



State of Tennessee

Health Facilities Commission

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

www.tn.gov/hfc

Phone: 615-741-7221

June 26, 2025

Sent Via Email

Scott Blackwelder
Advanced Technology of Kentucky, Inc
7570 US Hwy 42
Florence, Kentucky 41042

Facility Type: Home Medical Equipment

Dear Scott Blackwelder:

It is my pleasure to inform you that your application for licensure of Advanced Technology of Kentucky, Inc has been initially approved for providing Home Medical Equipment services in all counties in Tennessee; effective June 26 2025. The license number shall be 1506. 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** 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 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 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 Administrator



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HME License # (if applicable): #1506 County: Out of State HME Provider

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

Facility Name: Advanced Technology of Kentucky, INC

Address: 7570 US Hwy 42 City: Florence, KY ZIP Code: 41042

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): 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 *CS* Date: 6/23/25

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 X
(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: June 26, 2025 Licensure is recommended: Yes X No _____
(Completed by Central Office Licensure Staff)

Doreen McLean, ACC Supervisor 6/23/2025
Regional Administrator/Facilities Construction Director or Designee Date

Niraj Soni 06/26/2025
Licensure Program Unit Staff Date

Administrator is Scott Blackwelder: sblackwelder@atiortho.com
Please send copy to Mike Seltzer: mseltzer@atiortho.com



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

March 4, 2025

Sent Via Email

Scott Blackwelder
Advanced Technology of Kentucky, Inc
7570 US Hwy 42
Florence, Kentucky 41042

Dear Scott Blackwelder:

This is to acknowledge receipt of your application and fee to apply for licensure of Advanced Technology of Kentucky, 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 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 West Tennessee Regional Office to request a survey of your facility. Please submit the request in writing to , Kathy Ziegler Regional Administrator, . If you would like to fax the request to) the fax number is 731-427-0407 or send via mail to 295 Summar Drive, 2nd Floor Jackson, Tennessee 38301.

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 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) 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.

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

Application Summary

3/3/25 2:34 PM

Page 1 of 5

Application Detail

License Type:	Home Medical Equipment: Licensed
Application:	Home Medical Equipment: Initial Application
Application Date:	03/03/2025 (mm/dd/yyyy)

Organization Detail

Organization Name:	Advanced Technology of Kentucky, Inc.
Organization Type:	Corporation

Addresses

Main Address

Address:	7570 US Hwy 42
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BOONE

Florence, KY

41042

US

Phone Number:	859-578-4822
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Extension:

E-mail Address:	sblackwelder@atiortho.com
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Administrative

Name:	Advanced Technology of Kentucky, Inc.
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Address:	6325 Miami
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HAMILTON

Cincinnati , OH

45243

US

Phone Number:	513-383-2490
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Extension:

E-mail Address:	sblackwelder@atiortho.com
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Emergency Contact

Name: **Advanced Technology of Kentucky, Inc.**

Address: **6325 Miami**

HAMILTON

Cincinnati , OH

45243

US

Phone Number: **513-383-2490**

Extension:

E-mail Address: **sblackwelder@atiortho.com**

Ownership of Building

Name: **Clara Properties Benton Dammel**

Address: **8119 Connector Dr**

BOONE

Florence, KY

41017

US

Phone Number: **513-368-1376**

Extension:

E-mail Address: **bammel@icloud.com**

Legal Entity

Name: **Advanced Technology of Kentucky, Inc.**

Address: **7570 US Hwy 42**

BOONE

Florence, KY

41042

US

Phone Number: **859-578-4822**

Extension:

E-mail Address:

sblackwelder@atiortho.com

License Attributes Selected

Qualification/Certification

All Counties

Out of State Kentucky

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:

Scott Blackwelder

Provide the Ownership's Name:

Advanced Technology

Ownership Name Continued:

of Kentucky, Inc.

Is your facility accredited by a federally approved accrediting body?

Yes

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

12/31/2026 (mm/dd/yyyy)

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

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

No

civil monetary penalties for a health care facility in Tennessee or in any other state?

Does your facility have a physical location in Tennessee?: **Yes**

Administrator 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: **Scott Blackwelder**

Street: **6325**

City: **Cincinnati**

State: **Ohio**

Zip: **45243**

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

ATI Certificate of Existence KY.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 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:

Advanced Technology of Kentucky, Inc.

7570 US Hwy 42

Florence, KY 41042

Date: 03/03/2025

Transaction Identifier: 3893097823

Trace Number: 2260700

License Type	Licensee	Transaction	Application #	Account #	Amount
Home Medical Equipment	Advanced Technology of Kentucky, Inc.	Home Medical Equipment: Initial Application	548-23451	*****1035	\$1404.00