER EXEMPTION,  
DATE OF LICENSE SUBMISSION:**

1/27/2025

**4. IF CURRENTLY LICENSED, PROVIDE LICENSE #:** Licensed under PSSL

**LIST CURRENT LICENSED COUNTIES:** (PSSL)

Knox, Anderson, Blount, Sevierville

**COUNTIES LICENSED UNDER EEOICPA:**

**COUNTIES LICENSED UNDER PEDIATRIC**

**COUNTIES LICENSED AS HOME INFUSION ONLY:**

**LIST ANY EXISTING CERTIFICATE OF NEED LIMITATIONS/CONDITIONS:**

**5. DESCRIPTION OF EXEMPTED ACTIVITY:**

**LIST OF EXEMPTED COUNTIES TO BE ADDED UNDER THE FOLLOWING TYPES:**

**PEDIATRIC:**

**EEOICPA:**

☒

**6. NAME AND ADDRESS OF PROVIDER**

Betterlives LLC  
(Name)  
120 FOREST COURT  
(Street Address)  
Knoxville TN 37919  
(City) (State) (Zip)

**7. ACCREDITATION (must be completed within 2 years of initial licensure)**

**Please Check**

- ☒ Community Health Accreditation Program, Inc.
- ☐ Accreditation Commission for Health Care and/or other accrediting body with deeming authority for home health services from CMS and participation in the Medicare Quality Initiatives
- ☐ Outcome and Assessment Information Set, and Home Health Compare, or other nationally recognized accrediting organization, for Home Health projects;

**I UNDERSTAND THAT A HOME HEALTH AGENCY THAT PROVIDES HOME HEALTH SERVICES WITHOUT A CERTIFICATE OF NEED TO PEDIATRIC AND/OR EEOICPA PATIENTS THAT FAILS TO COMPLY WITH THE ACCREDITATION REQUIREMENTS IS SUBJECT TO LICENSURE SANCTIONS.**

Simon Njorge

Signature of authorized agent

1/27/2025

Date

Simon Njorge

Printed Name