



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

July 2, 2025

Sent Via Email

Sydney Heacock CEO
Personalized Caregiving of Tennessee
9111 Cross Park Drive STE D200
Knoxville, Tennessee 37923

Facility Type: Home Health Agencies

Dear Sydney Heacock CEO:

It is my pleasure to inform you that your application for licensure of Personalized Caregiving of Tennessee LLC located at 9111 Cross Park Drive STE D200, Knoxville, TN 37923 has been initially approved July 1, 2025. The license number shall be 699. 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 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,

Angela Tyler

Angela Tyler

cc: East Tennessee Regional Office



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: EE01CPA HomeHealth License # (if applicable): _____ County: Knox

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

Facility Name: Personalized Caregiving of Tennessee, LLC
Address: 911 Kross Park Drive City: Knoxville Zip Code: 37923

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

Project #: N/A Phase: _____ of _____

Facility approved for (if satellite/off campus site include address): SN Homemaker, HHA
Anderson, Blodgett, Blount, Bradley, Campbell, Carter
Claborn, Cook & Cumberland, Frazier, Granger
Green, Hambley, Hancock, Hankins, Jefferson, Jones
Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roan
Sprinklered: NA (Full 100%) Partial: NA (%) Scott, Sevier, Sullivan
Union, Washington

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

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: [Signature]

Date: 6/30/2025

Fire Safety: N/A

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 / Jm 6/30/2025
Regional Administrator/Facilities Construction Director or Designee Date

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



**State of Tennessee
Health Facilities Commission**

665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

May 12, 2025

Sent Via Email

Sydney Heacock
Personalized Caregiving of Tennessee LLC
9111 Cross Park Drive STE D200
Knoxville, Tennessee 37923

Dear Sydney Heacock:

This is to acknowledge receipt of your application and fee to apply for licensure of Personalized Caregiving of Tennessee 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 Facilities Commission at (615) 741-2364.

Please remember that if you are applying for licensure of a facility that requires architectural plan review contact Plans Review for complete 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 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 Commission for Licensing Health Facilities Commission for ratification 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) year 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.

If 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) 741-7221 or you may email me at .

Sincerely,

Angela Tyler

ETRO
ISTD
Application Summary

FILE #699
APPH 13064

4/21/25 12:39 PM

Page 1 of 6

Application Detail

License Type: Home Health Services: Licensed
Application: Home Health Services: Initial Application
Application Date: 04/21/2025 (mm/dd/yyyy)

Organization Detail

Organization Name: Personalized Caregiving of Tennessee LLC
Organization Type: Limited Liability Corporation

Addresses

Mailing Address

Address: 9111 Cross Park Drive STE D200
KNOX
Knoxville, TN
37923
US
Phone Number: 865-364-0826
Extension:
E-mail Address: sydneyheacock@personalizedcotn.org

Administrative

Name: Personalized Caregiving of Tennessee
Address: 9111 Cross Park Drive STE D200
KNOX
Knoxville, TN
37923
US
Phone Number: 865-364-0826
Extension:
E-mail Address: sydneyheacock@personalizedcotn.org

Emergency Contact

Name:

Personalized Caregiving of Tennessee

Address:

9111 Cross Park Drive STE D200**KNOX****Knoxville, TN****37923****US**

Phone Number:

865-364-0826

Extension:

E-mail Address:

sydneyheacock@personalizedcotn.org**Ownership of Building**

Name:

TKO Suites

Address:

9111 Cross Park Drive STE D200**KNOX****Knoxville, TN****37923****US**

Phone Number:

865-694-0840

Extension:

E-mail Address:

9111@tkosuites.com**Legal Entity**

Name:

Personalized Caregiving of Tennessee

Address:

9111 Cross Park Drive STE D200**KNOX****Knoxville, TN****37923****US**

Phone Number:

865-364-0826

Extension:

E-mail Address:

sydneyheacock@personalizedcotn.org

License Attributes Selected

Specialty

Home Health Agency

Home Health Aid Services

Homemakers Services

Limited to EEOICPA

Skilled Nursing

Qualification/Certification

EEOICPA-Anderson

EEOICPA-Bledsoe

EEOICPA-Blount

EEOICPA-Bradley

EEOICPA-Campbell

EEOICPA-Carter

EEOICPA-Claiborn

EEOICPA-Cocke

EEOICPA-Cumberland

EEOICPA-Fentress

EEOICPA-Grainger

EEOICPA-Greene

EEOICPA-Hamlen

EEOICPA-Hancock

EEOICPA-Hawkins

EEOICPA-Jefferson

EEOICPA-Johnson

EEOICPA-Knox

EEOICPA-Loudon

EEOICPA-Marion
 EEOICPA-McMinn
 EEOICPA-Meigs
 EEOICPA-Monroe
 EEOICPA-Morgan
 EEOICPA-Polk
 EEOICPA-Rhea
 EEOICPA-Roane
 EEOICPA-Scott
 EEOICPA-Sevier
 EEOICPA-Sullivan
 EEOICPA-Unicoi
 EEOICPA-Union
 EEOICPA-Washington

Basic License Data

Do you have Branch Offices? If yes, enter number(s) of branch(es).	1
Provide Administrator's Name:	Sydney Heacock CEO
Provide the Ownership's Name:	Sydney Heacock
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	No

state of Tennessee and/or other states?

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 monetary penalties for a health care facility in Tennessee or in any other state? **No**

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? **Yes**

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: **Sydney Heacock CEO/President**

Street: **920 Misty Springs Road**

City: **Knoxville**

State: **Tennessee**

Zip: **37932**

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

profit loss 2024 .pdf

CON 2025.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:

Personalized Caregiving of Tennessee LLC
9111 Cross Park Drive STE D200
Knoxville, TN 37923

Date: 04/22/2025

Transaction Identifier: 3896944106

Trace Number: 2308809

License Type	Licensee	Transaction	Application #	Account #	Amount
Home Health Services	Personalized Caregiving of Tennessee LLC	Home Health Services: Initial Application	534-13064	*****1123	\$1404.00



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364 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.

1. REPORTING DATE:

4/29/2025

2. CONTACT PERSON OR AUTHORIZED AGENT REPORTING EXEMPTION

Sydney Heacock

(Name)

Personalized Caregiving Of Tennessee LLC

(Company)

9111 Cross Park Dr STE D200

(Mailing Address)

Knoxville

TN

37923

(City)

(State)

(Zip)

CEO

(Title)

sydneyheacock@personalizedcotn.org

(Email Address)

865-310-1779

(Telephone Number)

865-409-5791

(Fax Number)

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

04/21/2025

4. IF CURRENTLY LICENSED, PROVIDE LICENSE #:

Currently Licensed through State of TN Department of Mental Health and Substance Abuse Services #L000000035794

LIST CURRENT LICENSED COUNTIES:

All Counties listed on line #5

COUNTIES LICENSED UNDER EEOICPA:

All Counties listed on line #5

COUNTIES LICENSED UNDER PEDIATRIC

NA

COUNTIES LICENSED AS HOME INFUSION ONLY:

NA

LIST ANY EXISTING CERTIFICATE OF NEED LIMITATIONS/CONDITIONS:

NA

5. DESCRIPTION OF EXEMPTED ACTIVITY:

To provide home health services to EEOICPA recipients We are a Licesnsed Personal Care Support Service Agency Looking to expand
Expansion in both counties seived and adding Home Health license. PCA Licensed sense July 2023.

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

PEDIATRIC:

EEOICPA:

Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Fentress, Grainger, Greene,
Hamlen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk,
Rhea, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Washington,

6. NAME AND ADDRESS OF PROVIDER

Personalized Caregiving Of Tennessee LLC

(Name)

9111 Cross Park Dr. STE D200

(Street Address)

Knoxville

TN

37923

(City)

(State)

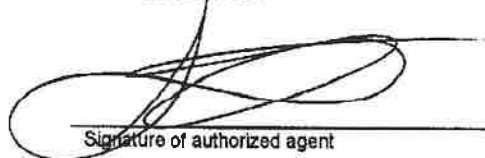
(Zip)

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.



Signature of authorized agent

4/29/25

Date

Sydney Heacock

Printed Name