

LETTER OF INTENT



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

LETTER OF INTENT

The Publication of Intent is to be published in The Tennessean which is a newspaper of general circulation in Davidson County and Wilson County, The Daily Herald which is a newspaper of general circulation in Maury County, The Williamson Herald which is a newspaper of general circulation in Williamson County and the Tullahoma News which is a newspaper of general circulation in Coffee County., Tennessee, on or before 09/15/2025 for one day.

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Abe's Garden At Home, a/an newly formed entity owned by Abe's Garden with an ownership type of Corporation (Not-for-Profit) and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a home health agency and the initiation of home health services. The service area will consist of Davidson, Wilson, Williamson, Coffee and Maury Counties. This certificate of need is to apply for a non-Medicare certified home health care agency. The agency will apply approaches based on research from NIH funded studies and peer-reviewed geriatric research journals. The approaches are currently used with great success in Abe's Garden Community residential and adult day program.. The address of the project will be 115 Woodmont Blvd., Nashville, Davidson, Tennessee, 37205. The estimated project cost will be \$27,636.

The anticipated date of filing the application is 09/30/2025

The contact person for this project is Chief Operating Officer Christopher Simon Coelho who may be reached at Abe's Garden Community - 115 Woodmont Blvd., Nashville, Tennessee, 37205 – Contact No. 615-733-2681.

Christopher Simon Coelho

09/10/2025

ccoelho@abesgarden.org

Signature of Contact

Date

Contact's Email Address

The Letter of Intent must be received between the first and the fifteenth day of the month. If the last day for filing is a Saturday, Sunday, or State Holiday, filing must occur on the next business day. Applicants seeking simultaneous review must publish between the sixteenth day and the last day of the month of publication by the original applicant.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .



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PUBLICATION OF INTENT

The following shall be published in the “Legal Notices” section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Abe's Garden At Home, a/an newly formed entity owned by Abe's Garden with an ownership type of Corporation (Not-for-Profit) and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a home health agency and the initiation of home health services. The service area will consist of Davidson, Wilson, Williamson, Coffee and Maury Counties. This certificate of need is to apply for a non-Medicare certified home health care agency. The agency will apply approaches based on research from NIH funded studies and peer-reviewed geriatric research journals. The approaches are currently used with great success in Abe's Garden Community residential and adult day program.. The address of the project will be 115 Woodmont Blvd., Nashville, Davidson, Tennessee, 37205. The estimated project cost will be \$27,636.

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CRITERIA AND

STANDARDS

CRITERIA AND STANDARDS

Attachment 1N

Standards and Criteria

1. **Determination of Need:** In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.

RESPONSE:

Table 1:

Service Area County	Number of Agencies Report Serving 2024	Total Patients Served 2024	Estimated Population 2024	Projected Need 2027	Percentage Difference Between Patients Served and Projected
Davidson	45	13,481	727,642	11,134	-17.4%
Coffee	18	1,984	59,283	906	-54.3%
Maury	24	2,278	106,039	1,658	-27.2%
Wilson	33	3,722	160,783	2,549	-31.5%
Williamson	39	4,222	270,313	4,334	2.7%
TOTAL	159	25,687	1,163,277	20,581	-25.5%*

* Average of each county

Table 1 provides information that includes number of agencies, patients served, estimated population, and what the projected need for 2027 would be. As you can see if the projected need formula is used on the 2024 population the total patients served in the requested counties is on average 25.5% higher than what the projected need would be. There continues to be a higher need for these services than projections are accounting for.

2. The need for home health services should be projected three years from the latest available year of final JAR data.

RESPONSE:

Table 2:

Service Area County	Projected Population 2027	Projected Capacity 2027	Projected Need 2027	Need or (Surplus) 2027
Davidson	742,241	13,751	11,134	(2,618)
Coffee	60,425	2,022	906	(1,116)
Maury	110,559	2,375	1,658	(717)
Wilson	169,947	3,934	2,549	(1,385)
Williamson	288,952	4,513	4,334	(179)
TOTAL	1,372,124	26,595	20,581	(6,015)

Table 2 provides information that includes the projected three years from the latest available year of projected population, capacity, need and whether it is a surplus.

3. The use rate of existing home health agencies in each county of the Service Area will be determined by examining the latest utilization rate as calculated from the JARs of existing home health agencies in the Service Area. Based on the number of patients served by home health agencies in the Service Area, an estimation will be made as to how many patients could be served in the future.

RESPONSE:

Service Area County	Need or (Surplus) for 2027
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Davidson	(2,618)
Coffee	(1,116)
Maury	(717)
Wilson	(1,385)
Williamson	(179)
TOTAL	(6,015)

4. **County Need Standard:** The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data; b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.

RESPONSE:

Letters are currently being received from health care providers and potential patients for the proposed service areas.

The Tennessee Department of Health published in May of 2024 under the recommendations section *"Expand Medicare availability to provide mobile clinics / home health care / care coordination for adults with diagnosed cognitive decline."* The same report states that people aged %15.6-20.8 of people 65+ report having cognitive decline. (Reference: [Health Disparities in Tennessee 2024](#))

The Tennessee Department of Health also published that the 17% of adults 45 or older experienced cognitive decline. (Reference: [2024-State-of-Health-Report.pdf](#))

5. **Current Service Area Utilization:** The applicant should document by county: a) all existing providers of home health services within the proposed Service Area; and b) the number of patients served during the most recent 12-month period for which data are available. To characterize existing providers located within Tennessee, the applicant should use final data provided by the JARs maintained by the Tennessee Department of Health. In each county of the proposed Service Area, the applicant should identify home health agencies

that have reported serving 5 or fewer patients for each of the last three years based on final and available JAR data. If an agency in the proposed Service Area who serves few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.

RESPONSE:

State ID	Facility Name	County	Total Patients Served
16034	Suncrest Home Health	Coffee	278
19024	Amedisys Home Health	Davidson	1401
19084	Gentiva Certified Health care	Davidson	520
19314	Vanderbilt Home Care Services LLC	Davidson	2629
19324	Suncrest Home	Davidson	1265
19394	Vanderbilt Community and Home Services LLC	Davidson	0
19494	Elk Valley Health Services, LLC	Davidson	11
19504	Tristar Healthcare at Home	Davidson	571
19544	Home Care Solutions	Maury	786
19584	Home Health Care of Middle Tennessee, LLC	Davidson	1345
19614	Homefirst Home Healthcare	Davidson	995
19674	Amedisys Home Health	Davidson	1923
19684	Amedisys Home Health Services	Davidson	115
19714	Adoration Home Health, LLC	Davidson	3027
19724	Adoration Home Health Nashville South	Davidson	27
19734	Coram CVS Speciality Infusion Services	Williamson	14
19854	Ascension at Home Saint Thomas	Davidson	120
19874	Xodus Provider Services	Davidson	0
19884	Paragon Infusion	Davidson	0
19894	Advance Home Health and Hospice of Nashville LLC	Davidson	0
19994	Vanderbilt HC Option Care IV Services	Davidson	63
22014	Alana Home Care, LLC	Williamson	0
60024	NHC Homecare Columbia	Maury	468
60044	Maury Regional Home Services	Maury	746
60084	Quality First Home Care	Maury	182
79856	Optum Infusion Services LLC	Williamson	0
94074	Accentcare Home Health Of Nashville	Williamson	1448
94104	Maxim Healthcare Services Inc.	Williamson	146
94114	Medsyl Home Healthcare Sevices, LLC	Williamson	0
95034	Deacones Homecare	Wilson	983
95074	CenterWell Home Health	Wilson	317
06063	Adoration Home Health and Hospice Care East TN	Bradley	0
19754	Advanced Nursing Solutions (Intrathecal)	Davidson	0
19664	Continuous Care Services, LLC	Davidson	0
19744	Pentec Health	Davidson	18
19394	Vanderbilt Community & Home Services	Davidson	0
19884	Paragon Infusion	Davidson	5
20045	Tennessee Quality Homecare – Southwest	Decatur	506
21024	Suncrest Home Health	DeKalb	552
26054	Amedisys Home Care	Franklin	325
26024	Encompass Home Health of TN	Franklin	1102
41034	St. Thomas Home Health	Hickman	14
47452	Implanted Pump Management	Knox	2
52024	Deaconess Homecare	Lincoln	20
63044	Suncrest Home Health of Nashville	Montgomery	7
63034	Tennova Home Health and Hospice – Clarksville	Montgomery	0
71014	Cookeville Regional Home Health (Highland Rim Home Health Agency)	Putnam	0
74064	Lifeline Home Health Care	Robertson	73

74054	NHC Home Care	Robertson	576
75054	Amedisys Home Health	Rutherford	0
75064	Amedisys Home Health Care	Rutherford	581
75024	NHC Homecare	Rutherford	712
75084	TwelveStone Infusion Support	Rutherford	36
79466	Optum Woman's and Children's Health LLC	Shelby	30
79456	Accredo Health Group, Inc	Shelby	43
79856	Optum Infusion Services (BrioRx Infusion Services)	Shelby	0
83114	Highpoint Home Care	Sumner	8
89074	Adoration Home Health McMinnville (AbilisHealth)	Warren	4
89084	HomeFirst Home Healthcare	Warren	121
89064	Intrepid USA Healthcare Services	Warren	183

6. **Adequate Staffing:** Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and document that such personnel are available to work in the proposed Service Area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.

RESPONSE:

Abe's Garden Community employs a multifaceted approach to recruitment and retention, including online advertising, college recruiting, and a strong referral system. Reducing turnover is essential to ensuring consistent, high-quality care, and Abe's Garden has achieved a turnover rate of just **24%, 16% lower than the national average**. This outcome is driven by intentional hiring practices, structured onboarding and orientation, and ongoing training that address both clinical care and dementia-specific needs, including communication, behavioral support, and engagement. Staff also receive specialized instruction in activities of daily living, nutrition, and individualized engagement strategies, with observational methods used to ensure consistent application across the organization.

Education is reinforced at every level through annual organization-wide training, monthly sessions addressing broad service needs, and weekly and daily huddles focused on real-time resident care challenges and skill development. This layered approach has supported the organization's ability to **increase its average headcount by 56% in just two years**, meeting the growing demand for personal support services and community-based care. Importantly, Abe's Garden does not directly employ third-party staffing agencies, and less than 5% of nursing care hours are covered by outside staff, ensuring continuity of relationships and stability of care. Abe's Garden will staff 2 Full Time RN's and 8 FT LPN's for coverage in 2026 and increase as census grows.

Underlying these efforts is a robust **continuous quality improvement program**, supported by published peer-reviewed research. Through systematic data collection, assessment, analysis, and training, Abe's Garden maintains an objective and evidence-based framework for workforce development, ensuring that care remains consistent, person-centered, and innovative.

7. **Community Linkage Plan:** The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.

RESPONSE:

1. Internal Referrals:
 - a. Abe's Garden Home Care: Clients already using home care services will be assessed for additional support needs and referred into the home health program as appropriate.
 - b. Residential Apartments: Residents in independent and assisted living will have streamlined access to home health services, reducing moves to higher levels of care.
2. External Referrals:
 - a. There are no plans currently to create a formal referral arrangement with appropriate health care system providers/services. The primary focus of this service is to address the internal needs of the residents and community members of the organization.
 - b. Word of Mouth & Website: Currently, 69.6% of all referrals originate from personal recommendations and online inquiries. This proven approach will continue to be the cornerstone of outreach, with enhanced caregiver testimonials, family stories, and educational content to encourage trust and referrals.
 - c. Community Partners: Hospitals, physician practices, and local agencies will also receive information on referral pathways, ensuring continuity of care and broader access. Currently, Abe's Garden Community has received referrals from Vanderbilt University Medical Center, Alive Hospice, Alzheimer's Tennessee, and Elder Care Law in the past year.
3. Healthcare Linkages
 - a. Partnerships with local physicians and nurse practitioners to coordinate ongoing care. Vanderbilt University Medical Center, NP Housecalls, Alive Hospice, and LHC Group are current service providers that come weekly to the Abe's Garden Community campus. These providers work closely

with the organization in coordinating care for residents and community members.

4. **Monitoring & Growth Strategy**

- a. Referral Tracking: Ongoing data collection on referral source effectiveness.
- b. Website & Digital Marketing: Expand digital reach by highlighting resident stories, caregiver testimonials, and health resources that strengthen word-of-mouth credibility online.
- c. Monthly Review: Leadership reviews outcomes and adjusts community linkage efforts.
- d. Annual Update: Ensure the plan evolves as referral patterns and partnerships grow.

8. **TennCare Managed Care Organizations (MCOs) and Financial Viability:**

Given the time frame required to obtain Medicare certification, an applicant proposing to contract with the Bureau of TennCare's MCOs should provide evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider in a particular area of the state; letters from the TennCare MCOs should be provided to document such need. See Note 2 for additional information.

Applicants should also provide information on projected revenue sources, including non-TennCare revenue sources.

RESPONSE:

This is not applicable as we will be providing private duty, non-Medicare services.

9. **Proposed Charges:** The applicant's proposed charges should be reasonable

in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:

- The average charge per visit and/or episode of care by service category, if available in the JAR data.
- The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.

RESPONSE:

Skilled Nursing Care:

Facility Name	County	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Suncrest Home Health	Coffee	77					
Amedisys Home Health	Davidson		310				
Gentiva Certified Health care	Davidson		210				
Vanderbilt Home Care Services LLC	Davidson	118	215	118	215		
Suncrest Home	Davidson	174					
Vanderbilt Community and Home Services LLC	Davidson						157
Elk Valley Health Services, LLC	Davidson					79	35
Tristar Healthcare at Home	Davidson	225	0	0	0		
Home Care Solutions	Maury	76					
Home Health Care of Middle Tennessee, LLC	Davidson	175					59
Homefirst Home Healthcare	Davidson		168				65
Amedisys Home Health	Davidson		363				
Amedisys Home Health Services	Davidson		264				
Adoration Home Health, LLC	Davidson	200		2470		684	82
Adoration Home Health Nashville South	Davidson	200		2280		703	82
Coram CVS Specialty Infusion Services	Williamson						
Ascension at Home Saint Thomas	Davidson	296	296				
Xodus Provider Services	Davidson						
Paragon Infusion	Davidson						
Advance Home Health and Hospice of Nashville LLC	Davidson	350	350	0	0		
Vanderbilt HC Option Care IV Services	Davidson						
Alana Home Care, LLC	Williamson						
NHC Homecare Columbia	Maury	175					
Maury Regional Home Services	Maury	170					
Quality First Home Care	Maury	150				120	40
Optum Infusion Services LLC	Williamson						
Accentcare Home Health Of Nashville	Williamson	321	321	308	308		
Maxim Healthcare Services Inc.	Williamson		1			104	49
Medsyl Home Healthcare Services, LLC	Williamson						
Deacones Homecare	Wilson	93					
CenterWell Home Health	Wilson		187				

- Access:** In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting

language should be as follows: **CONDITION:** Home health agency services are limited to (*identified specialty service group*); the expansion of service beyond (*identified specialty service group*) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.

RESPONSE:

This project will not serve the pediatric population or those living with HIV/AIDS.

- 11. Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

RESPONSE

- The applicant intends to be fully accredited by the Community Health Accreditation Program Inc within two years of initial licensure. WellSky will be used for its home health data reporting, quality improvement, and process monitoring system after approval of licensure.

- 12. Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

RESPONSE

Applicant agrees to provide the department of health and/or the health services and development agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested.

ORIGINAL **APPLICATION**



**State of Tennessee
Health Facilities Commission**

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Phone: 615-741-2364

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CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

Abe's Garden At Home

Name

115 Woodmont Blvd.

Davidson

Street or Route

County

Nashville

Tennessee

37205

City

State

Zip

abesgarden.org

Website Address

Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

2A. Contact Person Available for Responses to Questions

Christopher Simon Coelho

Chief Operating Officer

Name

Title

Abes Garden Community

[ccoeelho@abesgarden.org](mailto:ccoelho@abesgarden.org)

Company Name

Email Address

115 Woodmont Blvd.

Street or Route

Nashville

Tennessee

37205

City

State

Zip

Employee

615-733-2681

Association with Owner

Phone Number

3A. Proof of Publication

Attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)

Date LOI was Submitted: 09/10/25

Date LOI was Published: 09/10/25

RESPONSE: Date LOI was published: Tullahoma News 9/10/2025, Columbia Daily Herald 9/10/2025, Williamson Herald 9/11/2025, Tennessean Davidson-Wilson 9/12/2025. Attachment 3A contains Tullahoma News Tear Sheet including date of publication. Affidavits of Publication for Columbia Daily Herald, Williamson Herald and Davidson-Wilson Tennessean.

4A. Purpose of Review (Check appropriate box(es) – more than one response may apply)

- ☒ Establish New Health Care Institution
- ☐ Relocation
- ☐ Change in Bed Complement
- ☐ Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- ☐ Initiation of MRI Service
- ☐ MRI Unit Increase
- ☐ Satellite Emergency Department
- ☐ Addition of Therapeutic Catheterization
- ☐ Positron Emission Tomography (PET) Service
- ☒ Initiation of Health Care Service as Defined in §TCA 68-11-1607(3)

Initiation of HealthCare services

- ☐ Burn Unit
- ☐ Neonatal Intensive Care Unit
- ☐ Open Heart Surgery
- ☐ Organ Transplantation
- ☐ Cardiac Catheterization
- ☐ Linear Accelerator
- ☒ Home Health
- ☐ Hospice
- ☐ Opiate Addiction Treatment Provided through a Non-Residential Substitution-Based Treatment Section for Opiate Addiction

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate "N/A" (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

5A. Type of Institution (Check all appropriate boxes – more than one response may apply)

- ☐ Hospital
- ☐ Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
- ☐ Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
- ☒ Home Health
- ☐ Hospice
- ☐ Intellectual Disability Institutional Habilitation Facility (ICF/IID)
- ☐ Nursing Home
- ☐ Outpatient Diagnostic Center
- ☐ Rehabilitation Facility
- ☐

- ☐ Residential Hospice
- ☐ Nonresidential Substitution Based Treatment Center of Opiate Addiction
- ☐ Other

Other -

Hospital -

6A. Name of Owner of the Facility, Agency, or Institution

Abe's Garden Community

Name

115 Woodmont Blvd.

615-882-4796

Street or Route

Phone Number

Nashville

Tennessee

37205

City

State

Zip

7A. Type of Ownership of Control (Check One)

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Corporation (For Profit)
- ☒ Corporation (Not-for-Profit)
- ☐ Government (State of TN or Political Subdivision)
- ☐ Joint Venture
- ☐ Limited Liability Company
- ☐ Other (Specify)

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx> If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

RESPONSE: Abe's Garden At Home is an existing entity owned and operated by Abe's Garden Community. The Charter and Active Status of the Entity are attached (7A and 7A.2) as well as an organizational chart.

8A. Name of Management/Operating Entity (If Applicable)

Name

Street or Route		County
City	State	Zip
Website Address		

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)

9A. Legal Interest in the Site

Check the appropriate box and submit the following documentation. (Attachment 9A)

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- ☒ Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
- ☐ Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
- ☐ Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
- ☐ Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
- ☐ Letter of Intent, or other document showing a commitment to lease the property - attach reference document
- ☐ Other (Specify)

RESPONSE: This application is for the establishment of a home health agency, Abe's Garden at Home, owned by Abe's Garden Community with an ownership type of 501(c)(3)(non-profit) social benefit organization. Deed is attached - 9A.

10A. Floor Plan

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

RESPONSE: The agency has office space located in Abe's Garden Community. Floor plan attached.

11A. Public Transportation Route

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients. (Attachment 11A)

RESPONSE: Not Applicable

12A. Plot Plan

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter

size sheet of white paper, legibly labeling all requested information. It **must** include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads, or highways that cross or border the site.

(Attachment 12A)

RESPONSE: Not Applicable

13A. Notification Requirements

- TCA §68-11-1607(c)(9)(B) states that “... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested.” Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.
 - ☐ Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
 - ☐ Notification in process, attached at a later date
 - ☐ Notification not in process, contact HFC Staff
 - ☒ Not Applicable
- TCA §68-11-1607(c)(9)(A) states that “... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant.
 - ☐ Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
 - ☐ Notification in process, attached at a later date
 - ☐ Notification not in process, contact HFC Staff
 - ☐ Not Applicable

EXECUTIVE SUMMARY

1E. Overview

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.

RESPONSE:

Abe's Garden Community was established in 2008 with the mission of establishing a replicable model for senior life that is focused on brain health, wellness, and purposeful living. In the 17 years since the establishment of the organization, the approaches used and developed for people living with dementia have been published in three peer reviewed journals: Journal of the American Geriatrics Society, the Gerontologist, and Journal of the American Medical Directors Association, featured in the World Alzheimer's report, and shared trainings with over five hundred and fifty thousand people around the world. Abe's Garden at Home will specialize in providing home health services to people living with dementia by using these same best practices established by Abe's Garden Community in training, care, and engagement. This approach has been shown to decrease symptoms of Anxiety (42%), Depression (41%) and Neuro-psych (32%) while increasing quality of life (10%). This service will provide medication management and administration, wound care and clinical assessments. In addition, this will provide longer time for people to stay in their homes and provide a longer continuum of care, ultimately improving quality of life.

- Ownership structure

RESPONSE: This application is for the establishment of a home health agency, Abe's Garden at Home, owned by Abe's Garden Community with an ownership type of 501(c)(3)(non-profit) social benefit organization.

- Service Area

RESPONSE: The initiation of home health services will be officed at 115 Woodmont Blvd., Nashville, TN, 37205. The service area will consist of Davidson, Williamson, Wilson, Maury and Coffee Counties in Tennessee.

- Existing similar service providers

RESPONSE: Similar service providers in the area are Tennessee QualityCare, At Home Healthcare, and Vanderbilt Health. These agencies provide non-Medicare home health in overlapping service areas.

- Project Cost

RESPONSE: The estimated project cost will be \$27,636. This includes the time of staff, a new electronic health record, the certificate application fee, publishing in a generally circulated papers, and accreditation.

- Staffing

RESPONSE: To begin with, an LPN, supervised by an RN, will be hired to provide nursing services, manage the admissions for home health services, provide coordination of care, and complete the documentation for services that are provided. Business office support will be provided by the Abe's Garden Community business office. Non-medical home care is currently provided through Abe's Garden at Home. Abe's Garden Community's personal support service agency (PSSA) tripled the number of service hours in a three-year period. That growth was able to be successfully supported through an experienced internal human resource team, competitive benefits, and strong culture. This home health agency will add another level of service for our current residents and those that we support in the community. Through the clinical experience of our current workforce combined with the research based approached used by our staff, Abe's Garden has the skills in place to expand the level of care that is required.

Currently care partners are cross trained in being able to provide services in both residential and in the PSSA. The same outcome will be accomplished with the nursing staff to support the growth and needs of the clients in the general community. This is also a good retention tool for Abe's Garden Community and provides other areas of growth for current staff and those looking for additional opportunities within the organization.

2E. Rationale for Approval

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed ONE PAGE (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- Need

RESPONSE: Need • 40% of Independent Living residents could benefit from this service. • Medication study highlights risks for older adults: inappropriate combinations (35%), outdated lists (25%), wrong timing (40%), inappropriate meds (23%), forgetfulness (18%). (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9245166/>) • Cognitive decline: 1 in 10 over 65 have dementia, 22% have mild cognitive impairment, rising to 35% in adults 90+. (<https://www.cuimc.columbia.edu/news/one-10-older-americans-has-dementia>) • Local impact (Alzheimer's prevalence): Davidson 12%, Williamson 11%, Wilson 9.8%, Maury 10.3%, Coffee 10.4%. (<https://www.wate.com/news/seniors-in-these-tennessee-counties-have-the-highest-alzheimers-rates/>)

- Quality Standards

RESPONSE: • Frameworks: CHAP accreditation, Abe's Garden CQI process, Hearthstone's "I'm Still Here" approach. • Focus Areas: o Rigorous staff education/training, mentorship, and ongoing development. o Individualized care plans and interdisciplinary collaboration. o Oversight: systematic chart reviews, audits, infection control, continuous quality improvement. o Emergency preparedness, annual performance reviews, and compliance with all federal/state/local regulations. • Charity Care: Over \$150,000 annually dedicated to those unable to pay. • Payment Model: Private pay, with charity care fund available.

- Consumer Advantage

- Choice

RESPONSE: • Choice: 90% of older adults want to age at home (USC Study) . Expanding services allows Independent Living residents and PSSA clients to stay in place with holistic physical, emotional, and psychological support.

- Improved access/availability to health care service(s)

RESPONSE: • Improved Access: Expands reach beyond current service counties; >60 on current waitlist.

- Affordability

RESPONSE: • Affordability: \$163,000 in charity care provided last year; access-to-care fund ensures equity.

3E. Consent Calendar Justification

- ☐ Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
- ☒ Consent Calendar NOT Requested

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed.

4E. PROJECT COST CHART

A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fees	
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	
3. Acquisition of Site	
4. Preparation of Site	
5. Total Construction Costs	
6. Contingency Fund	
7. Fixed Equipment (Not included in Construction Contract)	\$3,867
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)	
9. Other (Specify): <u>Salary and certification</u>	\$20,769

B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)	
2. Building only	
3. Land only	
4. Equipment (Specify): _____	
5. Other (Specify): _____	

C. Financing Costs and Fees:

1. Interim Financing	
2. Underwriting Costs	
3. Reserve for One Year's Debt Service	
4. Other (Specify): _____	

D. Estimated Project Cost (A+B+C)	\$24,636
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E. CON Filing Fee	\$3,000
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F. Total Estimated Project Cost (D+E)	\$27,636
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TOTAL

GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers.” In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

NEED

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

- 1N.** Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)

RESPONSE:

See attachment 1 N.

- 2N.** Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)

RESPONSE:

The current proposed area is Davidson, Coffee, Williamson, Wilson and Maury counties. Through research and discussions with local county leadership, there is a desire to have more dementia focused home care options in their area. Please see attachment 2N as well as attached letters of support.

Complete the following utilization tables for each county in the service area, if applicable.

PROJECTED UTILIZATION

Unit Type: ☐ Procedures ☐ Cases ☒ Patients ☐ Other _____		
Service Area Counties	Projected Utilization Recent Year 1 (Year = 2026)	% of Total
Maury	4	7.41%
Williamson	4	7.41%
Wilson	1	1.85%
Coffee	1	1.85%
Davidson	44	81.48%
Total	54	100%

3N. A. Describe the demographics of the population to be served by the proposal.

RESPONSE:

The demographics of the population to be served are those 65 and older with a focus on those with Alzheimer's or other types of Dementia.

B. Provide the following data for each county in the service area:

- Using current and projected population data from the Department of Health.
(www.tn.gov/health/health-program-areas/statistics/health-data/population.html);
- the most recent enrollee data from the Division of TennCare
(<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
- and US Census Bureau demographic information
(<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

RESPONSE:

Geographic Area	Department of Health/Health Statistics							Median Age	M Ho I
	Total Population-Current Year <u>2024</u>	Total Population-Projected Year <u>2026</u>	Total Population-% Change	*Target Population-65+ Current Year <u>2024</u>	Target Population – 65+ Project Year 2026	Target Population-% Change	Target Population Projected Year as % of Total		
Davidson	727,642	737,504	1.4%	100,647	104,859	4.2%	14.2%	34.7	8
Coffee	59,283	60,055	1.3%	11,257	11,754	4.4%	19.6%	39.2	6
Maury	106,039	109,080	2.9%	20,437	19,815	6.0%	19.3%	38.7	8
Wilson	160,783	166,921	3.8%	27,632	28,465	7.5%	18.3%	39.6	9
Williamson	270,313	282,760	4.6%	42,718	42,009	8.6%	16.1%	41.1	1
Service Area Total	1,324,060	1,356,320	2.4%	202,691	206,902	2.1%	15.3%	39.2	8
State of TN Total	7,125,908	7,231,338	1.0%	1,324,362	1,385,399	4.6%	19.2%	39.1	7

- 4N. Describe the special needs of the service area population, including health disparities, the accessibility to consume underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income group facility will take into consideration the special needs of the service area population.

RESPONSE:

We will provide access to care. Funding will be provided to those that are in need of care. Support groups, training for far the community will also be provided. We will **meet the need of people specifically with dementia and their families.**

The five counties—Davidson, Coffee, Maury, Wilson, and Williamson—are home to populations with status, health risk, and access challenges, making home health a critical service. The county is also racial (26.9 % Black/African American and 10.4 % Hispanic/Latino) and includes low-income and underserved much wealthier overall—the median household income exceeds \$130,000, and the population with diabetes is nevertheless, underserved pockets persist, especially among lower-income, minority, or TennCare [Government](#) Population growth trends in Maury (estimated ~110,760 in 2023) and its evolving suburban is struggling to keep pace. Meanwhile, older adults in Wilson and Coffee counties face transportation barriers and access issues. Statewide, about 9.3 % of Tennesseans are uninsured (2023 estimate), and in Davidson County the uninsured

These demographic and health disparities mean that key subpopulations—elderly adults, people of racial and ethnic minorities, and uninsured/underinsured—are especially vulnerable to gaps in home health service. To address these special needs, the organization has formed Care Funds and partnerships with community health centers and social service agencies for referrals.

Since 2008, Abe's Garden has provided best practices and research based approaches to the community to expand not only services but ways to benefit people looking for the best home health in Tennessee.

- 5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy. Must include the following data: Admissions or discharges, patient days. Average length of stay, and occupancy. Other measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service

RESPONSE:

Item 5N - Service Area Historical Utilization

Home Health Agency (Service Area)	Home County	State ID	2022	2023	2024
Suncrest Home Health	Coffee	16034	368	250	1,000
Amedisys Home Health	Davidson	19024	1,325	1,471	1,500
CenterWell Home Health/Gentiva Certified Health Care	Davidson	19084	431	526	1,000
Vanderbilt Home Care Services LLC	Davidson	19314	2,944	2,788	2,500
Suncrest Home	Davidson	19324	1,461	1,190	1,000
Intrepid USA Healthcare Services	Davidson	19364	NA	NA	NA
Premiere Home Health, Inc.	Davidson	19374	121	NA	NA
Elk Valley Health Services, LLC	Davidson	19494	18	20	1,000
Brookdale Home Health Nashville / Tristar Healthcare at Home	Davidson	19504	465	393	1,000
Home Care Solutions	Maury	19544	892	547	1,000
Home Health Care of Middle Tennessee, LLC	Davidson	19584	1,506	1,485	1,000
Homefirst Home Healthcare	Davidson	19614	352	714	1,000
Optum Womens and Childrens Health, LLC	Davidson	19654	56	NA	NA
Amedisys Home Health	Davidson	19674	1,771	1,831	1,000
Amedisys Home Health Services	Davidson	19684	275	160	1,000

Aveanna Home Health	Davidson	19694	1,232	1,128	1,
Adoration Home Health, LLC	Davidson	19714	3,245	2,898	3,
Adoration Home Health Nashville South	Davidson	19724	29	11	
Coram CVS Speciality Infusion Services	Williamson	19734	105	24	
Ascension at Home Saint Thomas	Davidson	19854	683	357	
Advance Home Health and Hospice of Nashville LLC	Davidson	19894	NA	NA	NA
Vanderbilt HC Option Care IV Services	Davidson	19994	79	63	
NHC Homecare Columbia	Maury	60024	527	580	
Maury Regional Home Services	Maury	60044	719	708	
Quality First Home Care	Maury	60084	216	207	
Accentcare Home Health Of Nashville	Williamson	94074	NA	1,260	1,
Maxim Healthcare Services Inc.	Williamson	94104	138	153	
Deacones Homecare	Wilson	95034	644	662	
CenterWell Home Health	Wilson	95074	44	367	
HomeCare Excellence, LLC	Wilson	95084	114	NA	NA
Adoration Home Health and Hospice Care East TN	Bradley	06063	1		
Advanced Nursing Solutions (Intrathecal)	Davidson	19754	7	8	
Continuous Care Services, LLC	Davidson	19664	274		
Pentec Health	Davidson	19744	1	25	
Vanderbilt Community & Home Services	Davidson	19394	35	54	
Paragon Infusion	Davidson	19884			
Tennessee Quality Homecare - Southwest	Decatur	20045	57	305	
Suncrest Home Health	DeKalb	21024	700	575	
Amedisys Home Care	Franklin	26054	318	355	
Encompass Home Health of TN	Franklin	26024	832	1,172	1,
St. Thomas Home Health	Hickman	41034	43	28	
Implanted Pump Management	Knox	47452	1	1	
Deaconess Homecare	Lincoln	52024	21	24	
Suncrest Home Health of Nashville	Montgomery	63044	13	5	
Tennova Home Health and Hospice - Clarksville	Montgomery	63034	1		
Cookeville Regional Home Health (Highland Rim Home Health Agency)	Putnam	71014	1		
Lifeline Home Health Care	Robertson	74064	98	69	
NHC Homecare	Robertson	74054	583	643	
Amedisys Home Health	Rutherford	75054	4	1	
Amedisys Home Health Care	Rutherford	75064	966	530	
NHC Homecare	Rutherford	75024	847	819	
TwelveStone Infusion Support	Rutherford	75084		8	
Optum Women's and Children's Health LLC	Shelby	79466			
Accredo Health Group, Inc	Shelby	79456	36	35	
Optum Infusion Services (BrivoRx Infusion Services)	Shelby	79856	116	99	

Highpoint Home Care	Sumner	83114	6	8	
Adoration Home Health McMinnville (AbilisHealth)	Warren	89074	4	1	
HomeFirst Home Healthcare	Warren	89084	37	74	
Intrepid USA Healthcare Services	Warren	89064	199	204	
Add Rows as Necessary					
TOTAL			24,961	24,836	25,554
Source: Joint Annual Report - Home Health Agencies					

- 6N. Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and two years following completion of the project. Additionally, provide the details regarding the methodology used to project detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE:

No historical data.

	2026		2027		2026/2027		2025/2026	
Service Area Counties	Patients	Patient Days	Patients	Patient Days	Total Patients	Total Patient Days	% Change	% C
Davidson	44	5280	55	6600	99	11880	25%	2%
Coffee	1	120	2	240	3	360	100%	10%
Maury	4	480	5	600	9	1080	25%	2%
Wilson	1	120	2	240	3	360	100%	10%
Williamson	4	480	5	600	9	1080	25%	2%

Methodology for Project Utilization

As a new home health care agency, we do not have utilization statistics from the past. See attachment 6N for Year 1 and Y

The estimates come from the percentage of independent living residents that will require support. The expansion into Cof is based on the expansion of community based services including Abe's Garden at Home (PSSA) and The Club (Adult Da

- 7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

RESPONSE:

No competing outstanding CONs.

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

- 1C. List all transfer agreements relevant to the proposed project.

RESPONSE: No Transfer Agreements

- 2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant.

- ☐ Aetna Health Insurance Company
- ☐ Ambetter of Tennessee Ambetter
- ☐ Blue Cross Blue Shield of Tennessee
- ☐ Blue Cross Blue Shield of Tennessee Network S
- ☐ Blue Cross Blue Shiled of Tennessee Network P
- ☐ BlueAdvantage
- ☐ Bright HealthCare
- ☐ Cigna PPO
- ☐ Cigna Local Plus
- ☐ Cigna HMO - Nashville Network
- ☐ Cigna HMO - Tennessee Select
- ☐ Cigna HMO - Nashville HMO
- ☐ Cigna HMO - Tennessee POS
- ☐ Cigna HMO - Tennessee Network
- ☐ Golden Rule Insurance Company
- ☐ HealthSpring Life and Health Insurance Company, Inc.
- ☐ Humana Health Plan, Inc.
- ☐ Humana Insurance Company
- ☐ John Hancock Life & Health Insurance Company
- ☐ Omaha Health Insurance Company
- ☐ Omaha Supplemental Insurance Company
- ☐ State Farm Health Insurance Company
- ☐ United Healthcare UHC
- ☐ UnitedHealthcare Community Plan East Tennessee
- ☐ UnitedHealthcare Community Plan Middle Tennessee
- ☐ UnitedHealthcare Community Plan West Tennessee

☐ WellCare Health Insurance of Tennessee, Inc.

☒ Others

RESPONSE: Will not have any contracted plans with commercial private insurance plans.

- 3C. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.

RESPONSE:

There will not be adverse effects to the competition. Abe's Garden Community will focus primarily on supporting individuals living with dementia and their loved ones. Clients looking for home health with professionals specifically trained in providing care for people with dementia will have another option.

- 4C. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

RESPONSE:

Abe's Garden Community Residential

- 15 Nurses on staff
 - HR department in place
 - RN Director of Nursing in place
 - Aim to hire 8 additional LPNs in the first year. Additional 4 LPNs for year 2 to have a total of 12 LPNs.
-

- 5C. Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

RESPONSE:

The applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. Specifically, the applicant is familiar with the Rules of the Health Care Facilities, Board for Licensing Health Care Facilities, and Standards for Home Care Organizations providing Home Health.

PROJECTED DATA CHART

- ☒ Project Only
☐ Total Facility

Give information for the two (2) years following the completion of this proposal.

	Year 1	Year 2
	2026	2027
A. Utilization Data		
Specify Unit of Measure <u>Patients</u>	54	69
B. Revenue from Services to Patients		
1. Inpatient Services	\$0.00	\$0.00
2. Outpatient Services	\$0.00	\$0.00
3. Emergency Services	\$0.00	\$0.00
4. Other Operating Revenue (Specify) <u>Private Duty Nursing (\$70/hr)</u>	\$1,070,160.00	\$2,675,400.00
Gross Operating Revenue	\$1,070,160.00	\$2,675,400.00
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$0.00	\$0.00
2. Provision for Charity Care	\$10,700.00	\$26,750.00
3. Provisions for Bad Debt	\$0.00	\$0.00
Total Deductions	\$10,700.00	\$26,750.00
NET OPERATING REVENUE	\$1,059,460.00	\$2,648,650.00

- 7C. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.

Project Only Chart

	Previous Year to Most Recent Year	Most Recent Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$19,817.78	\$38,773.91	0.00
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	\$0.00	\$0.00	\$198.15	\$387.68	0.00
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$19,619.63	\$38,386.23	0.00

- 8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE:

There are currently not any existing home health charges. The proposed project will have no impact on existing client charges.

- 9C. Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE:

Abe's Garden Community Home Health Agency will be a non-Medicare home health agency. The agency will provide private duty home health services and will be private pay.

- 10C.** Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

**Applicant's Projected Payor Mix
Project Only Chart**

Payor Source	Year-2026		Year-2027	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care				
TennCare/Medicaid				
Commercial/Other Managed Care				
Self-Pay	\$1,070,160.00	100	\$2,675,400.00	100
Other(Specify)				
Total	\$1,070,160.00	100%	\$2,675,400.00	100%
Charity Care	\$10,700.00		\$26,750.00	

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.

RESPONSE: Abe's Garden Community Home Health Agency will be a non-Medicare home health agency. The agency will provide private duty home health services and will be private pay.

QUALITY STANDARDS

- 1Q.** Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

☒ Yes

☐ No

- 2Q.** The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?

☒ Yes

☐ No

- Does the applicant commit to obtaining and maintaining all applicable state licenses in good standing?

☒ Yes

☐

☐ No

- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?

☐ Yes

☒ No

Please Explain

RESPONSE: Not Applicable

3Q. Please complete the chart below on accreditation, certification, and licensure plans. Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	☒ Health Facilities Commission/Licensure Division ☐ Intellectual & Developmental Disabilities ☐ Mental Health & Substance Abuse Services	Will Apply	
Certification	☐ Medicare ☐ TennCare/Medicaid ☐ Other _____		
Accreditation(s)	CHAP – Community Health Accreditation Partner	Will Apply	

4Q. If checked “TennCare/Medicaid” box, please list all Managed Care Organization’s currently or will be contracted.

- ☐ AMERIGROUP COMMUNITY CARE- East Tennessee
- ☐ AMERIGROUP COMMUNITY CARE - Middle Tennessee
- ☐ AMERIGROUP COMMUNITY CARE - West Tennessee
- ☐ BLUECARE - East Tennessee
- ☐ BLUECARE - Middle Tennessee
- ☐ BLUECARE - West Tennessee
- ☐ UnitedHealthcare Community Plan - East Tennessee
- ☐ UnitedHealthcare Community Plan - Middle Tennessee
- ☐ UnitedHealthcare Community Plan - West Tennessee
- ☐ TENNCARE SELECT HIGH - All
- ☐ TENNCARE SELECT LOW - All
- ☐ PACE
- ☐ KBB under DIDD waiver
- ☒ Others

Please Explain

RESPONSE: Not Applicable

5Q. Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

- ☒ Yes
- ☐ No

6Q. For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.

- ☒ Yes

- ☐ No
- ☐ N/A

- Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)

- ☐ Yes
- ☒ No
- ☐ N/A

7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

Has any of the following:

- Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or.

Been subject to any of the following:

- Final Order or Judgement in a state licensure action;
 - ☐ Yes
 - ☒ No
- Criminal fines in cases involving a Federal or State health care offense;
 - ☐ Yes
 - ☒ No
- Civil monetary penalties in cases involving a Federal or State health care offense;
 - ☒ Yes
 - ☐ No

Please Explain

RESPONSE: Abe's Garden Community had an elopement in 2023 resulting in a fine. A plan of correction was accepted and implemented.

- Administrative monetary penalties in cases involving a Federal or State health care offense;
 - ☐ Yes
 - ☒ No
- Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;
 - ☐ Yes
 - ☒ No
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or
 - ☐ Yes
 - ☒ No

- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.

☐ Yes

☒ No

8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

☐ Existing FTE not applicable (Enter year)

Position Classification	Existing FTEs(enter year)	Projected FTEs Year 1
A. Direct Patient Care Positions		
LPN	0.00	8.00
RN	0.00	2.00
Total Direct Patient Care Positions	N/A	10

B. Non-Patient Care Positions		
Total Non-Patient Care Positions	N/A	0
Total Employees (A+B)	0	10

C. Contractual Staff		
Contractual Staff Position	0.00	0.00
Total Staff (A+B+C)	0	10

DEVELOPMENT SCHEDULE

TCA §68-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Commission, and is not subject to review, reconsideration, or appeal.

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the “good cause” for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HFC Decision Date		10/31/25
2. Building Construction Commenced	0	10/30/25
3. Construction 100% Complete (Approval for Occupancy)	0	10/30/25
4. Issuance of License	60	12/29/25
5. Issuance of Service	60	12/29/25
6. Final Project Report Form Submitted (Form HR0055)	90	01/28/26

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

3A

Date LOI was Submitted: 9/4/2025

Date LOI was Published: Tullahoma News 9/10/25, Columbia Daily Herald 9/10/25,
Williamson Herald 9/11/25, Tennessean Davidson-Wilson 9/12/2024.

Attachment contains:

- Tullahoma News tear sheet including date of publication.
- Affidavit of Publication for Columbia Daily Herald, Williamson Herald and Davidson-Wilson Tennessean.

LOCALIQ

Oak Ridger
The Daily Herald

PO Box 631340 Cincinnati, OH 45263-1340

AFFIDAVIT OF PUBLICATION

Abe's Garden Community
115 Woodmont Blvd.
Nashville TN 37205

STATE OF TENNESSEE, COUNTY OF MAURY

The Daily Herald, a newspaper published in the City of Columbia, in said county and state, and that the publication of which the annexed slip is a true copy, was published in said newspaper in the issues dated and was published on the publicly accessible website:

NCC Columbia Daily Herald 09/10/2025
NCC columbiadailyherald.com 09/10/2025

and that the fees charged are legal.

This legal notice was published online at www.columbiadailyherald.com and <http://www.publicnoticeads.com/TN/> during the duration of the run dates listed. This publication fully complies with Tennessee Code annotated 1-13-120.

Sworn to and subscribed before on 09/10/2025

Legal Clerk

Notary, State of WI, County of Brown

My commission expires

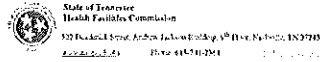
Publication Cost:	\$159.56	
Tax Amount:	\$0.00	
Payment Cost:	\$159.56	
Order No:	11644880	# of Copies:
Customer No:	1555865	0
PO #:	LOKR0365392	

THIS IS NOT AN INVOICE!

Please do not use this form for payment remittance.

VICKY FELTY
Notary Public
State of Wisconsin

Publication of Intent



PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Abe's Garden At Home, a/an newly formed entity owned by Abe's Garden with an ownership type of Corporation (Not-for-Profit) and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a home health agency and the initiation of home health services. The service area will consist of Davidson, Wilson, Williamson, Coffee and Maury Counties. This certificate of need is to apply for a non-Medicare certified home health care agency. The agency will apply approaches based on research from NIH funded studies and peer-reviewed geriatric research journals. The approaches are currently used with great success in Abe's Garden Community residential and adult day program.. The address of the project will be 115 Woodmont Blvd., Nashville, Davidson, Tennessee, 37205. The estimated project cost will be \$27,636.

The anticipated date of filing the application is 09/30/2025. The contact person for this project is Chief Operating Officer Christopher Simon Coelho who may be reached at Abe's Garden Community - 115 Woodmont Blvd., Nashville, Tennessee, 37205 – Contact No. 615-733-2681.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1).

(A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and
(B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov.

HF 51 (Revised 6/1/2023) RDA 1651

September 10 2025

LOKR0365392

PUBLICATION COST

\$101.00

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

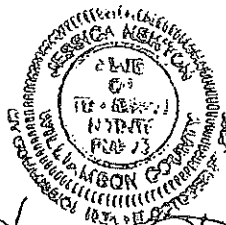
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[Handwritten signature]

STATE OF TENNESSEE County of Williamson Newspaper

Williamson Herald

THE VOICE OF AMERICA'S GREATEST COUNTY

CMD Publishing, LLC Derby Jones, Publisher

Authorized Representative
State under Oath that
the attached publication has
run the stated dates below in
Williamson County.

RUN DATES

9/11/25

AFFIDAVIT OF PUBLICATION

Abe's Garden Community
115 Woodmont Blvd.
Nashville TN 37205

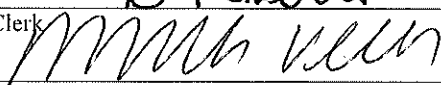
STATE OF WISCONSIN, COUNTY OF BROWN

The Tennessean Davidson Wilson, a newspaper published in the city of Nashville, Davidson County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

NAS Davidson-Wil Tennessean 09/12/2025
NAS tennessean.com 09/12/2025

and that the fees charged are legal.
Sworn to and subscribed before on 09/12/2025



Legal Clerk 

Notary, State of WI, County of Brown
8.25.26

My commission expires

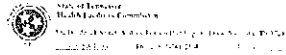
Publication Cost:	\$144.90	
Tax Amount:	\$0.00	
Payment Cost:	\$144.90	
Order No:	11644930	# of Copies:
Customer No:	1555865	0
PO #:	LOKR0365422	

THIS IS NOT AN INVOICE!

Please do not use this form for payment remittance.

MARIAH VERHAGEN
Notary Public
State of Wisconsin

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CHARTER
OF
ABE'S GARDEN

RECEIVED
STATE OF TENNESSEE
2007 MAY 25 AM 8:49
RILEY DARNELL
SECRETARY OF STATE

Pursuant to the provisions of Section 48-52-101 and Section 48-52-102 of the Tennessee Nonprofit Corporation Act (Tennessee Code Annotated §§ 48-51-101 et seq.), as amended from time to time (hereinafter, the "Tennessee Nonprofit Corporation Act"), the undersigned corporation, through its incorporators, hereby adopts the following Charter:

6060-2360

ARTICLE I

The name of the corporation is Abe's Garden (hereinafter, the "corporation").

ARTICLE II

The corporation (i) is a public benefit corporation; (ii) shall not be for profit; (iii) shall not have members; and (iv) is not a religious corporation. It is intended that the corporation shall have the status of a corporation that is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended (hereinafter, the "Code"), as an organization described in Section 501(c)(3) of the Code (or in each case, corresponding provisions of any subsequent federal tax laws).

ARTICLE III

(a) The street address and zip code of the corporation's initial registered office are 618 Church Street, Suite ²²⁰200, Nashville, Tennessee 37219, and the county in which the initial registered office is located is Davidson County. The name of the corporation's initial registered agent at the corporation's initial registered office is ^{Xebe Management, INC}XMI, Inc.

(b) The street address and zip code of the corporation's initial principal office are ²²⁰618 Church Street, Suite 200, Nashville, Tennessee 37219, and the county in which the initial principal office is located is Davidson County.

ARTICLE IV

The name, address and zip code of each incorporator of the corporation, is:

<u>NAME</u>	<u>ADDRESS</u>
Michael D. Shmerling	618 Church Street, Suite 200 Nashville, Davidson County, Tennessee 37219
Judy S. Given	618 Church Street, Suite 200 Nashville, Davidson County, Tennessee 37219
Charlotte A. Nesbitt	618 Church Street, Suite 200 Nashville, Davidson County, Tennessee 37219

6060-2361

ARTICLE V

(a) The purpose for which the corporation is organized is to operate exclusively for charitable, educational, scientific and literary purposes, within the meaning of Section 501(c)(3) of the Code (or corresponding provisions of any subsequent federal tax laws); including, without limitation, to provide senior care, including senior day care and different levels of residential care, including for those with Alzheimer's disease and other forms of dementia and memory loss, to provide education, training, research opportunities as well as assessments and life planning for the senior and their families and/or other care providers.

(b) Subject to the limitations contained herein and without partisanship of any kind, the corporation shall be empowered to take all appropriate action in furtherance of the purposes set forth in paragraph (a) of this Article V and to carry out any activities and exercise all powers available to corporations organized pursuant to the Tennessee Nonprofit Corporation Act that may be carried out by organizations that are exempt from federal income taxation under Section 501(a) of the Code as organizations described in Section 501(c)(3) of the Code (or in each case, corresponding provisions of any subsequent federal tax laws).

(c) The corporation shall not have or exercise any power or authority either expressly or by interpretation or by operation of law, nor shall it directly or indirectly engage in any activity, (i) that would prevent it from qualifying (and continuing to qualify) as an organization described in Section 501(c)(3) of the Code (or corresponding provisions of any subsequent federal tax laws); (ii) that would prevent it from qualifying (and continuing to qualify) as an organization contributions to which are deductible under Sections 170(c)(2), 2055(a) and 2522(a), as applicable, of the Code (or corresponding provisions of any subsequent federal tax laws); and (iii) that is not available to and may not be carried out by a corporation organized pursuant to the Tennessee Nonprofit Corporation Act.

ARTICLE VI

(a) All powers of the corporation shall be exercised by or under the authority of, and the affairs of the corporation shall be managed under the direction of, its Board of Directors. There shall be no fewer than three (3) members of the Board of Directors. The number of directors may be increased or decreased from time to time by amendment to the corporation's bylaws; provided, however, no decrease in the number of Directors shall have the effect of shortening the term of any incumbent director. The directors shall be elected at the times and for the terms set forth in the corporation's bylaws by the affirmative vote of a majority of the then members of the Board of Directors at any regular or special meeting of the Board of Directors. The corporation's bylaws may provide that the terms of the directors shall be staggered. Each director elected shall hold office until his or her successor is elected and qualified or until his or her earlier resignation or removal. Any vacancy occurring on the Board of Directors and any directorship to be filled by reason of an increase in the number of directors may be filled by the affirmative vote of a majority of the then members of the Board of Directors, although less than a quorum, at any regular or special meeting of the Board of Directors, and each director so elected shall hold office until his or her successor is elected and qualified or his or her earlier resignation or removal.

(b) Except as provided in this Charter, the internal affairs of the corporation shall be governed by, and regulated and determined as provided in, the corporation's bylaws.

ARTICLE VIII

In all events and under all circumstances, and notwithstanding merger, consolidation, reorganization, termination, dissolution, or winding up of the corporation, voluntary or involuntary, or by the operation of law, or upon amendment of this Charter:

(a) No part of the assets or net earnings of the corporation shall inure to the benefit of or be distributable to its incorporators, directors, officers or other private persons having a personal or private interest in the corporation, except that the corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make reimbursement in reasonable amounts for expenses actually incurred in carrying out the purposes set forth in Article VI hereof.

(b) No substantial part of the activities of the corporation shall consist of the carrying on of propaganda, or of otherwise attempting to influence legislation, unless Section 501(h) of the Code (or corresponding provisions of any subsequent federal tax laws) shall apply to the corporation, in which case the corporation shall not normally make lobbying or grass roots expenditures in excess of the amounts therein specified. The corporation shall not in any manner or to any extent participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office; nor shall it engage in any "prohibited transaction" as defined in Section 503(b) of the Code (or corresponding provisions of any subsequent federal tax laws).

(d) Neither the whole, or any part or portion, of the assets or net earnings of the corporation shall be used, nor shall the corporation ever be operated, for objects or purposes other than those set forth in Article VI hereof.

(e) To the extent the corporation is deemed to be a "private foundation" as defined in Section 509(a) of the Code for a taxable year:

6060-2363

(1) The corporation shall distribute its income for each taxable year at such time and in such manner as not to subject it to the tax on undistributed income imposed by Section 4942 of the Code (or corresponding provisions of any subsequent federal tax laws).

(2) The corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Code (or corresponding provisions of any subsequent federal tax laws).

(3) The corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Code (or corresponding provisions of any subsequent federal tax laws).

(4) The corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Code (or corresponding provisions of any subsequent federal tax laws).

(5) The corporation shall not make any taxable expenditures that would subject it to tax under Section 4945(d) of the Code (or corresponding provisions of any subsequent federal tax laws).

(f) Upon dissolution of the corporation, all of the corporation's assets and property of every nature and description remaining after the payment of all liabilities and obligations of the corporation (but not including assets held by the corporation upon condition requiring return, transfer, or conveyance, which condition occurs by reason of the dissolution) shall be paid over and transferred to one or more organizations that engage in activities substantially similar to those of the corporation and that are then qualified for exemption from federal income taxes as organizations described in Section 501(c)(3) of the Code (or corresponding provisions of any subsequent federal tax laws).

ARTICLE IX

(a) Pursuant to Section 48-52-102(b)(3) of the Tennessee Nonprofit Corporation Act, no current or former director, nor such person's heirs, executors, administrators

or legal representatives (collectively referred to in this Article IX as a "director"), shall be personally liable to the corporation for monetary damages for breach of fiduciary duty as a director, except that this provision shall not eliminate or limit the liability of a director for: (i) any breach of the director's duty of loyalty to the corporation; (ii) any acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law; or (iii) any unlawful distribution of assets in violation of Section 48-58-304 of the Tennessee Nonprofit Corporation Act.

(b) (1) To the maximum extent permitted by the provisions of Sections 48-58-501 et seq. of the Tennessee Nonprofit Corporation Act (provided, however, that if an amendment to the Tennessee Nonprofit Corporation Act in any way limits or restricts the indemnification rights permitted by law as of the date hereof, such amendment shall apply only to the extent mandated by law and only to activities of persons subject to indemnification under this paragraph (b)(1) which occur subsequent to the effective date of such amendment), the corporation shall indemnify and advance expenses (subject, in the case of advancement of expenses, to compliance with Section 48-58-504 of the Tennessee Nonprofit Corporation Act) to any person who is or was a director, officer, employee or agent of the corporation, or to such person's heirs, executors, administrators and legal representatives, for the defense of any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, and whether formal or informal (any such action, suit or proceeding being hereinafter referred to as a "Proceeding"), to which such person was, is, or is threatened to be made, a named defendant or respondent, which indemnification and advancement of expenses shall include counsel fees actually incurred as a result of a Proceeding or any appeal thereof, reasonable expenses actually incurred with respect to a Proceeding and all fines, judgments, penalties and amounts paid in settlement thereof, subject to the following conditions:

~~(i) The Proceeding was instituted by reason of the fact that such~~
 person is or was a director, officer, employee or agent of the corporation; and

(ii) The director, officer, employee or agent conducted himself or herself in good faith, and he or she reasonably believed: (i) in the case of conduct in his or her official capacity with the corporation, that his or her conduct was in the corporation's best interest; (ii) in all other cases, that his or her conduct was at least not opposed to the best interests of the corporation; and (iii) in the case of any criminal proceeding, that he or she had no reasonable cause to believe his or her conduct was unlawful. The termination of a Proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent is not, of itself, determinative that the director or officer did not meet the standard of conduct herein described.

(2) The rights to indemnification and advancement of expenses set forth in paragraph (B)(1) above are contractual between the corporation and the person being indemnified, and his or her heirs, executors, administrators and legal representatives, and are not exclusive of other similar rights of indemnification or advancement of expenses to which such person may be entitled, whether by law, by this Charter, by a resolution of the Board of Directors, by the bylaws of the corporation, by the purchase and maintenance by the corporation of insurance on behalf of a director, officer, employee, or agent of the corporation, or by an agreement with the corporation providing for such indemnification, all of which means of indemnification and advancement of expenses are hereby specifically authorized.

(3) Notwithstanding any other provision of this Article IX, the corporation shall not indemnify or advance expenses to or on behalf of any current or former director, officer, employee or agent of the corporation, or any such person's heirs, executors, administrators, or legal representatives:

(i) If a judgment or other final adjudication adverse to such person establishes his or her liability for any breach of the duty of loyalty to the corporation, for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, or under the provisions of Section 48-

58-304 of the Tennessee Nonprofit Corporation Act; or

(ii) In connection with a Proceeding by or in the right of the corporation in which such person was adjudged liable to the corporation; or

(iii) In connection with any other Proceeding charging improper personal benefit to such person, whether or not involving action in his or her official capacity, in which he or she was adjudged liable on the basis that personal benefit was improperly received by him or her.

(c) No repeal or modification of the provisions of this Article IX, either directly or by the adoption of a provision inconsistent with the provisions of this Article IX, shall adversely affect any right or protection set forth herein existing in favor of a particular individual at the time of such repeal or modification.

[Signature page follows.]

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25 day of

May, 2007.

Michael D. Shmerling chairman
Michael D. Shmerling,
Incorporator

Judy S. Given
Judy S. Given,
Incorporator

Charlotte A. Nesbitt Secretary.
Charlotte A. Nesbitt,
Incorporator

6060-2368

ABE’S GARDEN

Entity Type: Nonprofit Corporation

Formed in: TENNESSEE

Term of Duration: Perpetual

Religious Type: Non-Religious

Benefit Type: Public Benefit Corporation

Status: Active

Control Number: 000549778

Initial Filing Date: 5/25/2007 8:49:00 AM

Fiscal Ending Month: December

AR Due Date: 04/01/2026

Registered Agent

CLEARBROOK HOLDINGS CORP.
3212 WEST END AVE STE 403
NASHVILLE, TN 37203-1362

Principal Office Address

115 WOODMONT BLVD
NASHVILLE, TN 37205-2280

Mailing Address

115 WOODMONT BLVD
NASHVILLE, TN 37205-2280

AR Standing: Good	RA Standing: Good	Other Standing: Good	Revenue Standing: N/A
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History (22)	▼
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8 A. – Not Applicable

Davidson County DEEDWARR
 Recvd: 01/15/08 15:44 5 pgs
 Fees:28.00 Taxes:46620.00
20080115-0004671

THIS INSTRUMENT PREPARED BY: Wesley D. Turner GULLETT, SANFORD, ROBINSON & MARTIN, PLLC 315 Deaderick Street, Suite 1100 P. O. Box 198888 Nashville, Tennessee 37219-8888 (615) 244-4994	STATE OF TENNESSEE) COUNTY OF DAVIDSON) The actual consideration or value, whichever is greater, for this transfer is \$12,600,000.00. <i>Mary Ellen Rodgers</i> AFFIANT Subscribed and sworn to before me, this <u>15th</u> day of January, 2008. <i>Peter Weiss</i> Notary Public My Commission Expires: <u>1/3/2011</u>
--	--

Address new owner as follows:	Send Tax Bills to:	Map-Parcel Numbers
Abe's Garden c/o Michael D. Shmerling 618 Church Street, Suite 200 Nashville, TN 37203	SAME	Map 11-6-03 Parcels 15 and 27

SPECIAL WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid by the hereinafter named Grantee, and other good and valuable consideration, the receipt of which is hereby acknowledged, **PRESBYTERIAN APARTMENTS, INCORPORATED**, a Tennessee non-profit corporation, hereinafter called the Grantor, has bargained and sold, and by these presents does transfer and convey unto **ABE'S GARDEN**, a Tennessee non-profit corporation, hereinafter called the Grantee, its successors and assigns, a

certain tract or parcel of land in Davidson County, State of Tennessee, described as follows:

A tract of land in the Twenty-Fourth Councilmanic District, formerly the Eleventh Civil District of Davidson County, Tennessee, being a part of the Royal Oaks Property, being a part of Lot Number 3 on the Plan of Sarah E. Williams Lands, as of record in Book 161, Page 50 in the Register's Office for Davidson County, Tennessee, and being Lot Number 137, the northerly 23 feet of Lot Number 138, a part of Lot Numbers 139, 140, 141, 142, and 143, and part of a 10 foot reserved strip in the rear of said Lot Numbers 137, 138, 139, 140, 141, 142, and 143 on the Plan of Kenner-Manor Land Company's Second Subdivision of the Kenner Tract, as of record in Book 421, Page 100 of said Register's Office, and more fully described according to a ALTA/ACSM Land Title Survey by Patrick S. Coode, Tennessee Registered Land Surveyor No. 855, dated December 5, 2007, as follows:

Beginning at an aluminum monument at the southwest corner of a tract of land owned by Royal Oaks Apartments as of record in Book 5200, Page 45; thence with the said tract of land the following three calls, 1) North 55 degrees 26 minutes 43 seconds East a distance of 710.76 feet to a concrete monument, 2) thence North 33 degrees 24 minutes 13 seconds West a distance of 89.30 feet to a concrete monument and a point on a non tangent curve, 3) thence along said curve an arc distance of 91.36 feet to a concrete monument (said curve having a radius of 95.00 feet, a chord length of 87.88 feet, and a chord bearing North 06 degrees 30 minutes 04 seconds West); thence along the 10 foot reserved strip of said Kenner-Manor Land Company's Subdivision of the Kenner Tract North 33 degrees 25 minutes 43 seconds West a distance of 49.65 feet to a 3/4" rebar; thence with northerly line of Lot Number 137 of the said Kenner-Manor land North 53 degrees 59 minutes 01 seconds East a distance of 184.97 feet to a 1" iron pipe; thence along the easterly line of Lot Number 138 and 137 of said Kenner-Manor land South 36 degrees 06 minutes 26 seconds East a distance of 122.62 feet to a 1/2" rebar with a cap marked "Montoya"; thence along a line 23 feet southerly and parallel with the northerly line of said Lot Number 138 South 53 degrees 54 minutes 05 seconds West a distance of 189.30 feet to a 5/8" rebar with yellow cap set marked "Schneider Corporation" hereinafter referred to as REBAR; thence along the westerly line of said Lot Number 138 South 34 degrees 19 minutes 40 seconds East a distance of 78.27 feet to a REBAR; thence along the westerly line of land owned by Jerry R. and Jacqueline A. Bellar of record in Book 8177, Page 476 in said Register's Office South 31 degrees 44 minutes 07 seconds East a distance of 99.70 feet to a 1/2" rebar with cap marked "T&A 1123"; thence along the westerly line of land owned by Randall L. and Peggy Kinnard of record in Book 5024, Page 502 in said Register's Office South 36 degrees 12 minutes 55 seconds East a distance of 100.00 feet to a point in a 36" Oak tree; thence along the westerly lines of land owned by Nichols Court as of record in Book 5200, Page 496 the following two calls, 1) South 02 degrees 16 minutes 34 seconds East a distance of 199.97 feet to a REBAR, 2) South 29 degrees 31 minutes 08 seconds East a distance of 135.50 feet to a REBAR;

thence along the northerly line of Lot Number 144 of said Kenner-Manor land South 53 degrees 36 minutes 56 seconds West a distance of 120.00 feet to a REBAR; thence along Phase II of Westchase as of record in Book 6250, Page 43 of said Register's Office South 57 degrees 36 minutes 56 seconds West a distance of 199.55 feet to the centerline of Sugar Tree Creek; thence with said creek the following three calls, 1) North 63 degrees 40 minutes 00 seconds West a distance of 139.55 feet, 2) South 85 degrees 50 minutes 00 seconds West a distance of 133.00 feet, 3) North 85 degrees 02 minutes 32 seconds West a distance of 159.34 feet; thence along land owned by Richard J. Eskind as of record in Book 7900, Page 576, said Register's Office North 36 degrees 54 minutes 17 seconds West a distance of 194.19 feet to the point of beginning.

Being the same property conveyed to Presbyterian Apartments, Incorporated, a Tennessee non-profit corporation, by deed from Royal Oaks Properties, Inc., a Tennessee corporation, of record in Book 3165, Page 465, Register's Office for Davidson County, Tennessee, and also being the same property conveyed to Presbyterian Apartments, Incorporated, a Tennessee non-profit corporation, by deed from Julius E. Curley and wife, Frances Turner Curley, of record in Book 3073, Page 352, Register's Office for Davidson County, Tennessee.

This conveyance is subject to the following:

1. 2008 Metro taxes, a lien not yet due and payable, which have been prorated and assumed by Grantee. By acceptance of delivery of this instrument Grantee assumes and agrees to pay such taxes prior to delinquency thereof, and to indemnify and hold harmless Grantor from all liability and loss arising therefrom.
2. Matters shown on the Plan of record in Book 421, page 100, Register's Office for Davidson County, Tennessee.
3. Matters shown on the Plan of record in Book 161, page 50, Register's Office for Davidson County, Tennessee.
4. Pipeline Easement of record in Book 3165, page 607, Register's Office for Davidson County, Tennessee.
5. Sanitary Sewer Easement of record in Book 3983, page 110, and in Book 3347, page 182, Register's Office for Davidson County, Tennessee.
6. Rights of parties in possession as residents under unrecorded leases.
7. Matters shown on survey of Patrick S. Coode, RLS, Tennessee License No. 855 dated December, 2007.

This is improved property known as 115 Woodmont Boulevard, Nashville, Tennessee 37205.

This conveyance is made "AS IS" and "WITH ALL FAULTS" as to condition of the subject property and Grantor specifically disclaims any and all warranties as to condition thereof, including, but not limited to, any implied warranties of MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantee, its successors and assigns, forever; and it does covenant and bind, itself, its successors and assigns, to warrant and forever defend the title to the said land to the said Grantee, its successors and assigns, against the lawful claims of all persons claiming by, through or under the Grantor, but not otherwise.

WITNESS our hand the 15th day of January, 2008.

PRESBYTERIAN APARTMENTS, INCORPORATED,
a Tennessee non-profit corporation

By: Melinda Sanders
Melinda Sanders, Chairperson of the Board of Directors

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **MELINDA SANDERS**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained, and who further acknowledged that she is **CHAIRPERSON OF THE BOARD OF DIRECTORS** of the maker or a constituent of the maker and is authorized by the maker or by its constituent, the constituent being authorized by the maker to execute this instrument on behalf of the maker.

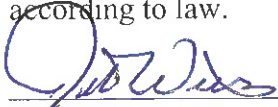
Witness my hand, at office, this 14 day of January, 2008.

Wesley D. Turner
Notary Public

My Commission Expires: _____



I, the undersigned, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

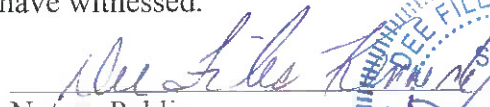


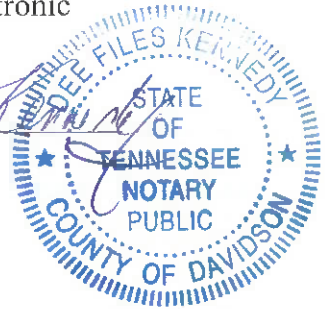
PETER WEISS

State of Tennessee)
County of Davidson)

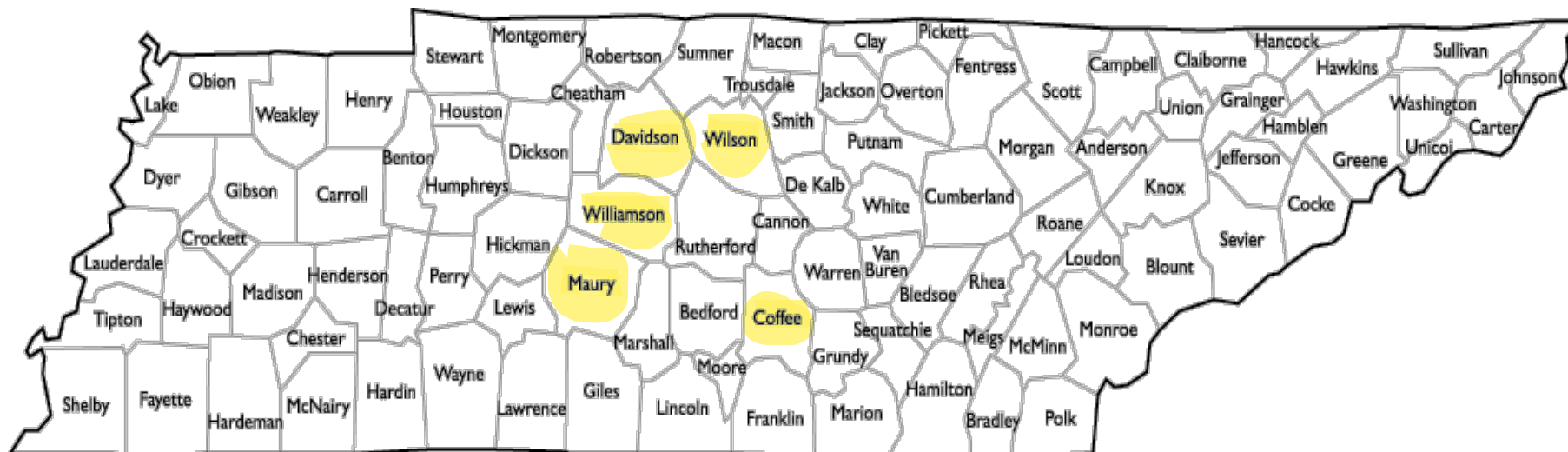
Personally appeared before me, the undersigned, a Notary Public for this county and state **PETER WEISS** who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

My Commission Expires: 01/03/11


Notary Public



TENNESSEE COUNTY MAP



3N. Demographics of the Population: See Attachment

- A. The demographics of the population to be served are those 65 and older with a focus on those with Alzheimer's or other types of Dementia.
- B.

Demographic Variable/ Geographic Area	Department of Health/Health Statistics							Census Bureau				TennCare	
	Total Population- Current Year <u>2025</u>	Total Population- Projected Year <u>2028</u>	Total Population-% Change	*Target Population-65+ Current Year <u>2025</u>	Target Population – 65+ Project Year 2028	Target Population-% Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total
Davidson	728,443	748,344	2.7%	102,025	107,049	4.9%	14.3%	35.4	80,700	86,811	11.9%	130,912	18.0%
Coffee	61,896	63,886	3.2%	11,320	11,924	5.3%	18.7%	39.4	60,656	9,867	16.6%	13,838	22.4%
Maury	116,119	123,660	6.5%	21,091	22,976	8.9%	18.6%	39.3	82,449	8,619	8.1%	19,477	16.8%
Wilson	171,708	183,713	7.0%	28,908	31,874	10.3%	17.3%	40.1	93,162	14,615	9.1%	21,973	12.8%
Williamson	277,193	293,501	5.9%	44,165	49,044	11.0%	16.7%	41.0	144,845	12,380	4.6%	13,766	5.0%
Service Area Total	1,355,359	1,413,104	4.3%	207,509	222,867	7.4%	15.8%	39.0	82,449	132,292	10%	199,966	14.8%
State of TN Total	7,242,733	7,410,264	2.3%	1,314,490	1,387,718	5.6%	18.7%	39.1	71,997	961,998	13.5%	1,403,956	19.4%

No historical data.

	2026		2027		2026/2027		2025/2026	
Service Area Counties	Patients	Patient Days	Patients	Patient Days	Total Patients	Total Patient Days	% Change	% Change
Davidson	44	5280	55	6600	99	11880	25%	25%
Coffee	1	120	2	240	3	360	100%	100%
Maury	4	480	5	600	9	1080	25%	25%
Wilson	1	120	2	240	3	360	100%	100%
Williamson	4	480	5	600	9	1080	25%	25%

Methodology for Project Utilization

As a new home health care agency, we do not have utilization statistics from the past. See attachment 6N for Year 1 and Year 2 utilization.

The estimates come from the percentage of independent living residents that will require support. The expansion into Coffee, Maury, Wilson, and Williamson County is based on the expansion of community based services including Abe's Garden at Home (PSSA) and The Club (Adult Day Services).

AFFIDAVIT

STATE OF Tennessee

COUNTY OF Davidson

Christopher Simon Coelho, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Facilities Commission, and TCA §68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Facilities Commission are true and complete.

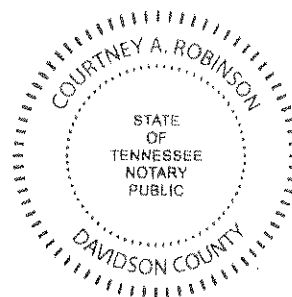
Christopher Coelho, COO
SIGNATURE/TITLE

Sworn to and subscribed before me this 29th day of September, 2025 a Notary
(Month) (Year)

Public in and for the County/State of Davidson / Tennessee

Courtney A. Robinson
NOTARY PUBLIC

My commission expires July 7th, 2027.
(Month/Day) (Year)



Floor Plan

Music & Movement Household
16 Suites, 17 People

Connection to Nature Household
12 Suites, 12 People

Arts & Lifelong Learning Household
12 Suites, 13 People

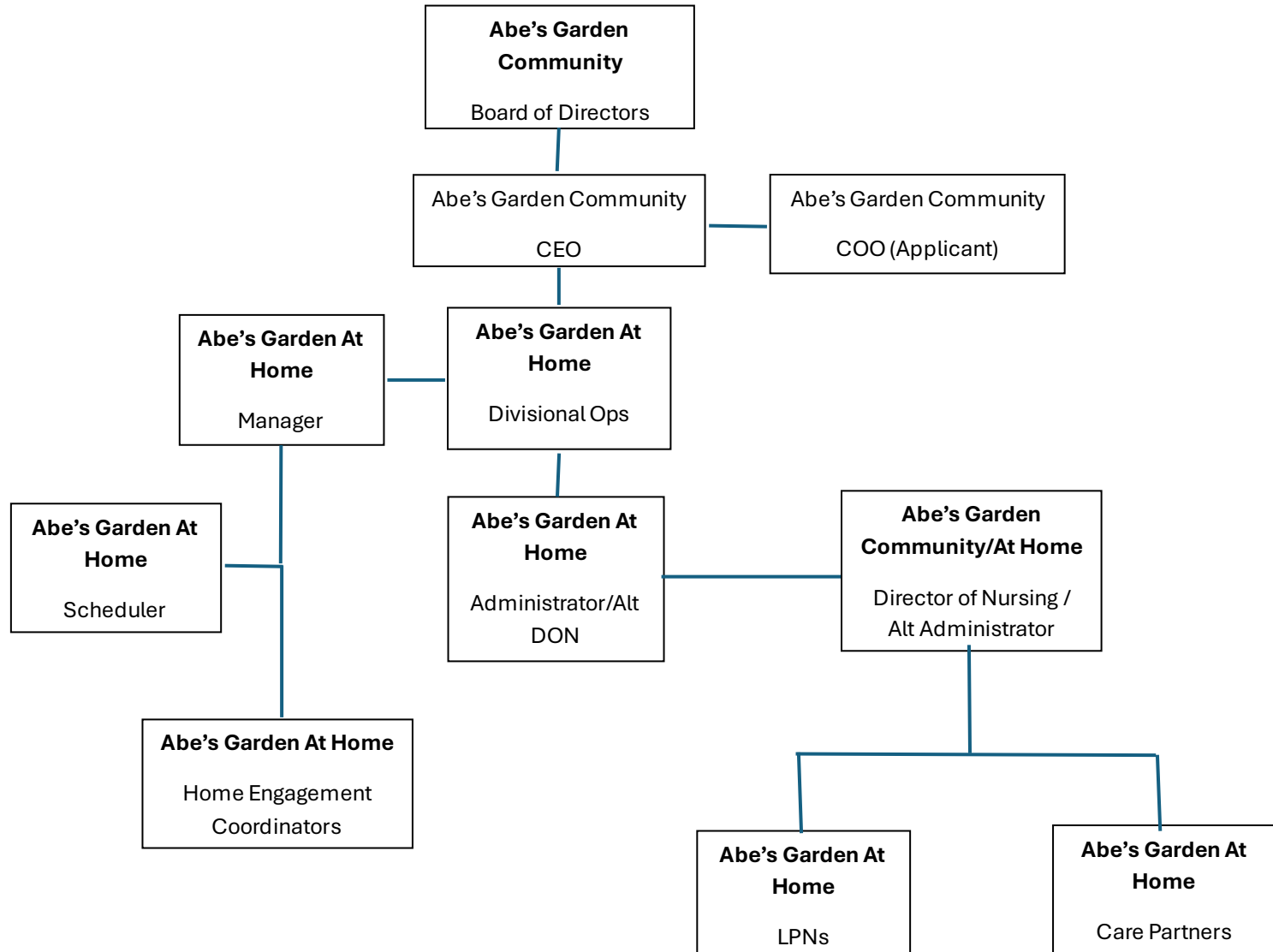
LEGEND

-  PARK MANOR PROGRAM
-  ADMINISTRATION
-  ABE'S GARDEN ENTRANCE
-  HOUSEHOLD DISTINCTION
-  ABE'S GARDEN PROGRAM
-  OPERATIONAL SPACE
-  SUPPORT SPACE
-  HOUSEHOLD A RESIDENT ROOM
-  HOUSEHOLD B RESIDENT ROOM
-  HOUSEHOLD C RESIDENT ROOM
-  LIVING SPACE
-  DINING SPACE
-  HOUSEHOLD CENTER
-  ACTIVITY SPACE



Abe's Garden at Home

Organizational Chart



**STATE OF TENNESSEE
HEALTH FACILITIES COMMISSION
BEFORE THE BOARD FOR LICENSING HEALTH CARE FACILITIES**

In The Matter of:	)	
	)	
Abe's Garden/Park Manor Apartments	)	
Assisted Care Living Facility	)	
License No. 353,	)	Case No. 2023017591
	)	
Respondent.	)	
	)	
Nashville, Tennessee	)	

CONSENT ORDER

This matter came to be heard before the Tennessee Board for Licensing Health Care Facilities (“Board”), pursuant to the request of the Tennessee Health Facilities Commission (“Commission”), by and through the Office of Legal Services, and Abe's Garden/Park Manor Apartments (“Respondent”) that the Board adopt this Consent Order, the terms of which have been agreed upon by the parties, as signified by their signatures below.

I. JURISDICTION

1. The Board has the power to license and regulate hospitals, recuperation centers, nursing homes, homes for the aged, residential HIV supportive living facilities, assisted care living facilities, home care organizations, residential hospices, birthing centers, prescribe childcare centers, renal dialysis clinics, ambulatory surgical treatment centers, outpatient diagnostic centers, adult care homes, and traumatic brain injury residential home. T.C.A. § 68-11-202(a)(1).

2. The Commission has the authority to conduct reviews of assisted care living facilities to determine compliance with fire and life safety code regulations promulgated by the Board. T.C.A. § 68-11-202(b)(1)(A).
3. An assisted care living facility (“ACLF”) is a facility, building, establishment, complex or distinct part thereof that accepts primarily aged persons for domiciliary care and services. T.C.A. § 68-11-201(4)(A) and Tenn. Comp. R. & Regs. 0720-26-.02(7).
4. “Primarily aged” means at least fifty-one percent (51%) of the population of the facility is at least sixty-two (62) years of age. Tenn. Comp. R. & Regs. 0720-26-.02(34).
5. The ACLF shall provide on-site to its residents’ room and board and non-medical living assistance services appropriate to each resident’s needs, such as assistance with bathing, dressing, grooming, preparation of meals and other activities of daily living. T.C.A. § 68-11-201(4)(B) and Tenn. Comp. R. & Regs. 0720-26-.02(2).
6. The Commission shall conduct on-site inspections and investigations as may be necessary to safeguard and ensure at all times, the public’s health, safety, and welfare. T.C.A. § 68-11-210(c).
7. Upon a finding by the Board that an ACLF has violated any provision of Tenn. Code Ann. §§ 68-11- 201, et seq., or the rules promulgated pursuant thereto, action may be taken, upon proper notice to the licensee, to impose a civil penalty, deny, suspend, or revoke its license. T.C.A. § 68-11-207.

II. STIPULATIONS OF FACT

8. At all times pertinent hereto, Respondent, Abe's Garden/Park Manor Apartments, 115 Woodmont Blvd Nashville, Tennessee 37205, was licensed by the Board as an ACLF,

having been granted license number 353 on August 14, 2012, which currently has an expiration date of August 14, 2024.

9. On or about May 31, 2023, the State surveyor found based on a review of the facility's records, interview with staff, and observation that the facility failed to provide safety for one (1) resident (#1) of four (4) residents reviewed. Resident #1 eloped from the memory care unit on or around April 23, 2023, and went outside into a courtyard that was not secure or enclosed. The resident was outside approximately 30 minutes before she was found. Caregiver #3 heard the door alarm and did not see anyone by the door and reset the alarm without looking outside.
10. Resident #1 was a vulnerable person who suffered from mental and physical conditions which required monitoring for psychological and wandering behaviors and physical needs.
11. In a telephone interview with the surveyor on or around May 31, 2023, Caregiver #3 admitted that she heard the alarm, came out of the room where she was working, did not see anyone in the hallway, and reset the alarm by using her badge. She admitted that she did not go outside and check for anyone. Caregiver #4 admitted that she told Caregiver #3 that the resident was missing and that they began to search. They found the resident about thirty (30) minutes later in the courtyard outside.
12. In reviewing the medical records and Plan of Care for Resident #1, the surveyor found that the Plan of Care was not updated after the elopement on April 23, 2023, with interventions to prevent future elopements from occurring.

III. GROUND FOR DISCIPLINE

The facts in Section II are sufficient to establish that grounds exist for the discipline of Respondent's ACLF license. Specifically, Respondent has violated the following statutes and/or rules, for which disciplinary action by the Board is authorized.

13. The facts in paragraphs nine (9) through eleven (11) are sufficient to constitute one (1) violation of Tenn. Comp. R. and Reg. 0720-26-.07(7)(a)(2), Services Provided, the relevant portion of which reads as follows:

(7) An ACLF shall provide personal services as follows:

(a) Each ACLF shall provide each resident with at least the following personal services:

2. Safety when in the ACLF.

14. The facts in paragraphs twelve (12) are sufficient to constitute one (1) violation of Tenn. Comp. R. and Reg. 0720-26-.12(5)(a), Resident Records, the relevant portion of which reads as follows:

(5) Plan of care.

(a) An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician, or other licensed health care professionals or entity delivering patient services within five (5) days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above-appropriate individuals.

IV. REPRESENTATIONS OF RESPONDENT

15. Respondent understands and admits the allegations, charges, and stipulations in this Order.
16. Respondent understands the rights found in the Code, Rules, and the Uniform Administrative Procedures Act, TENN. CODE ANN. §§ 4-5-101 thru 4-5-404, including the right to a hearing, the right to appear personally and by legal counsel, the right to confront and to cross-examine witnesses who would testify against Respondent, the right to testify and to present evidence on Respondent's own behalf, as well as to the issuance of subpoenas to compel the attendance of witnesses and the production of documents, as well as the right to appeal for judicial review. Respondent voluntarily waives these rights in order to avoid further administrative action.
17. Respondent agrees that presentation of this Order to the Board and the Board's consideration of it and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members become prejudiced requiring their disqualification from hearing this matter should this Order not be ratified. All matters, admissions, and statements disclosed during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.
18. Respondent agrees that facsimile/PDF copies of this Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.
19. Respondent also agrees that the Board may issue this Order without further process. If the Board rejects this Order for any reason, it will be of no force or effect for either party.

20. Respondent agrees that the facility has not received any threats or promises of any kind by the State or any agent or representative thereof, except such as is detailed herein.

V. ORDER

NOW THEREFORE, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:

21. Respondent is hereby assessed one (1) collective Civil Monetary Penalty in the amount of **three-thousand dollars (\$3,000.00)**. This CMP is issued for the deficiency cite on May 31, 2023, for failure to provide safety while in the ACLF and failure to amend and update the Plan of Care for Resident #1.
22. Payment shall be submitted to the following address within **thirty (30) calendar days** of the effective date of this Order.

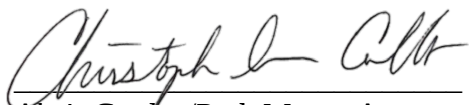
**Tennessee Health Facilities Commission
Attention: Disciplinary Coordinator
665 Mainstream Drive, Second Floor
Nashville, Tennessee 37243**

PLEASE DO NOT REMIT PAYMENT UNTIL THE CONSENT

ORDER HAS BEEN RATIFIED AND APPROVED BY THE BOARD

23. Each condition of discipline herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

APPROVED FOR ENTRY:



Abe's Garden/Park Manor Apartments
License No. 353
Signature of Authorized Representative
Respondent

Christopher Coelho

Printed Name of Authorized Representative

Chief Operating Officer

Title of Authorized Representative

Jeremy Gourley (BPR # 022812)
Senior Associate General Counsel
Health Facilities Commission
Office of Legal Services
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243
Office: (615) 741-2364
Fax: (615) 741-9884
Jeremy.J.Gourley@tn.gov

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board for Licensing Health Care Facilities at a public meeting of the Board and signed this _____ day of _____, 202__.

ACCORDINGLY, IT IS ORDERED that the agreement of the parties does hereby become the Final Order of the Board.

Chairperson
Board for Licensing Health Care Facilities

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon the Respondent, Abe's Garden/Park Manor Apartments, c/o Administrator, Christopher Coelho, 115 Woodmont Blvd Nashville, Tennessee 37205, by delivering same in the United States regular mail and United States certified mail, number **7022 3330 0001 2193 9432**, return receipts requested, with sufficient postage thereon to reach its destination. A copy was sent via electronic mail to: chris.coelho@abesgarden.org.

This _____ day of _____, 202__.

Jeremy Gourley
Senior Associate General Counsel



BOB FREEMAN
STATE REPRESENTATIVE
66th LEGISLATIVE DISTRICT

592 CORDELL HULL BLDG.
NASHVILLE, TN 37243
(615) 741-0709
rep.bob.freeman@capitol.tn.gov

DISTRICT ADDRESS:
1109B LIPSCOMB DRIVE
NASHVILLE, TN 37204

House of Representatives State of Tennessee

NASHVILLE

COMMITTEES:
FINANCE, WAYS & MEANS
INSURANCE
INSURANCE SUB
CALENDAR & RULES
ETHICS

September 18, 2025

Re: Letter of Support for Abe's Garden Community Certificate of Need Application

To Whom it May Concern:

It is my pleasure to express my support for the Certificate of Need (CON) application submitted by Abe's Garden Community to establish and operate a home health agency in our community.

Abe's Garden Community has demonstrated a commitment to providing high-quality services to those living with dementia that will address the growing healthcare needs of our community. The proposed agency aligns with our community's health priorities, offering clinical services that specialize in engagement and evidence-based practices for those living with dementia. This service is crucial for enhancing overall health outcomes and the quality of life for those that wish to continue to live at home in Middle Tennessee.

The establishment of Abe's Garden Community Home Health will contribute significantly to filling existing gaps in healthcare delivery. The expertise and dedication of the team behind this initiative inspire confidence in the agency's ability to meet and exceed the healthcare standards required for the well-being of our residents.

In addition, Abe's Garden Community has outlined a collaborative approach to healthcare, fostering partnerships with local healthcare providers and community organizations. This collaboration will undoubtedly enhance the overall healthcare landscape, promoting a seamless continuum of care for patients.

Abe's Garden Community CON

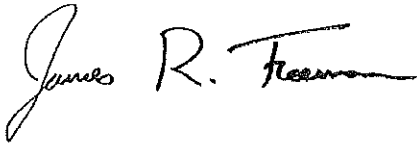
September 18, 2025

Page 2

I wholeheartedly endorse the approval of the CON for Abe's Garden Community. The establishment of this agency aligns with our community's health priorities, and I am confident that it will play a pivotal role in improving the overall health and well-being of our residents.

Thank you for your attention to this matter, and I trust that you will carefully consider the merits of Abe's Garden Community's application.

Best,

A handwritten signature in black ink that reads "James R. Freeman". The signature is written in a cursive style with a long horizontal flourish at the end.

Bob Freeman



CHAZ MOLDER
MAYOR

September 19, 2025

Re: Letter of Support for Abe's Garden Community

Certificate of Need Application

To Whom It May Concern:

Please accept this letter of support for the Certificate of Need (CON) application submitted by Abe's Garden Community to establish and operate a home health agency in our community.

Abe's Garden Community has demonstrated a commitment to providing high quality-services to those living with dementia that will address the growing healthcare needs of our community. I know this because I have seen their work first hand, through following them and their efforts over the years in Nashville, and then learning more about them and their efforts to establish a presence here in Columbia.

The proposed agency aligns with our community's health priorities, offering clinical services that specialize in engagement and evidence-based practices for those living with dementia. This service is crucial for enhancing overall health outcomes and the quality of life for those that wish to continue to live at home in Middle Tennessee.

The establishment of Abe's Garden Community Home Health will contribute significantly to filling existing gaps in healthcare delivery. The expertise and dedication of the team behind this initiative inspire confidence in the agency's ability to meet and exceed the healthcare standards required for the well-being of our residents.

Abe's Garden Community has outlined a collaborative approach to healthcare, fostering partnerships with local healthcare providers and community organizations. This collaboration will undoubtedly enhance the overall healthcare landscape, promoting a seamless continuum of care for patients here at home, and for many others throughout the southern middle Tennessee region.

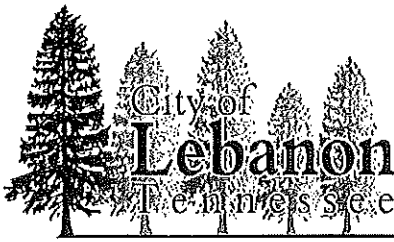
I wholeheartedly endorse the approval of the Certificate of Need for Abe's Garden Community, without reservation. The establishment of this agency aligns with our community's health priorities, and I am confident that it will play a pivotal role in improving the overall health and well-being of our residents.

Thank you for your attention to this matter, and I hope that you will carefully consider the merits of Abe's Garden Community's application.

Sincerely,

A handwritten signature in black ink, appearing to read "Chaz Molder", with a long, sweeping horizontal line extending to the right.

Chaz Molder, Mayor – City of Columbia, Tennessee



RICK BELL
Mayor

CITY OF LEBANON

Office of the Mayor
200 North Castle Heights Avenue
Lebanon, Tennessee 37087
Rick.Bell@lebanontn.org
615-443-2839

Tonya Jones
Executive Administrative Assistant

Kristen Ragsdale
Administrative Assistant III

September 18, 2025

Subject: Letter of Support for Abe's Garden Community Certificate of Need Application

To Whom it May Concern,

I am writing to express my strong support for the Certificate of Need (CON) application submitted by Abe's Garden Community to establish and operate a home health agency in our community.

Abe's Garden Community has demonstrated a commitment to providing high quality-services to those living with Dementia that will address the growing healthcare needs of our community. The proposed agency aligns with our community's health priorities, offering clinical services that specialize in engagement and evidence-based practices for those living with dementia. This service is crucial for enhancing overall health outcomes and the quality of life for those that wish to continue to live at home in Middle Tennessee.

The establishment of Abe's Garden Community Home Health will contribute significantly to filling existing gaps in healthcare delivery. The expertise and dedication of the team behind this initiative inspire confidence in the agency's ability to meet and exceed the healthcare standards required for the well-being of our residents.

Furthermore, Abe's Garden Community has outlined a collaborative approach to healthcare, fostering partnerships with local healthcare providers and community organizations. This collaboration will undoubtedly enhance the overall healthcare landscape, promoting a seamless continuum of care for patients.

In conclusion, I wholeheartedly endorse the approval of the Certificate of Need for Abe's Garden Community. The establishment of this agency aligns with our community's health priorities, and I am confident that it will play a pivotal role in improving the overall health and well-being of our residents.

Thank you for your attention to this matter, and I trust that you will carefully consider the merits of Abe's Garden Community's application.

Sincerely,

Rick Bell, Mayor
City of Lebanon, TN

Attachment - Home Care Organizations

Home Health Agency, Hospice Agency (excluding Residential Hospice), identify the following by checking all that apply:

	Existing Licensed County	Parent Office County	Proposed Licensed County		Existing Licensed County	Parent Office County	Proposed Licensed County
Anderson	☐	☒	☒	Lauderdale	☐	☐	☐
Bedford	☐	☐	☐	Lawrence	☐	☐	☐
Benton	☐	☐	☐	Lewis	☐	☐	☐
Bledsoe	☐	☐	☐	Lincoln	☐	☐	☐
Blount	☐	☐	☐	Loudon	☐	☐	☐
Bradley	☐	☐	☐	McMinn	☐	☐	☐
Campbell	☐	☐	☐	McNairy	☐	☐	☐
Cannon	☐	☐	☐	Macon	☐	☐	☐
Carroll	☐	☐	☐	Madison	☐	☐	☐
Carter	☐	☐	☐	Marion	☐	☐	☐
Cheatham	☐	☐	☐	Marshall	☐	☐	☐
Chester	☐	☐	☐	Mauzy	☐	☐	☒
Claiborne	☐	☐	☐	Melgs	☐	☐	☐
Clay	☐	☐	☐	Monroe	☐	☐	☐
Cocke	☐	☐	☐	Montgomery	☐	☐	☐
Coffee	☐	☐	☒	Moore	☐	☐	☐
Crockett	☐	☐	☐	Morgan	☐	☐	☐
Cumberland	☐	☐	☐	Obion	☐	☐	☐
Davidson	☐	☒	☒	Overton	☐	☐	☐
Decatur	☐	☐	☐	Perry	☐	☐	☐
DeKalb	☐	☐	☐	Pickett	☐	☐	☐
Dickson	☐	☐	☐	Polk	☐	☐	☐
Dyer	☐	☐	☐	Putnam	☐	☐	☐
Fayette	☐	☐	☐	Rhea	☐	☐	☐
Fentress	☐	☐	☐	Roane	☐	☐	☐
Franklin	☐	☐	☐	Robertson	☐	☐	☐
Gibson	☐	☐	☐	Rutherford	☐	☐	☐
Giles	☐	☐	☐	Scott	☐	☐	☐
Grainger	☐	☐	☐	Sequatchie	☐	☐	☐
Greene	☐	☐	☐	Sevier	☐	☐	☐
Grundy	☐	☐	☐	Shelby	☐	☐	☐
Hamblen	☐	☐	☐	Smith	☐	☐	☐
Hamilton	☐	☐	☐	Stewart	☐	☐	☐
Hancock	☐	☐	☐	Sullivan	☐	☐	☐
Hardeman	☐	☐	☐	Sumner	☐	☐	☐
Hardin	☐	☐	☐	Tipton	☐	☐	☐
Hawkins	☐	☐	☐	Trousdale	☐	☐	☐
Haywood	☐	☐	☐	Unicoi	☐	☐	☐
Henderson	☐	☐	☐	Union	☐	☐	☐
Henry	☐	☐	☐	Van Buren	☐	☐	☐
Hickman	☐	☐	☐	Warren	☐	☐	☐
Houston	☐	☐	☐	Washington	☐	☐	☐
Humphreys	☐	☐	☐	Wayne	☐	☐	☐
Jackson	☐	☐	☐	Weakley	☐	☐	☐
Jefferson	☐	☐	☐	White	☐	☐	☐
Johnson	☐	☐	☐	Williamson	☐	☐	☒
Knox	☐	☐	☐	Wilson	☐	☐	☒
Lake	☐	☐	☐				



RECOGNITION, AWARDS & ACCOMPLISHMENTS

2025 [Sage Award Honoree](#) – Recognized by AgeWell Middle Tennessee for extraordinary contributions and positive impact on the lives of older adults in Middle Tennessee.

2024 Abe's Garden Community wins [LeadingAge TN](#) Songwriter Project Competition for the original song "I Am Who I Am"

2022 Achieved a Deficiency-Free Assisted Care Living TDH Survey

2024-2020 Named "[Best Memory Care Community Nashville](#)" by Memorycare.com

2021 Received six LeadingAge TN awards across four categories, including [On The Front Lines, Innovator in Action, Distinguished Senior, and Grand Positive Influence](#)

2020 Recognized for outstanding dementia design in the [World Alzheimer Report](#)

- [Case Studies](#)
- [Groundbreaker](#)

2019 Achieved a Deficiency-Free Assisted Care Living TDH Survey

2018 *Journal of the American Geriatrics Society* published "[A System for Managing Staff and Quality of Dementia Care in Assisted Living Facilities](#)," co-authored in conjunction with VUMC, Center for Quality Aging

2018 Received a [Therapeutic Garden Design Award](#) by Therapy Association

2018 *Journal of the American Medical Directors Association* published "[A Quality Improvement System to Manage Feeding Assistance Care in Assisted-Living](#)," co-authored in conjunction with VUMC, Center for Quality Aging

2017 *The Gerontologist* published "[Managing Person-Centered Dementia Care in an Assisted Living Facility: Staffing and Time Considerations](#)," co-authored in conjunction with VUMC, Center for Quality Aging

2016 Received an "[Excellence in Development](#)" Award by Urban Land Institute Nashville

2015 Named "[Architecture & Design, Best Stand Alone Memory Care](#)" by *Senior Housing News*

Project Name : Abe's Garden At Home

Supplemental Round Name : 1

Certificate No. : CN2509-035

Due Date : 11/7/2025

Submitted Date : 10/15/2025

1. 4A. Purpose of Review

Please select Establish New Healthcare Institution in response to Item 4A of the main application.

Response : Done

2. 7A. Type of Ownership of Control

Please clarify whether Abe's Garden at Home is an assumed name under the main registered entity - Abe's Garden. If so, please attach documentation that this name is registered. If Abe's Garden at Home is a separate entity, please provide documentation of that status.

Response : Abe's Garden At Home is the name given for the PSSA and shares the same FEIN as Abe's Garden.

3. 1E. Overview

Please provide an overview of the applicant - Abe's Garden with respect to its operation of different facility types.

What licensed or unlicensed facility types are included under this entity?

Please discuss the scope of services at each of these existing facility types and the target patient population being served.

How will the target population for this project be integrated with the other levels of care offered by the applicant? What is a typical scenario where these patients will require skilled nursing care in a home-based setting? Is this home care being delivered in the personal residences of the patients or in an independent living setting associated with the applicant?

Response : Abe's Garden Community in Nashville, Tennessee, is a nonprofit senior living and memory care organization dedicated to brain health, wellness, and purposeful living. Founded in honor of Dr. Abram "Abe" Shmerling, whose Alzheimer's journey inspired his family to create a new model of dementia care, the community offers a full continuum of services including independent living, assisted living, memory

support, in-home care through Abe's Garden at Home, and day programs such as Abe's Garden Club. Its Alzheimer's & Memory Care Center of Excellence features research-based design elements like safe outdoor spaces, thematic households, and residential-style living to promote dignity and familiarity. Emphasizing person-directed care, Abe's Garden integrates music, art, movement, and social engagement across all levels of service.

What licensed or unlicensed facility types are included under this entity?

Independent Living, Assisted Living, Memory Care-Assisted Living, Adult Day Services and PSSA.

Please discuss the scope of services at each of these existing facility types and the target patient population being served.

Independent Living – Older adults looking to reside in a location that provides meals, transportation, house keeping and social engagement.

Assisted Living - Older adults looking to reside in a location that provides meals, transportation, house keeping and social engagement along with 24 hour clinical supervision.

Memory Care-Assisted Living - Older adults diagnosed with a form of dementia looking to reside in a location that provides meals, transportation, house keeping and social engagement along with 24 hour clinical supervision in a secured setting.

Adult Day Service - Older adults diagnosed with a form of dementia who wish to continue living at home. This program provides social engagement and therapeutic support for the members and respite for their families.

PSSA – Provides private duty care for individuals both living in senior living communities and in private homes. Provides support with ADLs, engagement, light housekeeping/cooking.

How will the target population for this project be integrated with the other levels of care offered by the applicant? This project would be adding private duty nursing to the scope of services that Abe's Garden currently provides. This project would offer another level of care to the current target population. What is a typical scenario where these patients will require skilled nursing care in a home-based setting? A resident residing in Independent Living, a private residence, or attending a community program in which the client and/or POA requests the need for medication assistance and administration. Another scenario may be that a resident in Independent Living, client residing in their own home, or attends community programming returns from the hospital requiring oversight of medication and/or additional private duty nursing. Is this home care being delivered in the personal residences of the patients or in an independent living setting associated with the applicant? Both. Clients of the Abe's Garden at Home will have their care delivered in their personal residences, in their apartment in independent living, and those that attend the community based programming.

4. 1E. Overview

What types of services will be offered by the applicant's home health agency:

Service Type	Yes	No
Home Health Aide Services		
Homemaker Services		
Medical Social Services		
Occupational Therapy		
Physical Therapy		
Skilled Nursing Care		
Infusion Therapy		
Speech Therapy		
Private Duty Nursing		
Private Duty Aide Services		
Pediatric		

Response : **Service Type Yes No**

**Home Health
Aide
Services** **X**

**Homemaker
Services** **X**

**Medical
Social
Services** **X**

**Occupational
Therapy** **X**

**Physical
Therapy** **X**

**Skilled
Nursing
Care** **X**

**Infusion
Therapy** **X**

**Speech
Therapy** **X**

**Private Duty
Nursing** **X**

**Private Duty
Aide
Services** **X**

Pediatric **X**

Will the applicant accept any limitations on the CON for dementia patients, patients being served by another service line of Abe's Garden, etc.?

Has anyone involved with the applicant had experience operating a licensed home health agency?

Why is the applicant limiting its services to self-pay patients?

Are the types of home health services proposed by the applicant covered by Medicare Part A?

Response : Will the applicant accept any limitations on the CON for dementia patients, patients being served by another service line of Abe's Garden, etc.? Yes

Has anyone involved with the applicant had experience operating a licensed home health agency? Yes, Susannah Dwyer, CEO of Abe's Garden, has 20+ years of home health experience including being a VP of Home Health. She is also a physical therapist. MaryBeth Watson, Divisional Operations Leader, has 22 years of experience in private duty and home health. Michelle Moore, Operations and Grant Manager Leader, has 18 years of Home Health and Hospice operational experience.

Why is the applicant limiting its services to self-pay patients? It aligns with our current operations and scope of business.

Are the types of home health services proposed by the applicant covered by Medicare Part A? No, not as a stand-alone service. Abe's Garden will not be providing skilled PT, ST or RN that would allow for these services to be combined with traditional Home Health services.

6. 2E. Rationale for Approval

Please provide more context for the statements regarding need on Page 8. Provide an overview of the specific services offered by the applicant and how the data and studies referenced apply to the statements made.

Please confirm whether the CHAP Accreditation will be for deemed or non-deemed surveys.

Please discuss whether the home health services will be offered as a standalone service to residents of the service area, or will be available only to patients already being served within one of the applicant's other existing service lines?

What is the basis for establishing the projected patient base for this project? Are all projections based on existing patient demand or is there more widespread demand in the service area for the type of care offered by the applicant? How many PSSA patients, or ACLF patients are appropriate for referral to this level of care?

What is meant by the statement "Expands reach beyond current service counties >60 on current waitlist"? What service area counties is the applicant licensed in and for what service types? Is the referenced waitlist for home health services?

Please discuss any known differences between existing home health agencies and the applicant in terms of their capacity to provide care to the target population for the applicant. Do other home health agencies that accept traditional payor sources, governmental, commercial, etc. also care for this patient base or are there unique considerations surrounding the target population for this project?

Response : Please provide more context for the statements regarding need on Page 8. Provide an overview of the specific services offered by the applicant and how the data and studies referenced apply to the statements made.

Currently, Abe's Garden Community provides a non-medical personal support service agency. This agency specializes in providing engagement, activity of daily living support, transportation, and medication reminders for people living with dementia. 35% of the current clients have a need for medication reminders. Those same clients rely on family members, friends, and loved ones to provide medication support if there are administration needs or to set up medication planners. Current home health agencies in the area can provide training and education on how to manage a medication planner but cannot provide ongoing assistance. This leads to more support from people in the client's life to maintain the medication needs of the client. Additionally, there continues to be an increased level of need for medication support. When those family members go out of town and are also trying to maintain their own life schedule there is a need for this service to help support the client. Abe's Garden Community is based on the principles of providing the best quality of care possible to older adults and those living with dementia. Since the initiation of the organization there has been a focus on quality of care by partnering with local institutions and dedicating resources to education, management, and analysis of care quality. Ensuring the same standard of quality care is essential for the success of the clients that receive care from this home health agency and for the success of the organization. The areas that will address quality standards will begin with staff education/training, care plans, oversight and auditing, continuous quality improvement, infection control, performance reviews, accreditation, licensing compliance. Abe's Garden will follow all regulatory requirements. Hiring will focus on the experience, skills, and demeanor of the applicants. The focus will be on finding the right people that can bring the skills to provide the highest skills, have a great bedside manner, and the ability to gain new skills. **Education/training** is of the highest importance to the organization. A foundation of orientation, mentorship, and ongoing training to address the needs of the

clients and changing care needs. **Care plans** focus on the individual needs of the client. An interdisciplinary approach will be used to meet the requests of the client or POA, through the primary care physician, clinical team, and other service providers. **Oversight and auditing** will consist of systematic chart reviews to ensure compliance with care plan, regulations, and infection control. **Continuous quality improvement will occur** based on education, assessment, observation, analysis, reporting, and implementation. This process is linked in a systematic circle to continue to ensure the highest standard of care is being practiced. **Infection control** will follow strict policy and procedures that follows standard precautions required based on client needs. **Medication Management** will follow policy and procedures developed from best practices and evidence based approaches. Auditing and 3rd party assessments will be completed. **Emergency preparedness** will be developed in accordance with national, state and local recommendations. **Performance reviews** will be conducted on an annual basis with regularly scheduled check ins. **Accreditation** will be from CHAPS.

Please confirm whether the CHAP Accreditation will be for deemed or non-deemed surveys. Yes

Please discuss whether the home health services will be offered as a standalone service to residents of the service area, or will be available only to patients already being served within one of the applicant's other existing service lines? If the license allows, then Abe's Garden Community would offer these services as a standalone service. If the CON limits this, then Abe's Garden Community would ensure that the client is already on or under one of the existing service lines (IL/AL/MS-AL/Adult Day/PSSA).

What is the basis for establishing the projected patient base for this project? This is based on our current client census for Abe's Garden and on the projected number of clients in the expanding markets. Are all projections based on existing patient demand or is there more widespread demand in the service area for the type of care offered by the applicant? Both, there is a demand with the current resident/client population as well as demand in the surrounding community. How many PSSA patients, or ACLF patients are appropriate for referral to this level of care? Of our existing PSSA patients, approximately 35% have medication reminders and could use additional medication support/administration.

What is meant by the statement "Expands reach beyond current service counties >60 on current waitlist"? There is a need for the current population served as well as a need for those who are currently on the Abe's Garden residential waitlist for independent living, assisted living, and memory support (60+). Abe's Garden is also expanding into additional counties where there is a need for more of this type of service. What service area counties is the applicant licensed in and for what service types? Currently, the PSSA license has an office in Davidson County and Wilson County but is able to provide services in all counties in Tennessee. The Adult Day

license is in Davidson County and Abe's Garden (IL/AL/MS-AL) is in Davidson County. Is the referenced waitlist for home health services? No, it is for residential at Abe's Garden.

Please discuss any known differences between existing home health agencies and the applicant in terms of their capacity to provide care to the target population for the applicant. Do other home health agencies that accept traditional payor sources, governmental, commercial, etc. also care for this patient base or are there unique considerations surrounding the target population for this project? What makes Abe's Garden unique in comparison with the other existing home health agencies, is the research backed dementia expertise that all employees are trained in. Abe's Garden Community would be able to provide medically necessary full time or continuous nursing care as opposed to intermittent or part time care as traditionally provided.

7. 4E. Project Cost Chart

What does the "Salary and Certification" refer to in the project cost chart?

Response : The certification cost is for becoming CHAP certified and the rest is for the labor cost associated with adding the nursing services to the business line.

8. 2N. Service Area

Please discuss the specifics of the "research and discussions with county leadership" referenced in response to Item 2N. What is the referral base supporting the need for non-contiguous service area counties.

Does the applicant own or operated any facilities in the proposed service area. Where are each of the services located?

The applicant has completed a Historical Utilization Chart in response to Item 2N. Please remove as there is no historical utilization.

Please revised the Projected Utilization Chart to indicate the correct unit of measure as the projected 26,416 patients does not appear to be accurate.

Please explain what the 26,416 figure represents as it does not appear to correspond to any other response in the application.

Response : Please discuss the specifics of the "research and discussions with county leadership" referenced in in response to Item 2N. What is the referral base supporting the need for non-contiguous service area counties. The counties were determined based on where Abe's Garden Community is expanding Adult Day Services to. The Home Care will be wrap around services available to these clients as well as clients in the general community. The first step when determining which counties Abe's Garden Community would be expanding to, started with a conversation with the mayor and local leadership to determine their interest and need in the community. Abe's Garden Community then met with other local businesses/churches/organizations to ensure that these services are needed and welcomed.

Does the applicant own or operated any facilities in the proposed service area. Where are each of the services located? Abe's Garden Community is owned and operated in Davidson County which is one of the counties being requested in the CON. Abe's Garden also owns an Adult Day Center in Wilson and Maury counties and will be expanding into Coffee county. Clients in Williamson county are also serviced by the PSSA currently.

The applicant has completed a Historical Utilization Chart in response to Item 2N. Please remove as there is no historical utilization. Removed

Please revised the Projected Utilization Chart to indicate the correct unit of measure as the projected 26,416 patients does not appear to be accurate. This data was obtained from the Joint Annual Report of Home Health Agencies – 2024 Final Comparison of Population Based Need Projection vs. Actual Utilization (2024 vs 2027). The numbers represent the projected capacity of patients. This was received from the TN Department of Health – Division of Health Planning on September 4th, 2025.

Please explain what the 26,416 figure represents as it does not appear to correspond to any other response in the application. It represents the projected utilization of patient need in the five counties Abe's Garden Community is requesting the CON for.

9. 3N. Demographics

Please utilize the [Boyd Center](#) population projections to list population data for 2025 and 2028 in response to Item 3NB. Please revise and resubmit Item 3NB (labeled as Attachment 3NBR.)

Response : Done, see attachment 3NBR

10. 4N. Special Needs of Service Area

The response to Item 4N. is noted but appears to be cut-off in the application form. Please revise the response to be contained within the application form field.

Please explain how the applicant will ensure access to care for the low-income, uninsured and underinsured populations identified in response to Item 4N given the limited payor sources accepted by the applicant.

Please discuss whether there are any specific care considerations for the target population of this project. How do those needs differ from the needs of other home health patients in the service area?

Is there a clinical profile for the types of patients that will be appropriate for home health services vs. a higher level of care? Are there specific challenges faced by patients at different stages of cognitive decline that the home health services proposed by the applicant will address in order to support patients' ability to remain in the community?

**Response : The response to Item 4N. is noted but appears to be cut-off in the application form. Please revise the response to be contained within the application form field.
Corrected**

Please explain how the applicant will ensure access to care for the low-income, uninsured and underinsured populations identified in response to Item 4N given the limited payor sources accepted by the applicant. Abe's Garden Community is a 501(c)3 not for profit. Part of the mission is to create a replicable model that can improve the lives for all older adults. To meet that mission Abe's Garden Community has an access to care fund that allows for those of a low-income, uninsured, or underinsured population to gain access to the services provided. In the past 10 years Abe's Garden Community has provided financial assistance to clients and residents in the support of the mission.

Please discuss whether there are any specific care considerations for the target population of this project. How do those needs differ from the needs of other home health patients in the service area? Clients living with Alzheimer's or other forms of dementia will benefit from our research based training in providing specialized care. There is a gap in care that can't be provided by the PSSA and often aren't covered by traditional home health nursing services. This is true specifically when it comes to medication administration. The target population are also mostly clients of Abe's Garden. The majority of patients Abe's Garden Community serves are living in a residential community or will already be served by a service of Abe's Garden.

Is there a clinical profile for the types of patients that will be appropriate for home health services vs. a higher level of care? Are there specific challenges faced by patients at different stages of cognitive decline that the home health services proposed by the applicant will address in order to support patients' ability to remain in the community? Abe's Garden community is at capacity, with a wait list of over 60 people through all levels of service. These services will allow for those individuals to receive care while waiting to move in and/or to continue to live in their current setting long term.

11. 5N. Unimplemented services

Please include Joint Annual Report data for the most recent three years for all home health agencies licensed to provide home health care in the proposed service area.

If there are agencies that are known to specialize in dementia care or offer a comparably unique service to what is proposed by the applicant, please identify them.

Response : Done, application updated and new attachment provided.

12. 6N. Utilization and/or Occupancy Statistics

Please complete the following tables:

Discipline	Patients Year 1	Visits Year 1	Patients Year 2	Visits Year 2
Skilled Nursing				
Home Health Aide				
Medical Social				
Therapies (PT, OT, ST)				
Other				
TOTAL				

Discipline	Patients Year 1	Hours Year 1	Patients Year 2	Hours Year 2
Skilled Nursing				
Home Health Aide				
Medical Social				
Therapies (PT, OT, ST)				
Other				
TOTAL				

Response
:

Discipline	Patients Year 1	Visits Year 1	Patients Year 2	Visits Year 2
Skilled Nursing	54	6480	69	8280
Home Health Aide				
Medical Social				
Therapies (PT, OT, ST)				

Other

TOTAL 54 6480 69 8280

Discipline	Patients Year 1	Hours Year 1	Patients Year 2	Hours Year 2
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Skilled Nursing	54	15288	69	38220
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Home Health Aide

Medical Social

**Therapies (PT, OT,
ST)**

Other

TOTAL	54	15288	69	38220
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13. 6N. Utilization and/or Occupancy Statistics

The applicant's response to Item 6N is cut-off in the response field. Please attempt to revise.

Please provide additional detail on the referral sources and assumptions involved in developing the projected utilization for the project. How many historical referrals for home health care has the applicant received from its referral partners?

Please discuss the typical number of hours need for each patient visit.

Please explain the whether the target population requires intermittent or continuous skilled nursing care?

How many days of care is a typical patient expected to require?

Response : The applicant's response to Item 6N is cut-off in the response field. Please attempt to revise. Corrected

Please provide additional detail on the referral sources and assumptions involved in developing the projected utilization for the project. How many historical referrals for home health care has the applicant received from its referral partners?

The estimates come from the percentage of independent living residents that will require support. The expansion into Coffee, Maury, Wilson, and Williamson County is based on the expansion of community based services including Abe's Garden at Home (PSSA) and The Club (Adult Day Services).

Abe's Garden Community has received inquiries in the past for potential home health referrals but have been unable to accept. The number has not been tracked.

Please discuss the typical number of hours need for each patient visit.

Current clients of the personal support service agency require on average 3.77 hours per day per client. Abe's Garden Community projects that clients will require on average one hour per client per day within the first year.

Please explain the whether the target population requires intermittent or continuous skilled nursing care? The target population could require intermittent and continuous care. It depends on what needs they have. Medication management would likely be continuous but could also be intermittent.

How many days of care is a typical patient expected to require? This would vary based on the services being provided. Current residents and clients of Abe's Garden use services for an average of two years and four months. Expected days of care would expect to be from one day a week to seven days a week depending on amount of medication or nursing care required.

14. 2C. Insurance Plans

Please discuss the decision to not accept commercial payors.

Response : Abe's Garden Community is not credentialed with any commercial payors. Most commercial payors will not cover the type of services we wish to provide, which is why traditional home health companies are unable to do so.

15. 3C. Effects of Competition and/or Duplication

Will the applicant provide any services that are unique to the service area, in addition to the focus on care for dementia patients and their family members?

Are there specific approaches to care that will differentiate the applicant from other home health care providers in the service area, i.e. clinical approach, service intensity, community linkages, etc.?

What percentage of patients being served through this project will be enrolled in Medicare or TennCare?

Response : Will the applicant provide any services that are unique to the service area, in addition to the focus on care for dementia patients and their family members? Abe's Garden Community can provide training using the Hearthstone principals to family members.

Are there specific approaches to care that will differentiate the applicant from other home health care providers in the service area, i.e. clinical approach, service intensity, community linkages, etc.? Abe's Garden Community programing and approach utilizes research backed training through the Hearthstone Institute which differentiates Abe's Garden Community from other home health care providers in the service area.

What percentage of patients being served through this project will be enrolled in Medicare or TennCare? 50% of patients will be enrolled through Medicare. Abe's Garden Community do not currently foresee providing services to patients with TennCare.

16. 4C. Accessibility to Human Resources

Please describe the specialized training that the LPN staff will receive.

What percentage of the Director of Nursing's time will be dedicated to the supervision of home health operations and staff?

Please discuss how the proposed staffing and clinical leadership will be adequate to satisfy CHAP accreditation requirements.

Where will the LPNs be based to ensure coverage of the proposed service area?

Response : Please describe the specialized training that the LPN staff will receive.

Licensed Practical Nurse (LPN) training will be a critical component of ensuring high-quality, person-centered care consistent with our organizational mission. LPNs will receive comprehensive preparation in home health standards and regulatory compliance, including HIPAA, documentation, and infection control, as well as clinical competencies such as wound and catheter care, medication administration, and chronic disease management. This training ensures that care provided in the home meets the same standard of excellence, while emphasizing early identification of changes in condition, effective communication with supervising RNs, and interdisciplinary collaboration to support safe transitions and continuity of care.

In alignment with Abe's Garden's commitment to purposeful living and dementia-inclusive practices, LPN training will also emphasize home environment safety, family and caregiver education, and engagement approaches grounded in evidence-based dementia care. Additional modules, such as palliative care and infection surveillance, will support holistic, person-centered service delivery. This robust training structure demonstrates Abe's Garden's capacity to uphold clinical excellence, meet state home health licensure standards, and extend our continuum of care—allowing residents and community members to remain safely and comfortably at home while receiving skilled support from a team trained in both clinical expertise and compassionate engagement.

What percentage of the Director of Nursing's time will be dedicated to the supervision of home health operations and staff? The director of nursing's time will be dedicated to home health operations and staff upon opening at 25% of time. A full time director of nursing will be hired with 100% of time dedicated to home health operations and staff when more than 25% of the time of the current director of nursing occurs.

Please discuss how the proposed staffing and clinical leadership will be adequate to satisfy CHAP accreditation requirements.

Where will the LPNs be based to ensure coverage of the proposed service area?

LPNs will be based in each county to ensure coverage of the proposed area. The LPNs will have physical locations at Abe's Garden Community campus and satellite locations in surrounding counties.

17. 5C. License/Certification

Does the applicant have a performance improvement committee? If so, please discuss how that body will incorporate home health care into its policies.

Please describe in greater detail the applicant's clinical leadership structure, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

Response : **Does the applicant have a performance improvement committee? If so, please discuss how that body will incorporate home health care into its policies.** Abe's Garden has a performance improvement committee within the organization however a separate committee would be established for home health. This would be made up of an interdisciplinary team that consists of the Divisional Leader of Hearthstone Operations, Director of Nursing and Home Health Administrator.

Please describe in greater detail the applicant's clinical leadership structure: Senior Director of Clinical Services has oversight of all clinical programing. Reporting to them, is an Assistant Director of Nursing.

, quality assurance policies and programs, Abe's Garden has weekly care coordination meetings that reviews all clinical needs of residents. Each resident is assigned a risk score based on currently clinical needs. This meeting is attended by nursing, therapy, social work, non-medical home care and operational leadership members. On a monthly basis, clinical care outcomes are evaluated and reported to clinical leadership. This consists of ADL reporting, nutrition evaluation, risk assessments, medication approach, infection control and incident review.

utilization review policies and programs, With current practices, utilization review is not warranted. Policies and programs are being developed in anticipation of private duty home health.

record keeping, Abe's Garden has strict confidentiality requirements to protect patient medical records. The community follows HIPPA for minimal requirements but provides additional protections when necessary. Abe's Garden implements policies that protect resident and client data. These policies address confidentiality training, access to records based on job requirements, secure storage of data and sharing of information.

clinical staffing requirements, and staff education.

Clinical staffing requirements will be based on the number of scheduled hours with clients/residents. PRN staff will be hired in addition to full time staff in order to fill in the gaps as census grows. At minimum there will be a full time Director of Nursing and full time staff RN. Orientation will be provided and competencies will be evaluated and signed off on. This will include training on comprehensive assessments, OASIS documentation and EMR systems. Skills competencies will include, but are not limited to, hand washing, bag technique, taking, reading documenting patient's vital signs, patient care rights, patient privacy, infection control, medication management, emergency preparedness, safety and body mechanics and ADLs. Annual skill evaluations will also be completed. Ongoing inservices will be provided as well as supervisory visits.

18. 6C. Historical/Projected Data Chart

Please ensure that the projections in response to Item 6C. match those included in Item 2N and Item 6N of the application.

Response : 6N Has been revised

19. 7C. Calculated Project Charges

Are there any differences in the applicant's proposed private duty nursing rate per hour and the amount reimbursed by Medicare per hour?

Response : Medicare does not provide a reimbursement rate for private duty nursing because it is not considered a covered benefit. Private duty nursing, which provides continuous and individualized care, is generally not covered by Medicare, which instead pays for intermittent skilled nursing care from a home health agency, up to a limited number of hours per week. In a home health setting, reimbursement is based the patient's case mix and wage index but is shown to average anywhere between \$90 to \$156 per visit. Abe's proposed rate of \$70/hr comes in lower than this amount.

20. 9C. Other Facilities Charges

Please label the table of charges in Attachment 1N, Criterion #9 as Skilled Nursing Care.

Please include a listing of charges for the following home health agencies that are licensed in the proposed service area:

19694 Aveanna Home Health (Rutherford)

19744 Pentec Health, Inc. (Hamilton)

19754 Advanced Nursing Solutions (Blount)
20045 Tennessee Quality Care - Home Health (Decatur)
21024 Suncrest Home Health (DeKalb)
25034 Quality Private Duty Care (Fentress)
26024 Enhabit Home Health (Franklin)
26054 Amedisys Home Care (Franklin)
33083 Accentcare Home Health of Tennessee (Hamilton)
41034 Ascension Saint Thomas at Home (Hickman)
47202 Amedisys Home Health Care (Knox)
47452 Implanted Pump Management LLC (Knox)
52024 Deaconess Homecare (Lincoln)
63044 Suncrest Home Health (Montgomery)
74054 NHC Homecare Springfield (Robertson)
74064 Lifeline Home Health Care (Robertson)
75024 NHC Homecare (Rutherford)
75064 Amedisys Home Health Care (Rutherford)
75084 Twelvestone Infusion Support (Rutherford)
79456 Accredo Health Group, Inc. (Shelby)
79466 Optum Women's and Children's Health LLC (Shelby)
83114 Highpoint Homecare (Sumner)
89064 Intrepid USA Healthcare Services (Warren)
89074 Adoration Home Health McMinnville (Warren)
89084 Homefirst Home Healthcare (Warren)

Response : Updated 1N and reattached.

None of those HHAs listed are in the counties we are requesting.

21. 10C. Project Only Payor Mix

Please discuss how medically indigent patients will be served by the project.

Response : Anyone who is unable to pay for necessary care can apply for the Abe's Garden Access to Care.

22. 4Q. TennCare MCO's

It is noted that the applicant will not accept TennCare as a payor source. Please discuss the reasons for this policy. What percentage of patients to be served by the applicant are projected to be TennCare enrolled.

Response : Section 3N shows the average percentage of those enrolled in TennCare in the proposed service area is 15.1%. Abe's Garden does not, at this time, plan to participate with any insurance programs. Abe's Garden is in the due diligence process of looking into other payor sources.

23. 1N. Criteria and Standards

Attachment 1N, Home Health Services Criteria and Standards, Criterion #4, County Need Standard

The applicant's letters of support are noted. Please confirm whether the applicant intends to provide documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data; b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.

Response : Yes, we intend to provide documentation in this area.

24. 1N. Criteria and Standards

Attachment 1N, Home Health Services Criteria and Standards, Criterion #5, Current Service Area Utilization

Please identify the State ID number for the home health agencies in the criteria and standards.

Please ensure that the table reflect utilization by all licensed agencies serving patients in the service area.

The number of patients served should reflect only the patients served within the combined service area counties. Please revise the table accordingly.

Response : Revised

25. 1N. Criteria and Standards

Please add page number to Attachment 1N.

Response : Done

26. 1N. Criteria and Standards

Attachment 1N, Home Health Services Criteria and Standards, Criterion #9, Proposed Charges

Please label the table of charges in Attachment 1N, Criterion #9 as Skilled Nursing Care.

Please include a listing of charges for the following home health agencies that are licensed in the proposed service area:

19694 Aveanna Home Health (Rutherford)

19744 Pentec Health, Inc. (Hamilton)

19754 Advanced Nursing Solutions (Blount)

20045 Tennessee Quality Care - Home Health (Decatur)

21024 Suncrest Home Health (DeKalb)

25034 Quality Private Duty Care (Fentress)

26024 Enhabit Home Health (Franklin)

26054 Amedisys Home Care (Franklin)

33083 Accentcare Home Health of Tennessee (Hamilton)

41034 Ascension Saint Thomas at Home (Hickman)

47202 Amedisys Home Health Care (Knox)

47452 Implanted Pump Management LLC (Knox)

52024 Deaconess Homecare (Lincoln)
63044 Suncrest Home Health (Montgomery)
74054 NHC Homecare Springfield (Robertson)
74064 Lifeline Home Health Care (Robertson)
75024 NHC Homecare (Rutherford)
75064 Amedisys Home Health Care (Rutherford)
75084 Twelvestone Infusion Support (Rutherford)
79456 Accredo Health Group, Inc. (Shelby)
79466 Optum Women's and Children's Health LLC (Shelby)
83114 Highpoint Homecare (Sumner)
89064 Intrepid USA Healthcare Services (Warren)
89074 Adoration Home Health McMinnville (Warren)
89084 Homefirst Home Healthcare (Warren)

Response : The below are not in our proposed service area.

Project Name : Abe's Garden At Home

Supplemental Round Name : 2

Certificate No. : CN2509-035

Due Date : 10/30/2025

Submitted Date : 10/21/2025

1. 2E. Rationale for Approval

Please confirm whether the CHAP Accreditation will be for deemed or non-deemed surveys.

Response : At this time Abe's Garden plans to go with the non-deemed survey. In the future, this may be changed to deemed as we look into changing the scope of payor source.

2. 1E. Overview

It is noted that the types of services proposed by the applicant are not covered as a standalone service and that PT, ST and skilled RN services will not be provided and therefore not allow for the proposed services to be combined with traditional home health services.

Will an RN be performing initial and follow-up evaluation visits, periodic evaluations of drug interactions, and non-compliance with drug therapy with home health patients?

How are patients going to be handled who require the types of care not offered by the applicant?

What will the LPNs scope of duties include beyond medication reminders?

Response : Will an RN be performing initial and follow-up evaluation visits, periodic evaluations of drug interactions, and non-compliance with drug therapy with home health patients? Yes

How are patients going to be handled who require the types of care not offered by the applicant? All individuals have choice in who provides their home health care, we will provide the Home Care Compare statistics for those agencies in the local area.

What will the LPNs scope of duties include beyond medication reminders?

Medication administration, wound care, catheter care, vital sign monitoring, blood glucose monitoring, collecting specimens, assisting with pain management. They would also identify and report changes in condition to the RN and/or physician.

3. 2N. Service Area

The Projected Utilization Table for Item 2N should reflect the total number of patients, patient days, etc. that are projected to be served through this project specifically by service area county. Please revised Table 2N.

Response : Revised in application.

4. 4N. Special Needs of Service Area

Please submit the response to Item 4N in response to this supplemental question or as an application attachment as it is not formatting correctly in the main application.

Response : We will provide access to care. Funding will be provided to those that are in need of care. Support groups, training for family members as well as resource support for the community will also be provided. We will **meet the need of people specifically with dementia and their families.**

The five counties—Davidson, Coffee, Maury, Wilson, and Williamson—are home to populations with significant variation in socioeconomic status, health risk, and access challenges, making home health a critical service. The county is also racially and ethnically diverse (with around 26.9 % Black/African American and 10.4 % Hispanic/Latino) and includes low-income and underserved neighborhoods. In Williamson County, much wealthier overall—the median household income exceeds \$130,000, and the population with disabilities is about 7.8 % of residents; nevertheless, underserved pockets persist, especially among lower-income, minority, or TennCare-eligible residents. [Tennessee State Government](#) Population growth trends in Maury (estimated ~110,760 in 2023) and its evolving suburban-rural mix suggest health infrastructure is struggling to keep pace. Meanwhile, older adults in Wilson and Coffee counties face transportation barriers and geographic isolation, compounding access issues. Statewide, about 9.3 % of Tennesseans are uninsured (2023 estimate), and in Davidson County the uninsured rate in one dataset rose to 12.3 % in 2023.

These demographic and health disparities mean that key subpopulations—elderly adults, people of racial and ethnic minority backgrounds, and the uninsured/underinsured—are especially vulnerable to gaps in home health service. To address these special needs, the organization business plan will include Access to Care Funds and partnerships with community health centers and social service agencies for referrals.

Since 2008, Abe’s Garden has provided best practices and research based approaches to the community. This will provide another avenue to expand not only services but ways to benefit people looking for the best home health in Tennessee.

5. 5N. Unimplemented services

The response to Item 5N does not appear to reflect all licensed home health agencies in the proposed service area. A file is attached for reference. Please revise and resubmit.

There appear to be two outstanding CON applications overlapping the applicant proposed service area:

MGA Home Healthcare Tennessee dba MGA Homecare CN2409-025A

Tennessee Quality Care Home Health (Middle) CN2402-005A

Please discuss any overlap in the applicant's proposed services.

Response : Please see attachment HFC 5N.

Please discuss any overlap in the applicant's proposed services. Both of these providers also provide private duty nursing services. Abe's Garden home care will be differentiated by the Hearthstone research backed training for those living with Alzheimer's and Dementia. In addition, this CON will provide much needed care to residents living within Abe's Community IL who need a little extra support, but who are not appropriate for advanced levels of care/living (AL/MS). Coordinated services in one setting will provide a higher level of care for those residents or clients within the organization.

6. 2C. Insurance Plans

Please discuss the services that the applicant would need to offer in order to be eligible for participation in commercial insurance plans generally.

Response : Eligibility for participation in commercial insurance is not dependent on services provided. Not using commercial insurance aligns with our current operational process.

7. 4C. Accessibility to Human Resources

Please discuss how the proposed staffing and clinical leadership will be adequate to satisfy CHAP accreditation requirements.

Response :

Abe's Garden has a clearly defined organizational structure with leadership roles as well as a HR team that is here to ensure that all colleagues are trained, qualified and legally cleared to work. This ensures that all colleagues are following the same standards.

CHAP Staffing Requirements include: Qualified Staff, Competency Assessments, Clear Policies, Emergency Preparedness and Patient – to – staff ratios. Abe's Garden is already operating the residential services and At Home private duty line of business following these requirements.

CHAP Clinical Leadership Requirements include: Accountability and transparency, Compliance, Quality Improvement, Strategic guidance and Site Visit engagement. Again, these practices are already in place at Abe's Garden and will translate easily to the addition of private duty nursing.

8. 5C. License/Certification

Please confirm that the applicant intends to utilize OASIS documentation despite not participating in CMS programs.

Response : Yes, we will use the OASIS documentation.

9. 6C. Historical/Projected Data Chart

Please ensure that the projections and units of measure match from Item 6C, 6N and 2N.

Response : Updated

10. 9C. Other Facilities Charges

The HHAs listed in the original supplemental are licensed to service at least one of the counties in the applicant's proposed service area. Please respond to the question.

Please include a listing of charges for the following home health agencies that are licensed in the proposed service area:

19694 Aveanna Home Health (Rutherford)

19744 Pentec Health, Inc. (Hamilton)

19754 Advanced Nursing Solutions (Blount)

20045 Tennessee Quality Care - Home Health (Decatur)

21024 Suncrest Home Health (DeKalb)

25034 Quality Private Duty Care (Fentress)

26024 Enhabit Home Health (Franklin)

26054 Amedisys Home Care (Franklin)

33083 Accentcare Home Health of Tennessee (Hamilton)

41034 Ascension Saint Thomas at Home (Hickman)

47202 Amedisys Home Health Care (Knox)

47452 Implanted Pump Management LLC (Knox)

52024 Deaconess Homecare (Lincoln)

63044 Suncrest Home Health (Montgomery)

74054 NHC Homecare Springfield (Robertson)

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75024 NHC Homecare (Rutherford)

75064 Amedisys Home Health Care (Rutherford)

75084 Twelvestone Infusion Support (Rutherford)

79456 Accredo Health Group, Inc. (Shelby)

79466 Optum Women's and Children's Health LLC (Shelby)

83114 Highpoint Homecare (Sumner)

89064 Intrepid USA Healthcare Services (Warren)

89074 Adoration Home Health McMinnville (Warren)

89084 Homefirst Home Healthcare (Warren)

Response Facility ID Info
:

JAR Year	Facility ID	Lic Number	State ID	Facility Name	County
2024	383	259	19694	Aveanna Home Health	Rutherford
2024	388	632	19744	Pentec Health, Inc.	Hamilton
2024	517	635	19754	Advanced Nursing Solutions	Blount
2024	389	221	20045	Tennessee Quality Care - Home Health	Decatur

2024	391	60 21024	Suncrest Home Health	DeKalb
2024	394	80 25034	Quality Private Duty Care	Fentress
2024	396	83 26024	Enhabit Home Health	Franklin
2024	397	82 26054	Amedisys Home Care	Franklin
2024	407	115 33083	Accentcare Home Health of Tennessee	Hamilton
2024	423	125 41034	Ascension Saint Thomas at Home	Hickman
2024	430	150 47202	Amedisys Home Health Care	Knox
2024	512	633 47452	Implanted Pump Management LLC	Knox
2024	435	161 52024	Deaconess Homecare	Lincoln
2024	450	293 63044	Suncrest Home Health	Montgome
2024	455	205 74054	NHC Homecare Springfield	Robertson
2024	456	203 74064	Lifeline Home Health Care	Robertson
2024	457	208 75024	NHC Homecare	Rutherford
2024	459	5 75064	Amedisys Home Health Care	Rutherford
2024	1488	649 75084	Twelvestone Infusion Support	Rutherford
2024	474	347 79456	Accredo Health Group, Inc.	Shelby
2024	475	459 79466	Optum Womens and Childrens Health LLC	Shelby
2024	486	258 83114	Highpoint Homecare	Sumner
2024	487	263 89064	Intrepid USA Healthcare Services	Warren
2024	488	265 89074	Adoration Home Health McMinnville	Warren
2024	489	619 89084	Homefirst Home Healthcare	Warren

11. 1N. Criteria and Standards

Attachment 1N, Home Health Services Criteria and Standards, Criterion #5, Current Service Area Utilization

Please ensure that the table reflect utilization by all licensed agencies serving patients in the service area.

The number of patients served should reflect only the patients served within the combined service area counties. Please revise the table accordingly.

A file is attached for reference in completing the response to this criterion.

Response : Please see attachment 1N.

12. 3N. Demographics

The following items appear to contain errors in Attachment 3NB.

TennCare Enrollees as a % of Total: Coffee, Maury, Williamson and Wilson Counties, Service Area
Total and State of TN Total.

Please revise and resubmit Attachment 3NB.

Response : Please see attachment 3NBR

Project Name : Abe's Garden At Home

Supplemental Round Name : 3

Certificate No. : CN2509-035

Due Date : 11/6/2025

Submitted Date : 10/27/2025

1. 8Q. Staffing

Please include the FTE for any RN staff dedicated to direct patient care in Item 8Q.

Response : 8 Q has been updated to include 2 RNs.

2. 1N. Criteria and Standards

Attachment 1N, Home Health Services Criteria and Standards, Criterion #6, Adequate Staffing

Please include the FTE for any RN staff dedicated to direct patient care in response to Attachment 1N Criterion #6.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR2).

Response : Revised and attached as 1NR2.

3. 2C. Insurance Plans

Please explain which services provided by the applicant are not covered by most commercial payor as referenced in response to Supplemental #1 Question #14 "Most commercial payors will not cover the types of services we wish to provide which is why traditional home health companies are unable to do so."

Response : This is regarding medication administration. This is not considered a skilled need that can stand alone without having other skilled needs.

4. 9C. Other Facilities Charges

Please provide the data responding to Supplemental #2, Question #10 as an attachment as the responses are not legible.

Response : See attachment HFC – 5N – Home_Health_Services (1) – Includes 9C

Project Name : Abe's Garden At Home

Supplemental Round Name : 4

Certificate No. : CN2509-035

Due Date : 10/31/2025

Submitted Date : 10/28/2025

1. 9C. Other Facilities Charges

Please include the revised data attached for the response to 9C.

Response : Please see new attached file HFC-5N-Home_Health_Services (1) - Includes 9C w rev
HFC 10.28

Project Name : Abe's Garden At Home

Supplemental Round Name : 5

Certificate No. : CN2509-035

Due Date : 10/31/2025

Submitted Date : 10/28/2025

1. 9C. Other Facilities Charges

Please attach the revised Attachment HFC 5N - Includes 9C to include charge per skilled nursing care visits for all licensed home health agencies in the proposed service area.

Response : New attachment uploaded.