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 Jonhson City Press which is a newspaper of general circulation in Carter, Johnson, Unicoi, and Washington Counties., Tennessee, on or before 09/03/2026 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 Tennessee Nursing Services of Morristown, Inc. dba Beacon Hospice, a/an Hospice Agency owned by Cornerstone Healthcare, Inc. with an ownership type of Corporation (For Profit) and to be managed by itself intends to file an application for a Certificate of Need for the addition of Carter, Johnson, Unicoi and Washington counties to its service area (License #362).. The address of the project will be 903 Main Street, New Tazewell, Claiborne, Tennessee, 37825. The estimated project cost will be $3,200.

The anticipated date of filing the application is 10/01/2026

The contact person for this project is Associate General Counsel Sydney McFarlin who may be reached at Pennant Services Inc - 1675 E. Riverside Drive, Eagle, Idaho, 83616 – Contact No. 208-401-1400.

Sydney McFarlin	09/02/2026	sydney.mcfarlin@pennantservices.com
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 .

State of Tennessee
Health Facilities Commission

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

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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 Tennessee Nursing Services of Morristown, Inc. dba Beacon Hospice, a/an Hospice Agency owned by Cornerstone Healthcare, Inc. with an ownership type of Corporation (For Profit) and to be managed by itself intends to file an application for a Certificate of Need for the addition of Carter, Johnson, Unicoi and Washington counties to its service area (License #362).. The address of the project will be 903 Main Street, New Tazewell, Claiborne, Tennessee, 37825. The estimated project cost will be $3,200.

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CRITERIA AND STANDARDS

Attachment 1N — Responses to Standards and Criteria
RESIDENTIAL HOSPICE SERVICES AND HOSPICE SERVICES

Beacon Hospice is an existing Tennessee-licensed hospice agency seeking to expand its in-home hospice service area, not to establish a new agency or residential hospice. Because Beacon seeks to add Carter, Johnson, Unicoi, and Washington Counties to its existing licensed service area, this request is evaluated under Criterion 17(b) and the Commission's cumulative-review framework. Although the numerical need formula does not show need in each proposed county, approval is warranted because the project promotes continuity of care, creates a contiguous and operationally efficient East Tennessee service area, expands access to a high-quality hospice provider, and does so without new construction, a new office, or duplicative fixed infrastructure.

STANDARDS AND CRITERIA APPLICABLE TO TOTAL HOSPICE

1. Adequate Staffing: An 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. Importantly, the applicant must document that such qualified personnel are available for hire to work in the proposed Service Area. In this regard, an applicant should demonstrate its willingness to comply with the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization.

RESPONSE: Beacon Hospice is an established Medicare- and TennCare-certified hospice provider currently serving 11 East Tennessee counties. The four proposed counties are contiguous to Beacon's current regional footprint and can be served through existing leadership, clinical oversight, and operating infrastructure, including Beacon's Sullivan County branch office. Beacon will recruit, hire, train, assess competencies, supervise, and retain qualified hospice personnel consistent with applicable Tennessee licensure standards, CMS Conditions of Participation, and hospice industry standards. Beacon Home Health already operates in Carter, Johnson, Unicoi, and Washington Counties, giving Beacon local knowledge of referral patterns, workforce conditions, and patient needs. As census develops, Beacon will add hospice-qualified staff as needed and will use its existing Pennant and Cornerstone resources, including clinical education, compliance support, quality oversight, and peer-agency support, to maintain appropriate staffing levels throughout the proposed service area.

2. Community Linkage Plan: The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, relationships with appropriate health care system providers/services and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. Letters from physicians in support of an application should detail specific instances of unmet need for hospice services.

RESPONSE: Beacon has existing community linkages in the proposed counties through Beacon Home Health's current operations. Those relationships include coordination with physicians, hospitals, discharge planners, skilled nursing facilities, assisted living communities, and other community providers that support patients receiving care at home or in residential settings. These linkages are already generating hospice-specific demand: in the last 90 days, Beacon received 9 referrals in the proposed service area that it could not serve because Beacon Hospice is not currently licensed in those counties. That recent referral activity shows that the need for Beacon Hospice is immediate and patient-specific, not theoretical. Beacon will build on its established relationships by educating referral sources about timely hospice referrals, eligibility considerations, and the benefits of coordinated transitions from home health to hospice when clinically appropriate. Approval will allow patients already receiving Beacon Home Health services in Carter,

Johnson, Unicoi, and Washington Counties to consider Beacon Hospice at the point hospice becomes appropriate, rather than changing providers solely because of a licensure boundary.

3. Proposed Charges: The applicant should list its benefit level charges, which should be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas.

RESPONSE: Beacon's current hospice charges and applicable Medicare reimbursement amounts are reflected below and in the related charge attachment. Hospice reimbursement is driven primarily by Medicare and TennCare/Medicaid payment structures, and Beacon does not expect approval of this project to increase patient charges. Because the proposed expansion will be implemented through existing regional infrastructure and does not require construction, a new office, or significant capital investment, the project should not add fixed-cost pressure to patients, payors, or the local healthcare system.

BEACON HOSPICE CHARGES AND MEDICARE REIMBURSEMENT					
	Routine Home Care (per day) Days 1-60	Routine Home Care (per day) Days 61+	Cont Home Care (per hour)	Gen Inpt Care (per day)	Inpt Respite Care (per day)
Hospice Charges	$194.97	$153.57	$57.29	$1021.44	$455.49
Hospice Reimbursement	$199.75	$157.44	$59.06	$1044.43	$466.22

The comparison tables below are provided to demonstrate reasonableness of charges relative to existing hospice providers in the proposed service area and adjoining service areas. The table below, which is also shown in Attachment 9C, shows the 2025 Medicare reimbursement rates by type of service for each of the existing hospice providers in the PSA. Medicare rates are set by CMS based on numerous factors. The agency has no direct role in setting the amount of the Medicare payment rate.

To assist the reviewer in evaluating the historical data, the applicant notes that it acquired the agency effective October 1, 2025. The historical figures for fiscal years ending June 30, 2023, 2024, and 2025 were reported before the applicant's ownership through the Joint Annual Report of Hospice submitted to the Tennessee Department of Health. The applicant has used those reported figures as the best available historical data, but does not have independent knowledge of the prior owner's methodologies, assumptions, or supporting calculations.

MEDICARE CHARGES OF HOSPICE AGENCIES IN PSA - 2025					
Agency	**Home County**	**Routine Hospice Care**	**Continuous Hospice Care**	**General Inpatient**	**Respite Inpatient**
Amedisys Hospice an Adventa Company	Carter	$150	$500	$946	$436
Avalon Hospice	Davidson	$225	$1,565	$1,170	$546
Ballad Health Hospice	Sullivan	$198	$1,401	$1,037	$462
Caris Healthcare	Washington	$197	$1,393	$1,032	$460
Smoky Mountain Home Health and Hospice	Cocke	$164	$500	$500	$449
Univ. of TN Med. Ctr Home Health/Hospice Service	Hamblen	$164	$500	$500	$449
Beacon Hospice	Claiborne	$163	$500	$500	$426
Average		**$180.14**	**$908.43**	**$812.14**	**$461.14**

Source: Tennessee Department of Health Joint Annual Reports (JAR) Hospice, 2025, Schedule D-Finances, Medicare Per Diem Rates by Level of care. Rates are self-reported by individual providers. Average calculated from reported rates shown above. Historical data for fiscal year ending June 30, 2025 predates the applicant's ownership and is presented based on the prior owner's JAR submissions.

Shown below, and mirrored in Attachment 1N(3), is the supporting charge comparison for agencies licensed in the proposed service area and adjoining service areas. Beacon's charges are reasonable in context, and approval of the project is not expected to change existing patient charges because the project will use Beacon's existing hospice operating platform and applicable payer reimbursement structures.

AVERAGE PER DIEM CHARGES OF HOSPICES IN PSA & BEACON HOSPICE					
Hospice Agency	**Home County**	**State ID**	**Total Patient Days**	**Net Revenue**	**Average Revenue Per Day**
Amedisys Hospice an Adventa Company	Carter	10601	324,964	$29,278,716	$90.10
Avalon Hospice	Davidson	19694	729,744	$170,061,985	$233.04
Ballad Health Hospice	Sullivan	82601	25,939	$7,023,287	$270.76
Caris Healthcare	Washington	90611	71,631	$8,721,374	$121.75
Smoky Mountain Home Health and Hospice	Cocke	15602	34,263	$8,385,459	$244.74
Univ. of TN Med. Ctr Home Health/Hospice Service	Hamblen	32603	70,128	$8,385,459	$119.57
Beacon Hospice	Claiborne	13603	55,285	$7,584,658	$137.19
TOTAL			**1,311,954**	**$239,440,938**	**$182.51**

Source/methodology: Data obtained from 2025 Tennessee Joint Annual Reports (JAR) for Hospice agencies. Total visits reflects the total number of visits reported in Schedule E. Revenue reflects Net Revenue total as reported in Schedule D. Average Revenue per visit was calculated by dividing reported New Revenue by reported Total Visits. Figures are based on agency reported JAR data and have not been independently audited or adjusted. Historical data for fiscal year ending June 30, 2025 predates the applicant's ownership and is presented based on the prior owner's JAR submissions.

4. Access: The applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1), 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.

RESPONSE: Beacon will serve all four proposed counties equally and without regard to payer source or ability to pay. The proposed service area includes rural, elderly, low-income, TennCare/Medicaid, uninsured, underinsured, and medically vulnerable residents who may face barriers to facility-based care, transportation, or multiple-provider coordination. Hospice care is delivered primarily where the patient resides, including private homes, assisted living communities, nursing facilities, and other residential settings. Beacon Home Health already serves Carter, Johnson, Unicoi, and Washington Counties and holds a 4-star CMS quality of patient care star rating in those counties. Beacon Hospice also holds a 5-star CAHPS rating and was recognized as a 2025 SHP Best Hospice Caregiver Experience Award winner, including Premier Performer recognition in the top 5%. Approval will extend that high-quality hospice platform into counties where Beacon already has local relationships and patient-care experience, improving access without requiring patients to travel to an office for treatment.

5. Indigent Care: The applicant should include a plan for its care of indigent patients in the Service Area, including: (a) a plan to work with community-based organizations to develop a support system to provide hospice services to the indigent and to conduct outreach and education; (b) details about how the applicant plans to provide this outreach; and (c) details about how the applicant plans to fundraise in order to provide indigent and/or charity care.

RESPONSE: Beacon maintains admission, charity care, and nondiscrimination policies and will serve eligible patients without regard to socioeconomic status. Beacon has never turned away an otherwise eligible hospice patient because of the patient's inability to pay. Most hospice patients are covered by Medicare, TennCare/Medicaid, or other payer programs, so charity care is expected to be limited. When appropriate, however, Beacon will continue services for patients who lose coverage, lack adequate coverage, or otherwise require charity care consistent with Beacon's policies and available resources. Beacon will also continue outreach and education with community-based organizations, referral sources, and providers serving low-income, elderly, uninsured, underinsured, and medically vulnerable populations. Because the anticipated need for charity care is limited, Beacon does not anticipate separate fundraising specifically for this project. Beacon Hospice's charity care policy is attached at Attachment 1N(5).

6. Quality Control and Monitoring: The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring. Additionally, the applicant should provide documentation that it is, or intends to be, fully accredited by the Joint Commission, CHAP, ACHC, another accrediting body with deeming authority for hospice services from CMS, or a CMS licensing survey, and/or other third-party quality oversight organization. The applicant should inform the HSDA of any other hospice agencies operating in other states with common ownership of 50% or higher, or with common management, and provide a summary of those agencies' latest surveys/inspections and any Department of Justice investigations and/or settlements.

RESPONSE: Beacon maintains a QAPI program through which it monitors hospice quality, patient and family experience, process measures, and outcome indicators, and implements performance-improvement initiatives as appropriate. Beacon is licensed by the Tennessee Health Facilities Commission and certified by Medicare and TennCare, and its quality oversight includes CMS survey and certification requirements. Beacon Hospice received a deficiency-free CMS survey under the prior owner on May 24, 2024. Beacon Hospice also holds a 5-star CAHPS Hospice rating, and Beacon Home Health holds a 4.5-star CMS quality of patient care star rating in the proposed counties. These quality indicators support approval because Beacon is seeking to extend an established, high-performing care platform into contiguous counties where its affiliated home health agency already has a strong local presence. Beacon will provide any reasonably requested survey, inspection, quality, ownership, and compliance information required by the Commission in connection with this application. Attachment 1N(6) provides a list of other hospice agencies owned by Cornerstone Healthcare, Inc. and the relevant surveys, inspections, and DOJ-related activity.

7. 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.

RESPONSE: Beacon agrees to provide the Tennessee Department of Health and the Tennessee Health Facilities Commission with all reasonably requested information and statistical data related to the operation and provision of hospice services, and to report that data in the time and format requested.

8. Education: The applicant should provide details of its plan in the Service Area to educate physicians, other health care providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients.

RESPONSE: Beacon conducts ongoing education and outreach to physicians, hospitals, discharge planners, skilled nursing facilities, assisted living communities, public health agencies, and community partners regarding hospice eligibility, timely referral, patient and caregiver support, and the Medicare hospice benefit. Beacon will extend these activities into Carter, Johnson, Unicoi, and Washington Counties using its existing Beacon Home Health relationships as a foundation. The focus will be practical and patient-centered: identifying patients who may benefit from hospice earlier, reducing avoidable care transitions, supporting families and caregivers, and helping referral sources understand when a home-health-to-hospice transition may be clinically appropriate.

HOSPICE SERVICES (IN-HOME) — DEFINITIONS AND SPECIFIC CRITERIA

15. "Service Area" shall mean the county or contiguous counties represented on an application as the area in which an applicant intends to provide Hospice Services and/or in which the majority of its service recipients reside.

16. "Statewide Median Hospice Penetration Rate" (SMHPR) shall mean the number equal to the Hospice Penetration Rate for the median county in Tennessee.

ADDITIONAL SPECIFIC STANDARDS AND CRITERIA FOR HOSPICE SERVICES

Note that, while a "need formula" is set forth below, the decision to approve a CON application hereunder should be determined by the cumulative weight of all standards and criteria, including those set forth earlier herein.

17. Need Formula: The hospice need formula is one guide in the Commission's review, but approval is determined by the cumulative weight of all applicable standards and criteria. For a hospice expanding its existing service area, the formula considers whether there is a need of at least 40 additional hospice service recipients in each new county. Where the formula does not show numerical need, the applicant may still support approval by demonstrating good reason for the requested counties, showing that the expansion contributes to the orderly development of the healthcare system, and demonstrating that the request is not made solely to gain entry into the proposed counties.

RESPONSE: Beacon is an existing hospice provider seeking to add four contiguous counties to its licensed service area. The numerical need formula does not show a need of 40 additional hospice recipients in each proposed county. Nevertheless, approval is warranted under the cumulative-review framework because the application provides good reason for including each county and demonstrates that the project will promote orderly development of hospice services, improve continuity of care, add meaningful patient choice, and avoid unnecessary duplication of fixed healthcare infrastructure.

17(b) - Expansion of existing Service Area. The table below sets forth the calculated need or surplus for each proposed county so that the Commission can weigh the formula alongside the qualitative factors that follow. This is the most recent calculation table available.

RESPONSE: The calculated need or surplus in each of the PSA counties is shown below. This is the most recent calculation table available from Health Statistics.

	Hospice Patients Served			Total Hospice Deaths*			Hospice Penetration Rate	Hospice Penetration Rate and Patient Need/(Surplus)	
County Name	2023	2024	Mean	2023	2024	Mean	Mean Number of Patients/Mean Number of Deaths	(Median Rate)*80%	(Median Rate)*85%
							0.679	0.722	
Carter	563	643	603	788	714	751	0.803	(603)	(603)
Johnson	201	212	207	239	280	260	0.796	(207)	(207)
Unicoi	224	238	231	259	257	258	0.895	(231)	(231)
Washington	1,534	1,671	1,603	1,535	1,511	1,523	1.052	(1,603)	(1,603)

Source: Joint Annual Report - Hospice Agencies and Tennessee Department of Health, Division of Policy, Planning and Assessment - Hospice Agency Need Projections (available upon request).

Weighed cumulatively, the following factors demonstrate that adding Carter, Johnson, Unicoi, and Washington Counties to Beacon's licensed hospice service area is warranted and contributes to the orderly development of the healthcare system in East Tennessee:

- *Continuity of care.* Beacon Home Health already serves patients in all four proposed counties, while Beacon Hospice is not currently licensed to serve those same counties. In Beacon's existing dual-service counties, where both Beacon Home Health and Beacon Hospice are available, the current overall home-health-to-hospice bridging percentage is only 4%, demonstrating that approval is not intended to capture home health patients automatically or create inappropriate internal steering. Rather, approval would simply allow eligible patients and families to consider Beacon Hospice as an available option when clinically appropriate, instead of requiring a provider change solely because of a licensure boundary.
- *Contiguous and operationally reasonable service area.* The proposed counties form a compact East Tennessee expansion. Washington County is contiguous to Beacon's existing hospice counties of Sullivan, Greene, and Hawkins. Carter and Johnson Counties are contiguous to Sullivan County. Unicoi County is contiguous to Greene County and also borders Carter and Washington Counties. This creates a continuous service area that can be supported through Beacon's existing regional operations, including its Sullivan County branch office.
- *No unnecessary duplication of infrastructure.* Beacon is not proposing a new inpatient facility, construction project, or capital-intensive expansion. The project adds a qualified hospice option by using existing office, clinical, quality, compliance, and administrative infrastructure. As a result, approval will expand patient choice and access without creating duplicative fixed-cost pressure in the healthcare system.
- *Demonstrated quality platform.* Beacon Hospice holds a 5-star CAHPS rating, and Beacon Home Health holds a 4.5-star CMS quality of patient care star rating in the proposed counties. These ratings support Beacon's ability to deliver patient-centered, high-quality care and strengthen the case for allowing Beacon to extend its hospice services into counties where its affiliated home health agency already has a strong quality record.
- *Differentiated clinical model.* Beacon's hospice model includes interdisciplinary care, dementia-informed training, caregiver education, and access to physical, occupational, and speech therapy when medically appropriate and included in the hospice plan of care. These services support comfort, safety, function, communication, caregiver confidence, and patient-centered care in the home or residential setting.

- *Referral-source and community need.* Beacon has existing relationships in the proposed counties through Beacon Home Health, and referral sources have expressed interest in having Beacon Hospice available as an option for hospice-appropriate patients. As previously mentioned, that interest is already translating into actual patient need: in the last 90 days, Beacon received 9 referrals in the proposed service area that it could not serve. This is a concrete, recent measure of unmet demand and demonstrates why approval would add meaningful patient choice rather than merely expanding Beacon's geographic footprint.

18. Assessment Period: After approval by the HSDA of a hospice services CON application, no new hospice services CON application should be considered for any county that is added to or becomes part of a Service Area until JAR data for hospice services can be analyzed and assessed by the Division to determine the impact of the approval of the CON.

RESPONSE: Beacon is not aware of an approved but unimplemented hospice CON project that would preclude consideration of this application for Carter, Johnson, Unicoi, or Washington Counties. If staff identifies any overlapping approved but unimplemented hospice project, Beacon will address the projected impact in a supplemental response. Approval of this application remains appropriate because Beacon's request is limited to a contiguous expansion that supports home-health-to-hospice continuity, uses existing infrastructure, and is not intended solely to gain entry into the proposed counties.

Attachment 1N(3).R

MEDICARE CHARGES OF HOSPICE AGEN		
Agency	**Home County**	**Routine Hospice Care**
Amedisys Hospice an Adventa Company	Carter	$150
Avalon Hospice	Davidson	$225
Ballad Health Hospice	Sullivan	$198
Caris Healthcare	Washington	$197
Smoky Mountain Home Health and Hospice	Cocke	$153
Univ. of TN Med. Ctr Home Health/Hospice Service	Hamblen	$164
Beacon Hospice	Claiborne	$163
Average		**$178.57**

Source: Tennessee Department of Health Joint Annual Reports (JAR) Hospice, 2025, Sched
Rates are self-reported by individual providers. Average calculated from reported rates sho
predates the applicant's ownership and is presented based on the prior owner's JAR submi

AVERAGE PER DIEM CHARGES OF HOSPICES IN		
Hospice Agency	**Home County**	**State ID**
Amedisys Hospice an Adventa Company	Carter	10601
Amedisys Hospice an Adventa Company	Knox	47602
Amedisys Hospice Nashville	Davidson	19604
Avalon Hospice	Davidson	19694
Ballad Health Hospice	Sullivan	82601
Caris Healthcare	Washington	90611
Caris Healthcare	Knox	47682
Covenant Homecare	Knox	47632
Smoky Mountain Home Health and Hospice	Cocke	15602
Tennova Healthcare Hospice	Knox	47642
Univ. of TN Med. Ctr Home Health/Hospice Service	Hamblen	32603
UTMCK-Home Care Services: Hospice & Home Care	Knox	47662
Beacon Hospice	Claiborne	13603
TOTAL		

CIES IN PSA - 2025		
Continuous Hospice Care	**General Inpatient**	**Respite Inpatient**
$500	$946	$436
$1,565	$1,170	$546
$1,401	$1,037	$462
$1,393	$1,032	$460
$1,375	$1,021	$455
$500	$500	$449
$500	$500	$426
$1,033.43	**$886.57**	**$462.00**

ule D-Finances, Medicare Per Diem Rates by Level of care.
wn above. Historical data for fiscal year ending June 30, 2025
ssions.

PSA & BEACON HOSPICE		
Total Patient Days	**Net Revenue**	**Average Revenue Per Day**
324,964	$29,728,716	$91.48
404,193	$38,418,846	$95.05
19,724	$2,097,463	$106.34
729,744	$170,061,985	$233.04
25,939	$7,023,287	$270.76
71,631	$8,721,374	$121.75
148,419	$19,806,718	$133.45
52,348	$10,800,652	$206.32
110,650	$22,554,249	$203.83
24,654	$3,338,830	$135.43
70,128	$8,385,459	$119.57
111,340	$28,815,553	$258.81
55,285	$7,584,658	$137.19
2,149,019	**$357,337,790**	**$166.28**

CHARITY CARE
Policy No. 3-007.1

PURPOSE

To identify the criteria to be applied when accepting patients for charity care.

POLICY

Patients without third-party payer coverage and who are unable to pay for medically necessary care will be accepted for charity care admission, per established criteria.

Beacon Hospice will establish objective criteria and financial screening procedures for determining eligibility for charity care.

The organization will consistently apply the charity care policy.

PROCEDURE

1. When it is identified that the patient has no source for payment of services and requires medically necessary care/service, the patient must provide personal financial information upon which the determination of charity care will be made.

2. A social worker, as available, will meet with the patient to determine potential eligibility for financial assistance from other community resources.

3. The Executive Director/Administrator, with the appropriate program director, will review all applicable patient information, including financial declarations, physician (or other authorized licensed independent practitioner) orders, initial assessment information, and social work notes to determine acceptance for charity care.

4. All documentation utilized in the determination for acceptance for charity care will be maintained in the patient's billing record.

5. When financial declarations reveal the patient is able to make partial payment for services, the Executive Director/Administrator, with the appropriate program director, will determine the sliding-fee schedule to be implemented.

6. The revised sliding-fee schedule will be presented to the patient for agreement and signature.

7. After acceptance for charity care, the patient's ability to pay will be reassessed every 60–90 days.

8. When the organization is unable to admit the patient or to continue charity care, every effort will be made to refer the patient for appropriate care/service with an alternate provider.

9. The referral source will be advised of acceptance, non-acceptance, continuation, or discharge from charity care.

Hospice Entities owned by Cornerstone Healthcar

Legal Name
LHCG XXII, LLC
Painted Sky Healthcare, Inc.
Jentilly Healthcare LLC
Hummingbird Healthcare LLC
Monument Healthcare, Inc.
Glacier Peak Healthcare, Inc.
Crown Point Healthcare LLC
Sycamore Grove Healthcare LLC
Sycamore Grove Healthcare LLC
Tennessee Nursing Services of Morristown, Inc.
AseraCare Hospice-Tennessee, LLC
Peaceful Heart Healthcare LLC
Stone Creek Healthcare LLC
Clark Fork Healthcare LLC
Clark Fork Healthcare LLC
Bluebird Hospice LLC
Vesper Healthcare, Inc.
Summerlin Healthcare, Inc.
Keystone Hospice Care, Inc.
Alpowa Healthcare, Inc.
Alpowa Healthcare, Inc.
Emblem Healthcare, Inc.
Cactus Heights Healthcare LLC
Hummingbird Healthcare LLC
Whitetank Mountain Healthcare LLC
Prairie View Healthcare, Inc.
Sacramento River Healthcare LLC
Sacramento River Healthcare LLC
Southern Pines Healthcare LLC
Juniper Point Healthcare LLC
Juniper Point Healthcare LLC
Spanish Meadows Healthcare LLC
Teton Healthcare, Inc.
Teton Healthcare, Inc.
Teton Healthcare, Inc.
South Plains Healthcare, Inc.
Eureka Healthcare, Inc.
Woodlake Healthcare LLC
Granite Healthcare, Inc.

Clear Creek Healthcare, Inc.
Oso Bay Healthcare LLC
Park Point Healthcare LLC
Park Point Healthcare LLC
Great Lakes Healthcare, Inc.
Great Lakes Healthcare, Inc.
Symbol Healthcare, Inc.
Symbol Healthcare, Inc.
Rolling Hills Healthcare, Inc.
Mohave Healthcare, Inc.
Mohave Healthcare, Inc.
Mohave Healthcare, Inc.
Rogue River Healthcare LLC
Black Mountain Healthcare LLC
Eden Landing Healthcare LLC
Connected Healthcare, Inc.
Three Rocks Healthcare LLC
Tumalo Falls Healthcare LLC
Willamette Healthcare LLC
Willow Creek Healthcare LLC
Rio Verde Healthcare LLC
Grandview Healthcare LLC
Silver Lake Healthcare, Inc.
Star Valley Healthcare, Inc.

Whitewater Healthcare LLC
Bear River Healthcare LLC
Exemplar Healthcare, Inc.
Copper Basin Healthcare, Inc.
University of TN Medical Center Home Care Services LLC
Morristown-Hamblen Home Care and Hospice, LLC
Huachuca Healthcare LLC

Red Rock Healthcare, Inc.
Red Rock Healthcare, Inc.

e, Inc.

Agency Name

Access Hospice
Agape Hospice & Palliative Care
Agape Hospice Pinal County
Agape South
All County Hospice
Alpha Hospice
Ardent Hospice
Ardent Hospice of Fresno

Ardent Hospice of the Valley
Beacon Hospice
Beacon Hospice
Bella Terra Hospice
Bella Terra Hospice of the Desert
Big Sky Hospice
Big Sky Hospice
Bluebird Hospice
Buena Vista Hospice
Comfort Hospice
Custom Care Hospice
Elite Hospice
Elite Hospice
Emblem Hospice
Emblem Hospice Central
Emblem Hospice Tucson
Emblem Hospice West
Excell Hospice
First Call Hospice
First Call Hospice South
Frontier Hospice
Guardian Hospice
Guardian Hospice of Oklahoma
Harmony Hospice
Horizon Hospice
Horizon Hospice Magic Valley

Horizon Hospice West
Hospice of the South Plains
Kinder Hearts Hospice
Kinder Hearts Hospice of Amarillo
Namaste Hospice

Nova Hospice
Nurses on Wheels Home Health and Hospice
Pasco/SW Hospice
Pasco/SW Hospice Grand Junction
Preceptor Hospice
Preceptor Hospice South
Puget Sound Hospice
Puget Sound Hospice
Resolutions Hospice Austin
River Valley Hospice
River Valley Hospice
River Valley Hospice
Riverside Hospice
Seaport Hospice
Sequoia Hospice East Bay
Signature Healthcare at Home
Signature Healthcare at Home
Signature Healthcare at Home
Signature Healthcare at Home
Signature Healthcare at Home
Southwestern Palliative Care and Hospice
Symbii Davis Hospice
Symbii Hospice
Symbii Hospice

Symbii Hospice
Symbii Hospice Bear River
Symbii Hospice South
The Pines Hospice
University of TN Medical Center Home Care-Hospice
University of TN Medical Center Hospice Services
Valor Hospice

Zion's Way Hospice
Zion's Way Hospice

Street Address	City	State	Zip	CCN
1706 Highway 78 E	Jasper	AL	35504	011662
4400 East Broadway Blvd., Suite 400	Tucson	AZ	85711	031614
580 N Camino Mercado, Suite 3 & 4	Casa Grande	AZ	85122	031678
210 W Continental Rd, #220A	Green Valley	AZ	85622	031562
7900 Callaghan Road, Suite 115	San Antonio	TX	78229	671756
10530 19th Ave SE, Ste 201	Everett	WA	98208	501546
5355 Avenida Encinas, Ste 207	Carlsbad	CA	92008	551767
5477 N. Fresno Street., Ste 104	Fresno	CA	93710	751750
601 High Street, Unit E	Delano	CA	93215	A01585
903 Main Street	New Tazewell	TN	37825	441529
1939 Cedar Street, Suite A	Mckenzie	TN	38201	441581
13800 Heacock Street, Suite C240	Moreno Valley	CA	92553	551620
75410 Gerald Ford Drive, Ste 202	Palm Desert	CA	92211	751714
3760 Mullan Road, Suite 101	Missoula	MT	59808	271525
205 Haggerty Ln., Ste. 260	Bozeman	MT	59715	271543
3080 Gentry Way, Ste 203	Meridian	ID	83642	131583
2545 West Hillcrest Drive, Ste 130	Thousand Oaks	CA	91320	051787
6655 West Sahara Ave, Ste D202	Las Vegas	NV	89146	291520
4811 Merlot Avenue, Suite 110	Grapevine	TX	76051	451635
504 Main Street, Suite 422	Lewiston	ID	83501	131591
1370 Bridge Street / PO Box 736	Clarkston	WA	99403	501533
1400 E. Southern Avenue, Ste. 1010-B	Tempe	AZ	85282	031595
301 East Bethany Home Road, Suite C-275	Phoenix	AZ	85012	031579
1880 E. River Rd., Suite 210	Tucson	AZ	85718	031624
301 E Bethany Home Road Suite C-292	Phoenix	AZ	85012	031661
1200 SW 104th St., Ste D	Oklahoma City	OK	73139	371610
6939 Sunrise Blvd., Ste 104	Citrus Heights	CA	95610	051721
4993 Golden Foothill Pkwy, Ste 3	El Dorado Hills	CA	95762	B31707
6410 Southwest Blvd, Suite 127	Benbrook	TX	76109	741720
2009 Independence Dr., Ste 100	Sherman	TX	75090	671652
2929 W. University Blvd.	Durant	OK	74701	371712
5550 South Jones Blvd.	Las Vegas	NV	89118	291514
63 W Willowbrook Drive	Meridian	ID	83646	131520
855 North College Rd.	Twin Falls	ID	83301	131516
211 E Logan Street, Ste 103	Caldwell	ID	83605	131510
4413 82nd Street, Ste 135	Lubbock	TX	79424	671667
842 N. Mockingbird Lane	Abilene	TX	79603	671790
1901 Medi Park Dr., Suite 1030	Amarillo	TX	79106	671768
5161 E Arapahoe Rd, Suite 320	Centennial	CO	80122	061545

17040 El Camino Real, Suite 200	Houston	TX	77058	671722
410 S. Padre Island Dr. Ste 200	Corpus Christi	TX	78405	451717
2208 E. Main St	Cortez	CO	81321	061628
2764 Compass Dr., Ste 101	Grand Junction	CO	81506	061635
W175 N11117 Stonewood Dr., Ste 100	Germantown	WI	53022	521593
6211 Durand Ave., Ste. 102	Mount Pleasant	WI	53406	521627
111 Tumwater Blvd SE, Suite A300 & A302	Tumwater	WA	98501	501547
4002 Tacoma Mall Blvd Ste 204	Tacoma	WA	98409	501550
3305 Northland Drive, Suite 400	Austin	TX	78731	671631
149350 Ukiah Trail, Ste 103 / PO Box 3200	Big River	CA	92242	751698
3954 Frontage Rd, Suite DEF	Bullhead City	AZ	86442	031636
1317 S. Joshua Ave., Ste P	Parker	AZ	85344	031639
402 SE G Street	Grants Pass	OR	97526	381582
662 Encinitas Blvd., Ste. 201	Encinitas	CA	92024	551745
1470 Civic Court, Suite 310	Concord	CA	94520	B21761
7632 SW Durham Road, Suite 130	Tigard	OR	97224	381563
794 SE Highway 101	Lincoln City	OR	97367	381583
454 NE Revere Avenue	Bend	OR	97701	381580
1200 Executive Parkway, Suite 400	Eugene	OR	97401	381576
834 S. Front Street	Central Point	OR	97502	381560
1950 W. 3rd Street, Suite B	Yuma	AZ	85364	031669
450 South 400 East, Ste 727	Bountiful	UT	84010	461514
1916 N 700 W, Suite 110	Layton	UT	84041	461567
770 S. Washington St, Ste B/ PO Box 607	Afton	WY	83110	531525
240 W Burnside Ave, Ste B	Chubbuck	ID	83202	131552
646 South Main, Suite 105	Brigham City	UT	84302	461550
308 E. 4500 South, Suite 100	Murray	UT	84107	461606
804 Ainsworth Dr. Ste 102A	Prescott	AZ	86301	031559
4435 Valley View Drive, Suite 104	Knoxville	TN	37917	441547
3301 West Andrew Johnson Highway, Ste 102	Morristown	TN	37814	441578
1048 E Fry Blvd, Ste E	Sierra Vista	AZ	85635	031586
43 6th Avenue/ PO Box 1015	Page	AZ	86040	031594
1173 South 250 West, Suite 401	St. George	UT	84770	461559

Date of Survey	Survey Results	DOJ Investigations/ Settlements
Acquired 10/1/2025; No Survey with Cornerstone		None
8/27/2025	2 Standard; POC Accepted	None
3/25/2025	10 Standard; POC Accepted	None
3/18/2024	Deficiency Free	None
12/17/2024	Deficiency Free	None
8/26/2025	4 Standard; POC Accepted	None
4/15/2024	4 Standard; POC Accepted	None
10/14/2024	17 Standard; 2 Conditional; POC Accepted	None
5/13/2024	10 Standard; POC Accepted	None
Acquired 10/1/2025; No Survey with Cornerstone		None
Acquired 10/1/2025; No Survey with Cornerstone		None
7/6/2026	1 Standard; POC Accepted	None
8/27/2024	4 Standard; POC Accepted	None
11/3/2025	4 Standard; POC Accepted	None
12/2/2025	2 Standard; POC Accepted	None
2/28/2024	15 Standard; POC Accepted	None
4/29/2025	1 Standard; POC Accepted	None
12/13/2022	8 Standard; POC Accepted	None
2/9/2023	Deficiency Free	None
7/15/2024	1 Standard; POC Accepted	None
12/4/2024	Deficiency Free	None
8/22/2023	Deficiency Free	None
5/29/2024	Deficiency Free	None
12/10/2024	Deficiency Free	None
7/12/2023	Deficiency Free	None
7/7/2025	3 Standard; POC Accepted	None
10/8/2025	6 Standard; POC Accepted	None
10/14/2025	5 Standard; POC Accepted	None
4/10/2025	2 Standard; POC Accepted	None
3/18/2025	1 Standard; POC Accepted	None
12/12/2023	2 Standard; POC Accepted	None
6/18/2025	3 Standard; POC Accepted	None
12/2/2024	4 Standard; POC Accepted	None
2/25/2025	6 Standard; 3 Conditional; POC Accepted	None
12/2/2024	4 Standard; POC Accepted	None
1/13/2025	Deficiency Free	None
10/7/2025	4 Standard; POC Accepted	None
12/17/2024	3 Standard; POC Accepted	None
6/23/2025	Deficiency Free	None

12/8/2023	Deficiency Free	None
3/31/2026	Deficiency Free	None
4/20/2026	4 Standard; POC Accepted	None
10/22/2024	7 Standard; POC Accepted	None
4/22/2024	4 Standard; POC Accepted	None
9/9/2025	Deficiency Free	None
7/8/2024	2 Standard; POC Accepted	None
3/23/2026	Deficiency Free	None
8/4/2025	2 Standard; POC Accepted	None
9/12/2023	2 Standard; POC Accepted	None
4/16/2024	Deficiency Free	None
1/21/2025	Deficiency Free	None
8/10/2026	Deficiency Free	None
7/10/2023	3 Standard; POC Accepted	None
12/10/2025	3 Standard; POC Accepted	None
9/15/2025	3 Standard; POC Accepted	None
6/16/2026	1 Standard; POC Accepted	None
4/6/2026	1 Standard; POC Accepted	None
7/13/2026	Deficiency Free	None
5/12/2025	Deficiency Free	None
7/15/2024	3 Standard; POC Accepted	None
Acquired 5/1/2024; No Survey with Cornerstone		None
1/2/2024	Deficiency Free	None
1/13/2025	7 Standard; 1 Conditional; POC Accepted	None
12/16/2024	Deficiency Free	None
8/14/2023	Deficiency Free	None
10/31/2023	Deficiency Free	None
4/22/2025	Deficiency Free	None
Acquired 10/1/2025; No Survey with Cornerstone		None
Acquired 10/1/2025; No Survey with Cornerstone		None
1/13/2025	8 Standard; 1 Conditional; POC Accepted	None
5/13/2022	Deficiency Free	None
6/23/2026	1 Standard; POC Accepted	None

ORIGINAL APPLICATION

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

CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

Tennessee Nursing Services of Morristown, Inc. dba Beacon Hospice

Name

903 Main Street		Claiborne
Street or Route		**County**
New Tazewell	Tennessee	37825
City	**State**	**Zip**

https://beaconhhh.com

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

Sydney McFarlin	Associate General Counsel
Name	**Title**
Pennant Services, Inc.	sydney.mcfarlin@pennantservices.com
Company Name	**Email Address**

1675 E. Riverside Drive

Street or Route

Eagle	Idaho	83616
City	**State**	**Zip**
Affiliate		208-401-1400
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: 09/02/26

Date LOI was Published: 09/03/26

RESPONSE: A copy of the publication affidavit from the newspaper and copy of the publication are attached as Attachment 3A.

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

Cornerstone Healthcare, Inc.

Name

1675 E. Riverside Drive		208-401-1400
Street or Route		**Phone Number**
Eagle	Idaho	83616
City	**State**	**Zip**

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

- [ ] Sole Proprietorship
- [ ] Partnership
- [ ] Limited Partnership
- [x] 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: The applicant, Tennessee Nursing Services of Morristown, Inc. dba Beacon Hospice, is a Tennessee for-profit corporation. The applicant is wholly owned by Cornerstone Healthcare, Inc., a Nevada for-profit corporation. Cornerstone Healthcare, Inc. is wholly owned by The Pennant Group, Inc., a Delaware corporation. Copies of the applicant's corporate formation documents, documentation of active status from the Tennessee Secretary of State, a corporate organization chart, and the most recent proxy showing ownership interest in PNTG are attached as Attachment 7A.

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: A copy of the applicable lease agreement for the office location from which the proposed counties will be served is attached as Attachment 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: A copy of the floor plan is attached as Attachment 10A.

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: The licensed office is located in Claiborne County (New Tazewell), with a branch location in Sullivan County (Kingsport). Hospice services are provided primarily in the patient's residence or other place of care, and clinical staff travel to patients rather than requiring patients to travel to the office for treatment. Accordingly, patient access to services is not dependent on public transportation routes to the office site. Public transportation is available as shown on Attachment 11A.

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: A plot plan is attached as Attachment 12A.

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:

  Beacon Hospice seeks authorization to add four counties – Carter, Johnson, Unicoi, and Washington – to its current 11 county hospice service area. Its branch office is located in Sullivan County, which is contiguous to Carter, Johnson, and Washington counties. Unicoi County is contiguous to Carter and Washington counties, creating a continuous service area across all proposed counties. The proposed expanded service area can be efficiently served from the existing offices, so no new branch office will be required. Approval will close the current gap between Beacon Home Health, a separate wholly owned subsidiary of Cornerstone Healthcare, Inc., and Beacon Hospice's licensed service area. Beacon Home Health has met the commitments made to the Commission in connection with its existing operations in the proposed counties, and it has done so while delivering strong quality results, including a 4.5-star CMS quality of patient care rating. This matters for patients and families at one of the most vulnerable points in their lives; when a patient receiving home health services becomes hospice-appropriate, approval would allow the patient and family to consider a transition to Beacon Hospice within a familiar, coordinated care platform, rather than having to change to an unrelated provider solely because of a licensure boundary.

- Ownership structure

  RESPONSE: The applicant, Tennessee Nursing Services of Morristown, Inc. dba Beacon Hospice, is a Tennessee for-profit corporation and is wholly owned by Cornerstone Healthcare, Inc., a Nevada for-profit corporation. Cornerstone Healthcare, Inc. is wholly owned by The Pennant Group, Inc., a Delaware corporation. Copies of the applicant's corporate organization chart and the most recent proxy showing ownership interest in PNTG are attached as Attachment 7A.

- Service Area

  RESPONSE: The proposed service area consists of Carter, Johnson, Unicoi, and Washington Counties. Each proposed county is contiguous to Beacon Hospice's existing service area or to another proposed county, creating a compact and continuous expansion. Beacon Hospice holds a 5-star CAHPS rating and was recognized as a 2025 SHP Best Hospice Caregiver Experience Award winner, including Premier Performer recognition in the top 5%. Beacon Home Health holds a 4.5-star CMS quality of patient care rating in the proposed counties.

- Existing similar service providers

  RESPONSE: Based on Tennessee Department of Health licensure data as of March 6, 2024, existing hospice providers are present in the proposed service area. Carter and Johnson Counties each have five licensed hospice agencies, while Unicoi and Washington Counties each have six licensed hospice agencies. Although six hospice agencies are licensed to serve at least one county within the proposed service area, only five are licensed to serve all four counties. Attachment 5N will also show that, of the six licensed agencies identified in the proposed service area, two reported no utilization for 2023, only minimal utilization in 2024, and no utilization in 2025. Among the agencies identified in the four proposed counties, the consistent quality rating was 4 stars, with one exception in Washington County rated 5 stars. The existence of other providers does not eliminate the benefit of this project because approval would add a qualified hospice option without construction, a new facility, or significant capital investment.

- Project Cost

  RESPONSE: The only costs of the project are the fees to the newspapers for publishing the Notice of Intent and the application fee. The total project cost is $3,200.00.

- Staffing

  RESPONSE: Beacon Hospice currently has 26 FTE staff in direct patient care roles serving its current 11-county service area and 15 FTE staff in non-patient care positions supporting that service area. If the four proposed counties are added to Beacon Hospice's license, Beacon will staff the expansion thoughtfully as average daily census develops. Beacon will not add all projected positions immediately; instead, as patient volume grows and staffing becomes necessary and appropriate to meet patient and family needs, Beacon will hire additional clinical and support staff. By the time hospice operations are fully functional in the proposed service area, Beacon expects to hire 6 additional FTE direct patient care staff, for a total of 32 FTE direct patient care positions, and 1 additional FTE non-patient care position, for a total of 16 FTE non-patient care positions.

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: Although the hospice need methodology does not show numerical need in the proposed counties, the project satisfies Hospice Standard and Criterion 17 because it promotes the orderly development of hospice services and addresses a practical access and continuity need in the proposed service area. Approval is warranted for the following reasons: The proposed expansion closes a clear service-area gap. Beacon Home Health already serves patients in Carter, Johnson, Unicoi, and Washington Counties, but Beacon Hospice cannot currently serve those same patients if they become hospice appropriate. Approval would allow eligible patients to transition to Beacon Hospice when clinically appropriate, rather than changing providers solely because of a licensure boundary. The service area is contiguous and operationally reasonable. The proposed counties are contiguous to Beacon Hospice's existing service area and can be served through Beacon's current regional operations, including its Sullivan County (Kingsport) branch office, without opening a new branch office or constructing a new facility. Beacon brings a differentiated clinical model. Beacon's hospice model includes interdisciplinary care, dementia-specialized training for its care teams, and access to cross trained physical, occupational, and speech therapy when medically appropriate and included in the hospice plan of care to support comfort, safety, function, communication, caregiver education, and patient-centered care in the home setting. The project responds to patient, referral-source, and community needs. Beacon has existing relationships in the proposed counties through Beacon Home Health, and several referral sources have expressed interest in referring hospice-appropriate patients to Beacon. Letters of support are attached and further demonstrate local support for making Beacon Hospice available in the proposed counties. Patients receiving Beacon Home Health services have also expressed a desire to transition to Beacon Hospice when hospice becomes clinically appropriate, but that continuity is not currently available in Carter, Johnson, Unicoi, and Washington Counties. Beacon cannot accept those patients or other referrals in the proposed counties unless this application is approved.

- Quality Standards

  RESPONSE: Beacon will meet or exceed applicable state and federal quality standards, maintain all required licensure and Medicare and TennCare certifications, comply with the Medicare Conditions of Participation, and provide all four levels of hospice care through an interdisciplinary model. Beacon's demonstrated quality performance supports approval. Beacon Hospice holds a 5-star CAHPS rating and was recognized as a 2025 SHP Best Hospice Caregiver Experience Award winner, including Premier Performer recognition in the top 5%. Beacon's recent hospice quality reporting reflects strong performance across both caregiver-experience and clinical-quality indicators. In its year-to-date CAHPS caregiver-experience measures, Beacon reported an Overall Rating of 89%, compared to 86% nationally and 87% in Tennessee, and a Willingness to Recommend score of 88%, compared to 86.% nationally and 86% in Tennessee. Beacon also reported strong performance on Hospice Visits in the Last Days of Life, at 80.3%, compared to 70.6% nationally and 79.0% in Tennessee. Together, these measures reflect strong patient and family experience, timely clinical support near the end of life, and compliance with core hospice quality expectations. Beacon Home Health's existing operations in the proposed counties hold a 4.5-star CMS quality of patient care rating. Its updated scorecard reflects strong patient satisfaction and strong transfer-of-health-information performance, supporting communication with patients and families, coordination with physicians and community

providers, and continuity across the care continuum. Together, these indicators demonstrate that Beacon is seeking to extend an established, high-performing hospice platform into contiguous counties where its affiliated home health agency already has a strong local quality record.

- Consumer Advantage
  - Choice

    RESPONSE: Approval will give patients and families another qualified hospice provider option in the proposed counties. This added choice is especially meaningful for patients already familiar with Beacon Home Health because it allows them to consider Beacon Hospice when hospice becomes appropriate, rather than transitioning to an unfamiliar provider solely because Beacon Hospice is not licensed in the county.

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

    RESPONSE: Beacon Hospice currently cannot provide hospice services in Carter, Johnson, Unicoi, or Washington Counties. Approval would make Beacon Hospice available to appropriate patients in those counties and allow Beacon to accept referrals it cannot accept today. In the last 90 days alone, Beacon received nine hospice referrals for patients in the proposed service area that it could not serve because those counties are not currently included in Beacon Hospice's licensed service area. The project would also support timely, coordinated transitions from home health to hospice when clinically appropriate. Beacon Home Health already serves patients in the proposed counties, giving its care teams familiarity with local patients, referral sources, physicians, facilities, and community resources. If a patient's condition progresses and hospice becomes appropriate, approval would allow the patient and family to consider Beacon Hospice without changing to an unrelated provider solely because of a licensure boundary.

  - Affordability

    RESPONSE: The project is affordable and should not increase consumer charges. Hospice services are reimbursed primarily through Medicare and TennCare/Medicaid payment structures, and Beacon will participate in applicable payer programs. Because the project does not require construction, a new facility, or significant capital investment, it will not add fixed-cost pressure to patients, payors, or the local health care system. Instead, the proposal adds a qualified hospice option using existing infrastructure and regional clinical resources.

3E. Consent Calendar Justification

- ☐ Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
- ☑ Consent Calender 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)	
8. Moveable Equipment (List all equipment over $50,000 as separate attachments)	
9. Other (Specify): Publication	$200

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)		$200
E. CON Filing Fee		$3,000
F. Total Estimated Project Cost (D+E)	**TOTAL**	$3,200

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:

Responses to the Criteria and Standards are attached as Attachment 1N.

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 proposed service area consists of four Tennessee counties: Carter, Johnson, Unicoi, and Washington Counties. A county-level map identifying and shading the proposed service area is attached as Attachment 2N. No counties in border states are included in the proposed service area.

The proposed service area is reasonable because it represents a contiguous and operationally coherent expansion of Beacon Hospice's existing licensed hospice service area. Beacon Hospice currently serves counties adjacent to the proposed service area, including Sullivan, Greene, and Hawkins Counties. Washington County is contiguous to Sullivan, Greene, and Hawkins Counties; Carter and Johnson Counties are contiguous to Sullivan County; and Unicoi County is contiguous to Greene County and also borders Carter and Washington Counties. Together, the proposed counties form a compact, continuous service area rather than a remote or isolated expansion.

The proposed service area is also operationally practical. Beacon expects to serve the proposed counties through its existing offices and regional clinical resources, specifically its branch office in Sullivan County (Kingsport). The project does not require a new branch office, construction, or development of a new physical facility. Beacon also has familiarity with the proposed counties through Beacon Home Health's existing operations in the same communities, which supports local knowledge of referral patterns, workforce conditions, and community resources.

For these reasons, the requested service area is practical, contiguous, and consistent with the orderly development of hospice services.

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 = 2027)	% of Total
Washington	29	58.00%
Unicoi	3	6.00%
Carter	12	24.00%
Johnson	6	12.00%
Total	50	100%

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

RESPONSE:

A table reflecting the selected population and demographic characteristics of the four counties is attached in Attachment 3N.

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:

A table reflecting the selected population and demographic characteristics of the four counties is attached in Attachment 3N.

4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE:

The proposed service area includes Carter, Johnson, Unicoi, and Washington Counties, which include aging, rural, and medically vulnerable populations. As shown in 3N, the proposed service area has a substantial age 65+ population, which is the population most likely to require home-based hospice services due to advanced illness, functional decline, caregiver dependence, and end-of-life care needs. The service area includes approximately 53,150 residents age 65+ today, projected to increase to approximately 55,940 by 2030, underscoring the need for accessible home-based services for older adults with advanced illness. The service area also includes Medicare beneficiaries, TennCare/Medicaid recipients, low-income individuals, and uninsured or underinsured individuals who may face barriers to timely access to care.

These needs are particularly significant in hospice care. Hospice patients are often medically fragile, homebound, or dependent on family caregivers, and may have limited transportation, mobility challenges, multiple comorbidities, or limited financial resources. For these patients and families, access to care in the home or residential setting is essential. Timely hospice care can support comfort, symptom management, caregiver education, emotional and spiritual support, and the ability to remain in the most appropriate setting during the end-of-life period.

Beacon's business plan is designed to address these special needs by bringing hospice services directly to patients where they reside, including private homes, assisted living communities, nursing facilities, and other residential settings. Beacon will provide care through an interdisciplinary hospice team that may include nursing, physician services, hospice aides, social work, spiritual care, bereavement support, volunteer services, and therapy when medically appropriate and included in the hospice plan of care. For patients already receiving Beacon Home Health services, approval may also support a highly coordinated transition to hospice, including the possibility that the patient could continue receiving care from the same, cross trained, familiar staff members. This model is especially important for elderly, rural, and homebound patients who may have difficulty accessing facility-based services or coordinating multiple providers.

Beacon will address financial and access-related barriers by participating in Medicare, TennCare/Medicaid, and other applicable payer programs, serving eligible patients without regard to socioeconomic status, and bringing hospice services directly to patients in their place of residence. Approval will add another qualified hospice provider option for elderly, rural, low-income, TennCare/Medicaid, uninsured or underinsured, and medically vulnerable patients while supporting comfort, dignity, caregiver support, and continuity of care.

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

RESPONSE:

Existing hospice services are available in the proposed service area. Based on Tennessee Department of Health licensure data, Carter and Johnson Counties each have five licensed hospice agencies, while Unicoi and Washington Counties each have six licensed hospice agencies. Although six hospice agencies are licensed to serve at least one county within the proposed service area, only five agencies are licensed to serve all four proposed counties. Detailed utilization data for each existing hospice agency in the proposed service area for the most recent

three years is included as Attachment 5N. Attachment 5N also identifies two licensed entities that are included in the provider count but do not appear to be actively serving patients in the proposed counties based on recently reported utilization data. Accordingly, the number of licensed providers alone may overstate the practical availability of hospice services in the proposed service area. There are no approved but unimplemented CON projects for hospice services in the proposed service area.

The presence of existing hospice providers does not make the project unnecessarily duplicative. Provider count alone does not fully capture patient and family choice, referral-source preference, continuity of care, or whether a proposed project adds costly fixed infrastructure to the health care system. This application does not propose construction, a new inpatient facility, or a capital-intensive expansion. Rather, it requests a limited expansion of Beacon Hospice's licensed service area into four contiguous counties that can be served through Beacon's existing regional operations.

Approval would therefore add a qualified hospice option without creating unnecessary facility duplication or new fixed-cost pressure. It would also allow hospitals, physicians, discharge planners, patients, and families to consider Beacon Hospice as an additional provider option when hospice care is appropriate. For patients already familiar with Beacon's care model, approval may also support a smoother transition at the point hospice becomes clinically appropriate.

Accordingly, while similar services exist in the proposed service area, the proposal is complementary rather than unnecessarily duplicative. It will add a high-quality hospice option, strengthen consumer choice, support referral-source flexibility, and expand access through an existing regional platform without adding costly fixed infrastructure.

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

RESPONSE:

Beacon Hospice does not have historical hospice utilization in Carter, Johnson, Unicoi, or Washington Counties because those counties are not currently within Beacon Hospice's licensed service area. Accordingly, Attachment 6N provides Beacon Hospice's utilization for the 11 counties it currently serves under its existing hospice license for the past three complete years, and projected utilization for the two years following completion of the project. The historical figures were pulled from the Joint Annual Report of Hospice data submitted to the Tennessee Department of Health by the agency's prior owner before the applicant acquired Beacon Hospice. The applicant has used those reported figures as the best available historical data but does not have independent knowledge of the prior owner's underlying reporting methodologies, assumptions, or supporting calculations.

The projected utilization was developed using Beacon Hospice's recent historical utilization trend as the baseline. It uses the most recent three complete years of available historical data and applies the compound annual growth trend reflected in Beacon's recent utilization, with an additional 2.5% assumption to account for the proposed addition of Carter, Johnson, Unicoi, and Washington Counties to Beacon Hospice's licensed service area. Based on these assumptions, projected average daily census was increased by approximately 26.5% for 2027 and approximately 24.0% for 2028. The resulting projected patient days are shown in Attachment 6N. These assumptions are reasonable because the proposed counties are contiguous to Beacon Hospice's existing service area, Beacon has affiliated home health operations and referral relationships in the proposed counties, and Beacon has recently received hospice referrals from the proposed service area that it could not serve due to current licensure limitations.

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:

None.

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: None.

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

- [x] Aetna Health Insurance Company
- [x] Ambetter of Tennessee Ambetter
- [x] 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
- [x] 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

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:

The proposed expansion is expected to have a positive effect on competition, consumer choice, and the health care system. Although existing hospice providers are licensed in the proposed counties, approval would not result in unnecessary duplication because the project does not add physical capacity, inpatient beds, or new fixed infrastructure. Instead, it permits an existing high-performing hospice provider to serve a contiguous area where it already has affiliated home health relationships and documented referral demand.

Approval will give patients, families, hospitals, physicians, discharge planners, and other referral sources another qualified, high-quality hospice provider option. Beacon Hospice's recognition as a 2025 SHP Best Hospice Caregiver Experience Award winner further demonstrates its strong caregiver experience performance and supports the consumer benefit of adding Beacon as an available hospice option. The project is particularly beneficial because it expands choice without adding duplicative facility capacity or creating new cost pressure in the health care system. For patients whose needs progress to hospice, approval also supports the option of a more coordinated transition when clinically appropriate.

The project is not expected to increase consumer charges. Hospice services are reimbursed primarily through Medicare and TennCare/Medicaid payment structures, and Beacon will participate in applicable payer programs. Because the project does not require a new facility, construction, or significant capital investment, it should not add fixed-cost pressure to patients, payors, or the local health care system.

Overall, the effect of the proposal on competition and consumer choice will be positive. The project will add a qualified hospice option, support meaningful patient and family choice, and expand access to hospice services without creating unnecessary duplication of costly health care infrastructure.

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:

Beacon Hospice is an existing Tennessee-licensed, Medicare- and Medicaid-certified hospice provider with the clinical leadership, interdisciplinary staffing model, and operational infrastructure necessary to support the proposed service area expansion. This project does not require development of a new agency, new facility, or new administrative platform. Rather, Beacon seeks to add Carter, Johnson, Unicoi, and Washington Counties to its existing licensed hospice service area and will support those counties through its current regional operations, clinical leadership, and established hospice compliance structure.

Beacon will continue to comply with all applicable State of Tennessee hospice licensure requirements, CMS Medicare Hospice Conditions of Participation, TennCare/Medicaid requirements, and applicable accrediting standards. Hospice services will be provided through an interdisciplinary team that includes, as appropriate, a hospice medical director or hospice physician, registered nurses, hospice aides, social workers, chaplains or

spiritual care providers, bereavement personnel, volunteers, and other professional staff necessary to meet each patient's plan of care. Beacon will also provide or arrange for physical, occupational, and speech therapy when medically appropriate and included in the hospice plan of care.

Beacon has reasonable access to the human resources required for the proposal. The requested counties are contiguous to Beacon's existing hospice service area and can be served through Beacon's branch office in Sullivan County (Kingsport). Beacon also has familiarity with the proposed counties through existing affiliated home health operations in those communities, which supports local understanding of referral patterns, workforce conditions, and patient needs.

As census develops, Beacon will add clinical and support staff as necessary to maintain appropriate staffing levels and meet patient and family needs in a timely manner. Beacon will also use existing Pennant and Cornerstone resources, including policies, training, clinical education, quality oversight, and peer-agency support, to assist with implementation of the service area expansion. This structure will allow Beacon to meet applicable licensing, CMS, and accreditation requirements while providing high-quality hospice care in the proposed counties.

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 applicable license and certification category for this project is hospice. Beacon Hospice is an existing Tennessee-licensed, Medicare- and Medicaid-certified hospice provider authorized to provide hospice services. Beacon will maintain clinical staffing at levels necessary to effectively and efficiently serve patients in the proposed counties. Services will be provided through an interdisciplinary hospice team and will include required hospice services and supplies, including nursing, physician services, social work, spiritual care, hospice aide services, volunteer and bereavement support, durable medical equipment, medical supplies, pharmacy services related to the terminal illness and related conditions, and therapy when medically appropriate and included in the plan of care.

Beacon will provide all four levels of hospice care as clinically appropriate and will continue to meet or exceed applicable Tennessee hospice licensure requirements, CMS Medicare Hospice Conditions of Participation, TennCare/Medicaid requirements, and applicable survey standards, including requirements for clinical leadership, physician supervision, quality assessment and performance improvement, utilization review, record keeping, staffing, staff education, and supervision.

HISTORICAL DATA CHART

☑ Total Facility
☐ Project Only

Give information for the last *three (3)* years for which complete data are available for the facility or agency.

	Year 1	Year 2	Year 3
	2023	2024	2025
A. Utilization Data			
Specify Unit of Measure Other : Patient Days	43857	44686	55285
B. Revenue from Services to Patients			
1. Inpatient Services	$0.00	$0.00	$0.00
2. Outpatient Services	$3,326,000.00	$3,785,650.00	$7,584,658.00
3. Emergency Services	$0.00	$0.00	$0.00
4. Other Operating Revenue (Specify) _____	$0.00	$0.00	$0.00
Gross Operating Revenue	$3,326,000.00	$3,785,650.00	$7,584,658.00
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$0.00	$0.00	$0.00
2. Provision for Charity Care	$0.00	$0.00	$50,241.00
3. Provisions for Bad Debt	$0.00	$0.00	$0.00
Total Deductions	$0.00	$0.00	$50,241.00
NET OPERATING REVENUE	$3,326,000.00	$3,785,650.00	$7,534,417.00

PROJECTED DATA CHART

☑ Project Only
☐ Total Facility

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

	Year 1	Year 2
	2027	2028
A. Utilization Data		
Specify Unit of Measure Other : Patient Days	8961	11116
B. Revenue from Services to Patients		
1. Inpatient Services	$0.00	$0.00
2. Outpatient Services	$1,657,785.00	$2,097,594.00
3. Emergency Services	$0.00	$0.00
4. Other Operating Revenue (Specify) _____	$0.00	$0.00
Gross Operating Revenue	$1,657,785.00	$2,097,594.00
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$142,570.00	$180,393.00
2. Provision for Charity Care	$0.00	$0.00
3. Provisions for Bad Debt	$8,620.00	$10,907.00
Total Deductions	$151,190.00	$191,300.00

NET OPERATING REVENUE	$1,506,595.00	$1,906,294.00

PROJECTED DATA CHART

☑ Total Facility
☐ Project Only

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

	Year 1	**Year 2**
	2027	2028
A. Utilization Data		
Specify Unit of Measure Other : Patient Days	48466	60122
B. Revenue from Services to Patients		
1. Inpatient Services	$0.00	$0.00
2. Outpatient Services	$8,966,206.00	$11,344,931.00
3. Emergency Services	$0.00	$0.00
4. Other Operating Revenue (Specify) _____	$0.00	$0.00
Gross Operating Revenue	$8,966,206.00	$11,344,931.00
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$771,094.00	$975,664.00
2. Provision for Charity Care	$0.00	$0.00
3. Provisions for Bad Debt	$46,624.00	$58,994.00
Total Deductions	$817,718.00	$1,034,658.00
NET OPERATING REVENUE	$8,148,488.00	$10,310,273.00

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 *(Gross Operating Revenue/Utilization Data)*	$0.00	$0.00	$185.00	$188.70	0.00
Deduction from Revenue *(Total Deductions/Utilization Data)*	$0.00	$0.00	$16.87	$17.21	0.00
Average Net Charge *(Net Operating Revenue/Utilization Data)*	$0.00	$0.00	$168.13	$171.49	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:

The average per day charge is reflected above. There will be no changes to any patient charges as a result of this project. The anticipated revenue from the project is shown in the Projected Data Chart. This agency was purchased by the applicant on 10/1/2025. The applicant notes that the historical figures for fiscal years ending June 30, 2023, 2024, and 2025 were reported before the applicant's ownership through the Joint Annual Report of Hospice submitted to the Tennessee Department of Health. The applicant has used those reported figures as the best available historical data but does not have independent knowledge of the prior owner's methodologies, assumptions, or supporting calculations.

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:

A list of the 2025 Medicare Charges of each hospice agency license to operate in the PSA is attached as Attachment 9C. Medicare charges are set by CMS based on numerous factors. The agency has no direct role in setting the charges.

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-2027		Year-2028	
	Gross Operating Revenue	**% of Total**	**Gross Operating Revenue**	**% of Total**
Medicare/Medicare Managed Care	$1,293,072.00	78.00	$1,636,123.00	78.00
TennCare/Medicaid	$232,090.00	14.00	$293,663.00	14.00
Commercial/Other Managed Care	$116,045.00	7.00	$146,832.00	7.00
Self-Pay	$16,578.00	1.00	$20,976.00	1.00
Other(Specify)				
Total	$1,657,785.00	100%	$2,097,594.00	100%
Charity Care	$0.00		$0.00	

**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: Beacon Hospice participates in the Medicare and TennCare programs. Its payor mix is approximately 78% Medicare and 14% TennCare. Because the substantial majority of Beacon Hospice's patient population is covered by government programs, and additional patients have insurance coverage through commercial or managed care plans, there is not a high probability of significant charity care for this project. That said, Beacon Hospice has never turned away a patient due to inability to pay and will continue to serve eligible patients without regard to their ability to 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.

- [x] 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?

  - [x] Yes
  - [ ] No

- Does the applicant commit to obtaining and maintaining all applicable state licenses in good 3tanding?
  - [x] 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?
  - [x] Yes
  - [ ] No

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	Active	0362
Certification	☑ Medicare ☑ TennCare/Medicaid ☐ Other _____	Active Active	441529 0441529
Accreditation(s)			

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

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
- 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		
Registered Nurse	13.00	15.00
CNA Medical Aids	7.00	9.00
Social Worker	2.00	4.00
Chaplin	2.00	2.00
Volunteer Coordinator	2.00	2.00
Total Direct Patient Care Positions	26	32

B. Non-Patient Care Positions		
Schedulers	2.00	2.00
Executive Directors	2.00	2.00
Director of Business Development	1.00	1.00
Director of Clinical Services	2.00	2.00
Patient Care Manager	1.00	2.00
Business Office Manager	2.00	2.00
Account Executive	5.00	5.00
Total Non-Patient Care Positions	15	16
Total Employees *(A+B)*	41	48

C. Contractual Staff		
Contractual Staff Position	0.50	0.50
Total Staff *(A+B+C)*	41.5	48.5

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		12/09/26
2. Building Construction Commenced	0	12/08/26
3. Construction 100% Complete (Approval for Occupancy)	0	12/08/26
4. Issuance of License	90	03/08/27
5. Issuance of Service	90	03/08/27
6. Final Project Report Form Submitted (Form HR0055)	180	06/06/27

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

Affidavit of Publication
JOHNSON CITY PRESS
105 East Walnut Street • Johnson City
County of Washington, State of Tennessee

I, Ron Waite, being duly sworn upon oath, deposes and state that I am the publisher of the Johnson City Press, a daily newspaper published in the City of Johnson City, County of Washington, in the State of Tennessee. This Legal Notice contains a true and correct copy of what was published in the regular edition of said newspaper, in consecutive issues on the following dates:

Publication Dates: 09/03/2026

Ad#: 17190 Notice of Intent

Ron Waite

Signed and sworn to before me
on 09/03/2026

Sandy Whittaker - Notary Public
My commission expires: July 3, 2029

SANDRA O. WHITTAKER
STATE OF TENNESSEE NOTARY PUBLIC
SULLIVAN COUNTY
MY COMMISSION EXPIRES 7-3-2029

This legal notice was published online at www.johnsoncitypress.com and www.tnpublicnotice.com during the dates listed.
This publication fully complies with Tennessee Code.

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 Tennessee Nursing Services of Morristown, Inc., d/b/a Beacon Hospice, a hospice agency owned by Cornerstone Healthcare, Inc., with an ownership type of Corporation (For Profit) and to be managed by itself intends to file an application for a Certificate of Need for the addition of Carter, Johnson, Unicoi, and Washington Counties to its service area (License #362). The address of the parent office is 903 Main Street, New Tazewell (Clairborne County), Tennessee 37825. The estimated project cost is $3,200.

The anticipated date of filing the application is October 1, 2026.

The contact person for this project is Sydney M. McFarlin, Associate General Counsel, Pennant Services, Inc., 1675 E. Riverside Drive, Suite 200, Eagle, Idaho 83616, Contact No. (208) 401-1400.

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, 503 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .

PUB1T: 09/03/2026

ELLIOTT

From Page B1

scored six top-five and nine top-10 finishes in the first 26 races.

"This year hasn't gone like we want it to go from a company standpoint," Elliott said. "No one's discouraged by that. From a prep standpoint, all the little things that are in our control, we're going to make sure we're putting our best foot forward. The way we've been running over the last few months, we don't have a lot to lose."

Elliott, 30, has 23 career victories. Of the races on the NASCAR tour, the Southern 500 at Darlington and Bass Pro Shops Night Race at Bristol are two he most wants to win. Elliott won the 2020 NASCAR All-Star Race at Bristol. He has a best finish of second in the 2024 Night Race as his best official finish in 18 previews Bristol races.

The Dawsonville, Georgia driver knows that he and the rest of the No. 9 team are ultimately graded on their finishing positions.

"At the end of the day, the results are what matters and what people are going to see," Elliott said. "You do your part and do a good job or they're kicking your teeth in. Unfortunately, we've been getting the latter lately. We've all been doing it long enough that we understand the ups and downs of the sport, how this thing goes in cycles. We're just trying to put all the pieces of the puzzle together."



AP / CHUCK BURTON

Chase Elliott poses with the trophy in Victory Lane after winning a NASCAR Cup Series race in Martinsville, Va., on March 29.

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Legals

NOTICE

SHANNON SIBLEY

The State of Tennessee, Department of Children's Services, has filed a petition against you seeking to adjudicate your daughter born 06/08/2026 and whose initials are **S. S.** dependent and neglected. It appears that ordinary process of law cannot be served upon you because your whereabouts are unknown. You are hereby **ORDERED** to appear in the Juvenile Court of Washington County Tennessee on **October 8, 2026, at 9:00 AM** to personally answer the Petition. Failing to appear for the hearing on this date and time, without good cause, pursuant to Rule 39(c)(3) of the Tenn. R. Juv. P., will result in the loss of your right to contest the petition in reference to the child listed above; you must appear at the hearing and if you fail to do so, a default judgment will be taken against you pursuant to Tenn. Code Ann. § 36-1-117(n) and Rule 55 of the Tenn. R. of Civ. P. for the relief demanded in the Petition. You may respond to and may view and obtain a copy of the Petition and any other subsequently filed legal documents at the Washington County, Tennessee Juvenile Court Clerk's Office.
Elizabeth A. Brady,
BPR #032003
Associate General Counsel
Tenn. Dept. of Children's Services
423.612.2194
elizabeth.brady@tn.gov

PUB4T: 9/3/26, 9/10/26, 9/17/26, 9/24/26

Vehicles will be sold at pub. sale on 9/18 at times & loc. below if bill is not paid:
2016 Ram 4500
VIN 3C7WRKAJ3GG373657
last owner Michael Cooper,
1728 W Pine Lake Dr
Florence, SC, 9am at 4107 Hwy 11E, Building 6, Bluff City, 423-262-3060
2015 Kia Soul
VIN KNDJN2A26F7214735
10am at 409 Main Street E
Mt. Carmel, 423-357-4551
2014 Jeep Compass
VIN 1C4NJDBB6ED625396
11am at 160 Lynn Rd. Johnson City, 423-282-8806
2023 Ford Edge
VIN 2FMPK4J93PBA27176
11:30am at 123 Newton Rd.
JC, 423-647-4992
2019 Chev Silverado
VIN 3GCPYFED3KG305674
12pm at 1510 E Millard St.
JC, 423-791-3695
2012 Toyota Corolla
VIN 5YFBU4EE8CP034819
12:30pm at 2103 E Main St
JC, 423-943-3634
2006 Subaru Forester
VIN JF1SG63606G714417
1:30pm at 1244 Old Bristol Hwy. Elizabethton
423-895-9566

PUB1T: 9/3/2026

Legals

IN THE PROBATE COURT
FOR
WASHINGTON COUNTY
AT JONESBOROUGH,
TENNESSEE

NOTICE TO CREDITORS

Case No. 26-PR-0242

ESTATE OF

MICHAEL DEAN THOMPSON

Notice is hereby given that on the 20th day of August, 2026, Letters of Administration, in respect to the Estate of Michael Dean Thompson, deceased, who died March 30, 2026 were issued to the undersigned by the Clerk & Master of the Probate Court for Washington County at Jonesborough, Tennessee.



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170 Paving

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Legals

All persons, resident and nonresident, having claims, matured or unmatured, against said Estate are required to file the same with the Clerk of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1)
(A) Four (4) months from the date of the first publication of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication; or

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication as described in (1)(A); or

(2) Twelve (12) months from the decedent's date of death.

This 20th day of August, 2026

(signed)
Krista Lea Mitchell-Thompson
Personal Representative

Estate of:
Michael Dean Thompson

Hans N. Faust
Attorney for the Estate

SARAH LAWSON
CLERK AND MASTER

PUB2T: 8/27/26, 9/3/26

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Legals

IN THE PROBATE COURT
FOR
WASHINGTON COUNTY
AT JONESBOROUGH,
TENNESSEE

NOTICE TO CREDITORS

Case No. 26-PR-0208

ESTATE OF

STEPHEN ARTHUR REED

Notice is hereby given that on the 15th day of August, 2026, Letters of Administration, in respect to the Estate of Stephen Arthur Reed, deceased, who died May 6, 2026 were issued to the undersigned by the Clerk & Master of the Probate Court for Washington County at Jonesborough, Tennessee.

All persons, resident and nonresident, having claims, matured or unmatured, against said Estate are required to file the same with the Clerk of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1)
(A) Four (4) months from the date of the first publication of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication; or

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication as described in (1)(A); or

(2) Twelve (12) months from the decedent's date of death.

This 15th day of August, 2026

(signed)
Betty Jo Reed
Administratrix

Estate of:
Stephen Arthur Reed

M. Stanley Givens
Attorney for the Estate
112 East Myrtle Ave., Ste. 104
Johnson City, TN 37301-8600
423-926-2283

SARAH LAWSON
CLERK AND MASTER

PUB2T: 8/27/26, 9/3/26

IN THE PROBATE COURT
FOR
WASHINGTON COUNTY
AT JONESBOROUGH,
TENNESSEE

NOTICE TO CREDITORS

Case No. 26-PR-0222

ESTATE OF

WILLIAM TYLER RUBLE

Notice is hereby given that on the 18th day of August, 2026, Letters of Administration, in respect to the Estate of William Tyler Ruble, deceased, who died July 10, 2026 were issued to the undersigned by the Clerk & Master of the Probate Court for Washington County at Jonesborough, Tennessee.

All persons, resident and nonresident, having claims, matured or unmatured, against said Estate are required to file the same with the Clerk of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1)
(A) Four (4) months from the date of the first publication of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication; or

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication as described in (1)(A); or

(2) Twelve (12) months from the decedent's date of death.

This 18th day of August, 2026

(signed)
Richard Ruble
Administrator

Estate of:
William Tyler Ruble

M. Stanley Givens
Attorney for the Estate
112 East Myrtle Ave., Ste. 104
Johnson City, TN 37601-8600
423-926-2283

SARAH LAWSON
CLERK AND MASTER

PUB2T: 8/27/26, 9/3/26

IN THE PROBATE COURT
FOR
WASHINGTON COUNTY
AT JONESBOROUGH,
TENNESSEE

NOTICE TO CREDITORS

Case No. 26-PR-0241

ESTATE OF

HENRIETTA RUSS STEWART

Notice is hereby given that on the 18th day of August, 2026, Letters of Testamentary, in respect to the Estate of Henrietta Russ Stewart, deceased, who died February 20, 2026 were issued to the undersigned by the Clerk & Master of the Probate Court for Washington County at Jonesborough, Tennessee.

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 Tennessee Nursing Services of Morristown, Inc., d/b/a Beacon Hospice, a hospice agency owned by Cornerstone Healthcare, Inc., with an ownership type of Corporation (For Profit) and to be managed by itself intends to file an application for a Certificate of Need for the addition of Carter, Johnson, Unicoi, and Washington Counties to its service area (License #362). The address of the parent office is 903 Main Street, New Tazewell (Clairborne County), Tennessee 37825. The estimated project cost is $3,200.

The anticipated date of filing the application is October 1, 2026.

The contact person for this project is Sydney M. McFarlin, Associate General Counsel, Pennant Services, Inc., 1675 E. Riverside Drive, Suite 200, Eagle, Idaho 83616, Contact No. (208) 401-1400.

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, 503 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .

PUB1T: 09/03/2026

TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.

Entity Type: For-profit Corporation
Formed in: TENNESSEE
Term of Duration: Perpetual
Shares of Stock: 100

Status: Active
Control Number: 000060015
Initial Filing Date: 12/4/1978 4:30:00 PM
Fiscal Ending Month: December
AR Due Date: 04/01/2027

Registered Agent

UNIVERSAL REGISTERED AGENTS, INC.
992 DAVIDSON DR STE B
NASHVILLE, TN 37205-1051

Principal Office Address

1675 E Riverside Dr Ste 150
Eagle, ID 83616

Mailing Address

1675 E Riverside Dr Ste 150
Eagle, ID 83616

AR Standing: Good | RA Standing: Good | Other Standing: Good | Revenue Standing: Good

History (55)

Type	Date	Tracking Number	Change History
2025 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/27/2026 10:08:10 AM	B2026306438	○ Annual Report Due Date changed from: 4/1/2026 to: 4/1/2027 ○ Officers Changed
Statement of Change of Registered Agent for TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.	1/30/2026 2:49:11 PM	B2026081389	○ Registered Agent changed from: UNITED AGENT GROUP INC. 5865 RIDGEWAY CENTER PKWY, STE 395 MEMPHIS, TN 38120 to: UNIVERSAL REGISTERED AGENTS, INC. 992 DAVIDSON DR STE NASHVILLE, TN 37205-1051
Assumed Name Registration for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	11/11/2025 1:40:20 PM	B2025823369	○ New Assumed Name: BEACON HOME HEALTH AND HOSPICE
Articles of Amendment for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	10/27/2025 3:41:33 PM	B2025812297	○ Registered Agent changed from: C T CORPORATION SYSTEM 300 MONTVUE RD KNOXVILLE, TN 37919-5546 to: UNITED AGENT GROUP INC. 5865 RIDGEWAY CENTER PKWY, STE 395 MEMPHIS 38120

Articles of Amendment for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	10/1/2025 5:49:02 PM	B2025785477	○ Principal Address changed from: 901 Hugh Wallis Rd S, Lafayette, LA, 70508, USA to: 1675 E Riverside Dr Ste 150, Eagle, ID, 83616, US ○ Business Mailing Address changed from: 901 Hugh Wallis Rd S, Lafayette, LA, 70508, USA to: 1675 E Riverside Dr Ste 150, Eagle, ID, 83616, USA ○ Officers Changed
2024 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/10/2025 9:35:56 AM	B2025061435	○ Annual Report Due Date changed from: 4/1/2025 to: 4/1/2026 ○ Principal Address changed from: 901 HUGH WALLIS RD S, LAFAYET LA, 70805, USA to: 901 Hugh Wallis Rd S, Lafayette, LA, 70508, USA ○ Business Mailing Address changed from: 901 HUGH WALLIS RD S, LAFAYETTE, LA, 70805, USA to: 901 Hugh Wallis Rd S, Lafayette, LA 70508, USA ○ Officers Changed ○ NAICS changed
2023 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/12/2024 4:24:45 PM	B1524-5317	○ Principal Postal Code changed from: 70508-2511 to: 70805
Assumed Name for TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.	1/2/2024 12:51:25 PM	B1485-3427	○ New Assumed Name changed from: No Value to: SunCrest Hospice
Assumed Name for TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.	12/28/2023 12:48:38 PM	B1483-7977	○ New Assumed Name changed from: No Value to: SunCrest Home Health IV
Registered Agent Change (by Entity) for TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.	11/27/2023 10:54:00 AM	B1471-0342	○ Registered Agent Organization Name changed from: COGENCY GLOBAL INC. to: C T CORPORATION SYSTEM ○ Registered Agent Physical Address 1 changed from: 992 DAVIDSON DR to: 300 MONTVUE RD ○ Registered Agent Physical Address 2 changed from: STE B to: No Value ○ Registered Agent Physical City changed from: NASHVILLE to: KNOXVILLE ○ Registered Agent Physical County changed from: DAVIDSON COUNTY to: KNOX COUNTY ○ Registered Agent Physical Postal Code changed from: 37205-1051 to: 37919-5546
2022 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/29/2023 2:09:02 PM	B1366-6925	

2021 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/30/2022 10:35:11 AM	B1191-1222	
System Amendment for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	9/18/2021 1:40:04 AM		○ Assumed Name changed from: SunCrest Home Health [Active] to: SunCrest Home Health [Inactive - Name Expired]
2020 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/27/2021 11:50:05 AM	B1007-4638	
2019 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/31/2020 4:03:55 PM	B0850-4500	
2018 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/29/2019 12:14:41 PM	B0682-7702	○ Principal Address 1 changed from: 9510 ORMSBY STATION RD to: 901 HUGH WALLIS RD S ○ Principal City changed from: LOUISVILLE to: LAFAYETTE ○ Principal State changed from: KY to: LA ○ Principal Postal Code changed from: 40223-5016 to: 70508-2511
2017 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	1/22/2018 12:44:47 PM	B0480-4250	
2016 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/22/2017 3:04:53 PM	B0366-5991	
Assumed Name Renewal for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	9/7/2016 9:00:00 AM	B0296-1508	○ Assumed Name changed from: SunCrest Home Health to: SunCrest Home Health ○ Expiration Date changed from: 10/13/2016 to: 09/07/2021
2015 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/28/2016 3:47:06 PM	B0223-6866	
2014 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/12/2015 10:57:29 AM	B0065-8690	

2013 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/26/2014 4:36:16 PM	A0227-1075	○ Principal Address 1 changed from: 510 HOSPITAL DR to: 9510 ORMSBY STATION RD ○ Principal Address 2 changed from: STE 100 to: STE 300 ○ Principal City changed from: MADISON to: LOUISVILLE ○ Principal State changed from: TN to: KY ○ Principal Postal Code changed from: 37115-5036 to: 40223-5016
2012 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/29/2013 11:09:10 PM	A0170-0248	○ Principal Address 1 changed from: 409 CAWOOD LANE to: 510 HOSPITAL DR ○ Principal Address 2 changed from: No value to: STE 100 ○ Principal City changed from: TAZEWELL to: MADISON ○ Principal Postal Code changed from: 37879 to: 37115-5036 ○ Principal County changed from: CLAIBORNE COUNTY to: DAVIDSON COUNTY
Registered Agent Change (by Entity) for TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.	11/26/2012 12:21:00 PM	7117-0804	○ Registered Agent Organization Name changed from: C T CORPORATION SYSTEM to: NATIONAL CORPORATE RESEARCH, INC. ○ Registered Agent Physical Address 1 changed from: 800 S GAY ST to 992 DAVIDSON DR ○ Registered Agent Physical Address 2 changed from: STE 2021 to: STE B ○ Registered Agent Physical City changed from: KNOXVILLE to: NASHVILLE ○ Registered Agent Physical County changed from: KNOX COUNTY to: DAVIDSON COUNTY ○ Registered Agent Physical Postal Code changed from: 37929-9710 to: 37205-1051
Mailing Address Update for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	12/13/2011 4:31:31 PM	NO IMAGE	

Assumed Name Change With Name Consent for TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.	10/13/2011 11:14:00 AM	6948-1996	○ Consent Method changed from: No Value to: Both entities will share name and registered agent ○ New Assumed Name changed from: No Value to: SunCrest Home Health ○ Entity Giving Consent Control # changed from: No Value to: 000534537 ○ Entity Giving Consent Name changed from: No Value to: SUNCREST HEALTHCARE OF MIDDLE TN, LLC ○ Duplicate Name Consent DLN changed from: No Value to: 6948-1998
Articles of Amendment for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	9/28/2011 8:21:00 AM	6944-0274	○ Principal Postal Code changed from: 378790000 to: 37879 ○ Principal County changed from: Anderson County to: Claiborne County ○ Fiscal Year Close Changed changed from: 7 to: 12
2011 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	9/28/2011 8:00:00 AM	A0094-1961	○ Principal Address 1 changed from: 1850 OLD KNOXVILLE R to: 409 Cawood Lane ○ Principal County changed from: No value to: Anderson County ○ Registered Agent Organization Name changed from: No Value to: C T CORPORATION SYSTEM ○ Registered Agent First Name changed from: Tim to: No Value ○ Registered Agent Middle Name changed from: S to: No Value ○ Registered Agent Last Name changed from: Brown to: No Value ○ Registered Agent Physical Address 1 changed from: 1850 OLD KNOXVILLE ROAD to: 800 S GAY STREET ○ Registered Agent Physical Address 2 changed from: No Value to: SUITE 2021 ○ Registered Agent Physical City changed from: TAZEWELL to: KNOXVILLE ○ Registered Agent Physical County changed from: Claiborne County to: Knox County ○ Registered Agent Physical Postal Code changed from: 37879 to: 37929
2010 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	1/21/2011 1:27:00 PM	6818-1691	
Notice of Determination for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	1/1/2011 3:00:23 AM	A0051-1245	

System Amendment for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	11/2/2010 3:00:14 AM		
Assumed Name for TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.	9/14/2010 9:01:00 AM	6769-1687	○ New Assumed Name changed from: No Value to: Claiborne Home Health Care, Inc
2009 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	2/19/2010 12:38:00 PM	6658-0060	○ Registered Agent First Name changed from: DANIEL to: Tim ○ Registered Agent Middle Name changed from: A to: S ○ Registered Agent Last Name changed from: COLON to: Brown ○ Registered Agent Physical Address 1 changed from: 1850 OLD KNOXVILLE R to: 1850 OLD KNOXVILLE Road ○ Registered Agent Physical Address 2 changed from: PO BOX 219 to: No Value
Notice of Determination for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	2/1/2010 1:00:00 AM	A0003-0897	
System Amendment for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	11/2/2009 1:36:06 PM		
2008 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	9/16/2008 12:05:17 AM	6375-0128	○ Registered Agent Changed
2007 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	8/3/2007 12:05:37 AM	6106-2028	
2006 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	12/1/2006 12:21:33 AM	5897-0067	
2005 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	7/22/2005 12:03:44 AM	5514-0461	
2004 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	7/23/2004 12:03:21 AM	5192-1191	○ Registered Agent Changed
2003 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	8/1/2003 12:05:17 AM	4877-0507	

2002 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	10/18/2002 12:40:08 AM	4629-0396	
2001 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	9/24/2001 12:03:19 AM	4305-0248	
2000 Annual Report for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	8/4/2000 12:03:44 AM	3969-1433	
CMS Annual Report Update for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	7/31/1998 12:02:45 AM	3545-0595	○ Registered Agent Changed
CMS Annual Report Update for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	7/18/1997 12:22:32 AM	3366-0566	○ Registered Agent Changed
Administrative Amendment for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	2/10/1997 12:00:08 AM	3278-1180	○ Fiscal Year Close Changed
CMS Annual Report Update for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/6/1995 12:02:05 AM	2969-0301	○ Mail Address Changed
CMS Annual Report Update for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	4/5/1994 12:04:14 AM	2831-2159	○ Principal Address Changed ○ Registered Agent Physical Address Change ○ Registered Agent Changed ○ Mail Address Changed
CMS Annual Report Update for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/22/1993 12:26:45 AM	2666-2243	○ Principal Address Changed ○ Registered Agent Physical Address Change
Articles of Amendment for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	10/7/1992 12:00:06 AM	2564-0292	○ Name Changed
CMS Annual Report Update for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	3/18/1992 12:02:47 AM	2403-0763	○ Principal Address Changed
Articles of Amendment for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	2/24/1991 12:00:00 AM	2384-1155	○ Name Changed

Articles of Amendment for TENNESSEE NURSING SERVICE OF MORRISTOWN, INC.	12/29/1988 12:00:37 AM	1095-0741	○ Principal Address Changed
Initial Filing for TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.	12/4/1978 12:00:52 AM	044 01471	

Name History (7)

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SCHEDULE 14A

(Rule 14a-101)

SCHEDULE 14A INFORMATION

Proxy Statement Pursuant to Section 14(a) of the

Securities Exchange Act of 1934 (Amendment No.)

Filed by the Registrant ☑
Filed by a Party other than the Registrant ☐

Check the appropriate box:

- ☐ **Preliminary Proxy Statement**
- ☐ **Confidential, For Use of the Commission only (as permitted by Rule 14a- 6(e)(2))**
- ☑ **Definitive Proxy Statement**
- ☐ **Definitive Additional Materials**
- ☐ **Soliciting Material Pursuant to §240.14a-12**

THE PENNANT GROUP, INC.
(Name of Registrant as Specified in Its Charter)

(Name of Person(s) Filing Proxy Statement, if other than the Registrant)

Payment of Filing Fee (Check all boxes that apply):

- ☑ No fee required
- ☐ Fee paid previously with preliminary materials.
- ☐ Fee computed on table in exhibit required by Item 25(b) per Exchange Act Rules 14a-6(i)(1) and 0-11.

THE PENNANT GROUP, INC.

1675 E. Riverside Drive, Suite 150
Eagle, Idaho 83616

NOTICE OF ANNUAL MEETING OF STOCKHOLDERS
TO BE HELD MAY 14, 2026

Meeting Information	
When	Thursday, May 14, 2026 at 8:30 a.m. MDT
Where	**Fairfield Inn Cottonwood** 6433 S., Highland Drive Holladay, Utah 84121
Who Can Vote	Only owners of record of the Company's issued and outstanding common stock as of the close of business on March 17, 2026. Each share of common stock is entitled to one vote.
Date of Mailing	We intend to mail proxy materials on or about March 31, 2026.

Your vote is important. Please vote as soon as possible by one of the methods shown above. Be sure to have your proxy card or voting instruction form in hand and follow the instructions above.

How to Vote in Advance	
By Phone	You can vote your shares by calling **800-690-6903**
By Internet	You can vote your shares online at www.proxyvote.com
By Mail	Complete, sign, date and return your proxy card or voting instruction form in the postage-paid envelope provided

IMPORTANT NOTICE REGARDING THE AVAILABILITY OF PROXY MATERIALS FOR THE ANNUAL MEETING OF STOCKHOLDERS TO BE HELD ON MAY 14, 2026

Pennant's Proxy Statement for the 2026 Annual Meeting of Stockholders (the "Proxy Statement") and 2025 Annual Report on Form 10-K (the "2025 Form 10-K") are available at www.proxyvote.com.

Proposals		Board Recommendations	Page
1	Election of three Class I director nominees named in the proxy statement to serve on The Pennant Group's Board of Directors	✓ **FOR each nominee**	9
2	Ratification of the appointment of Deloitte & Touche LLP as the independent registered public accounting firm of the Company for 2026.	✓ **FOR**	20
3	Advisory approval of the Company's named executive officer compensation	✓ **FOR**	36

We will also address any other business which may properly come before the annual meeting or any adjournment or postponement. Following the formal meeting, management will speak on our developments of the past year and respond to questions of general interest to stockholders.

It is important that your shares be represented and voted whether or not you plan to attend the annual meeting in person. If you are the registered holder of your shares and are viewing the proxy statement on the internet, you may grant your proxy electronically via the internet by following the instructions listed on the internet site. If you are receiving a paper copy of the proxy statement, you may grant your proxy by completing and mailing the proxy card enclosed with the proxy statement, or you may grant your proxy electronically via the internet or by telephone by following the instructions on the proxy card. If your shares are held in "street name," which means your shares are held of record by a broker, bank or other nominee, you should review the notice or voting instruction form you receive from that firm to determine whether and how you will be able to provide voting instructions or submit your proxy by telephone or over the internet. Submitting a proxy over the internet, by telephone or by mailing a proxy card will ensure your shares are represented at the annual meeting.

THE PENNANT GROUP, INC.
BY ORDER OF THE BOARD OF DIRECTORS



BRENT J. GUERISOLI
CHAIRMAN OF THE BOARD OF DIRECTORS

Eagle, Idaho
Dated: March 31, 2026

TABLE OF CONTENTS

Proxy Statement 6

Proposal 1: Election of Three Class I Directors 9

Board Composition 10

Directors and Nominees 10

Corporate Governance 13

Director Independence 13

Code of Conduct and Ethics 13

Board Leadership Structure 13

Risk Oversight 13

Stockholder Engagement 14

Meeting Attendance 14

Committees of the Board of Directors 14

Director Nomination Process 17

Director Compensation 18

Communications with Directors 19

Proposal 2: Approval of Independent Registered Public Accounting Firm 20

Principal Accountant Fees and Services 20

Audit Committee Pre-Approval Policies and Procedures 20

Audit Committee Report 21

Executive Officers 22

Executive Compensation 23

Compensation Discussion and Analysis 23

Compensation Committee Report 26

Summary Compensation Table 27

Pay Versus Performance 28

Grants of Plan-Based Awards 31

Outstanding Equity Awards at Fiscal Year-End 32

Option Exercises and Stock Vested 33

Employment Agreements 33

Pension Benefits 33

Non-Qualified Deferred Compensation 34

Change-in-Control and Severance Disclosure 34

Insider Trading Policy 34

Hedging Transactions 34

Practices for the Timing of Awards as They Relate to the Disclosure of Material Non-Public Information 34

Compensation Committee Interlocks and Insider Participation 35

Pay Ratio Disclosure 35

Proposal 3: Advisory Vote on Named Executive Officer Compensation 36

Stock Ownership Information 38

Stock Ownership Table 38

Equity Compensation Plan Information 39

Certain Relationships and Related Party Transactions 40

Delinquent Section 16(a) Reports 41

Additional Information 42

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THE PENNANT GROUP, INC.

1675 E. Riverside Drive, Suite 150
Eagle, Idaho 83616

Proxy Statement

This Proxy Statement is furnished in connection with the solicitation of proxies by the Board of Directors (the "Board of Directors" or the "Board") of The Pennant Group, Inc., a Delaware corporation, for use at the Annual Meeting of Stockholders. When used in this Proxy Statement, the terms "we," "us," "our," or the "Company" refer to The Pennant Group, Inc. and its independent operating subsidiaries. The Pennant Group, Inc. is a holding company and each of its independent operating subsidiaries is operated by its own management, employees and assets. The use of "we," "us," "our" and similar words in this Proxy Statement is not meant to imply that any or all of these independent operating subsidiaries are operated by the same entity or that The Pennant Group, Inc. operates any of the businesses conducted by its subsidiaries.

This summary highlights information contained elsewhere in this proxy statement and does not contain all of the information that you should consider. You should read the entire proxy statement carefully before voting.

Our Annual Meeting			
Date and Time	May 14, 2026 at 8:30 a.m. MDT	**Record Date**	March 17, 2026
Place	**Fairfield Inn Cottonwood** 6433 S, Highland Drive Holladay, Utah 84121	**Number of Shares Outstanding as of Record Date**	34,953,297 shares of the Company's common stock, par value $0.001 per share (the "Common Stock")
Who Can Vote	Only owners of record of the Company's issued and outstanding common stock as of the close of business on March 17, 2026. Each share of common stock is entitled to one vote. The Common Stock will vote as a single class with respect to all matters submitted to a vote of the stockholders at the Annual Meeting.		

Any stockholder who executes and delivers a proxy has the right to revoke it at any time before it is exercised by delivering to the Secretary of the Company an instrument revoking it or a duly executed proxy bearing a later date, or by attending the Annual Meeting and voting in person. Subject to revocation, the proxy holders will vote all shares represented by a properly executed proxy received in time for the Annual Meeting in accordance with the instructions on the proxy. If no instruction is specified with respect to a matter to be acted upon, the shares represented by the proxy will be voted in accordance with the recommendation of the Board of Directors.

The expenses of preparing, assembling, printing and mailing this Proxy Statement and other materials used in the solicitation of proxies will be borne by the Company. Proxies will be solicited through the internet and the mail and may be solicited by our officers, directors and employees in person, by telephone, or email. They will not receive additional compensation for this effort. We do not anticipate paying any compensation to any other party for the solicitation of proxies, but may reimburse brokerage firms and others for their reasonable expenses in forwarding solicitation material to beneficial owners. The Company may retain the services of a proxy solicitation firm if, in the Board's view, it is deemed necessary or advisable.

At the Annual Meeting, the stockholders of the Company will be asked to vote on the proposals below. **Your vote is very important**. Accordingly, whether or not you plan to attend the Annual Meeting in person, you should complete your proxy card by using one of the methods described in these proxy materials. You may vote your shares at the Annual Meeting by attending and voting in person, by completing your proxy card via the internet or by telephone as described in these proxy materials, or by having your shares represented at the Annual Meeting by a valid proxy. If your shares are not registered directly in your name (e.g., you hold your shares in a stock brokerage account or through a bank or other holder of record), you may provide voting instructions or submit your proxy by following the instructions detailed in the notice or voting instruction form you receive from your broker or other nominee.

Voting Choices and Recommendations of the Board

With respect to Proposal 1 (Election of Directors) you will have the choice to vote "FOR," "AGAINST" or "ABSTAIN" with respect to each nominee. With respect to Proposals 2 and 3 you will have the choice to vote "FOR," "AGAINST" or "ABSTAIN." The Board recommends stockholders vote as follows:

Proposal	Board Recommendation
1	"**FOR**" the election of each of the three Class I directors nominated by the Board, each for a three-year term expiring at the 2029 annual meeting of stockholders.
2	"**FOR**" ratification of the appointment of Deloitte & Touche LLP ("Deloitte") as independent registered public accounting firm for 2026.
3	"**FOR**" advisory approval of the Company's named executive officer compensation.

Quorum Requirements

In order to constitute a quorum for the conduct of business at the Annual Meeting, a majority of the issued and outstanding shares of the Common Stock entitled to vote at the Annual Meeting must be represented, either in person or by proxy, at the Annual Meeting. Under Delaware law, shares represented by proxies that reflect abstentions or broker non-votes will be counted as shares that are present and entitled to vote for purposes of determining the presence of a quorum. A "broker non-vote" occurs when a bank, broker or other holder of record holding shares for a beneficial owner does not vote on a particular proposal because that holder does not have discretionary voting power for that particular item and has not received instructions from the beneficial owner.

Vote Required to Approve Proposals

The following table summarizes the votes required for passage of each proposal and the effect of abstentions and broker non-votes.

Proposal	Vote Required for Approval	Effect of Abstentions	Effect of Broker Non-Votes
Proposal 1. Election of Class I director nominees	Majority of votes cast with respect to each director	No effect	No effect
Proposal 2. Approval of independent registered public accounting firm for 2026	Majority of voting power present and entitled to vote at the meeting	Against	No effect
Proposal 3. Advisory vote to approve named executive officer compensation ("Say-on-Pay")	Majority of voting power present and entitled to vote at the meeting	Against	No effect

Unless instructed to the contrary, the shares represented by proxies will be voted **FOR** the election of the three Class I director nominees, **FOR** the approval of Deloitte & Touche LLP as the Company's independent registered public accounting firm for 2026, and **FOR** advisory approval of our named executive officer compensation.

Additional Information Regarding Our Proxy Materials

If your shares are registered directly in your name with our transfer agent, you are considered, with respect to those shares, the "stockholder of record." In that case, this proxy statement and our Annual Report on Form 10-K for the fiscal year ended December 31, 2025 (the "2025 Form 10-K") have each been sent directly to you.

If your shares are held in a stock brokerage account or by a bank or other holder of record, you are considered the "beneficial owner" of shares held in street name. In such case, proxy materials will be provided (or otherwise made available) to you by your broker, bank or other holder of record who is considered, with respect to those shares, the stockholder of record. As the beneficial owner, you have the right to direct your broker, bank or other holder of record on how to vote your shares by following their instructions for voting.

Attending the Annual Meeting

Only stockholders as of the record date, or their duly appointed proxies, and invited guests of the Company may attend the Annual Meeting. Admission to the Annual Meeting will begin at approximately 8:00 a.m. Mountain Time. In order to be admitted to the Annual Meeting, you should:

- bring current, government-issued photo identification, such as a driver's license, and proof of ownership of common stock on the record date. If you are a holder of record, your identity will be checked against a list of registered holders at the Annual Meeting. If you hold your shares in street name, a recent brokerage statement or a letter from your bank,

broker, trustee, or other nominee are examples of proof of ownership. If you want to vote your shares held in street name in person, you must obtain a legal proxy in your name from the broker, bank, trustee, or other nominee that holds your shares of common stock;

- not attempt to record. Cameras, transmission, broadcasting, and other recording devices will not be permitted to be used in the meeting room;
- be prepared to comply with security requirements, which may include, among other security measures, security guards searching all bags and attendees passing through a metal detector; and
- arrive shortly after 8:00 a.m. Mountain Time to ensure that you are seated by the start of the Annual Meeting at 8:30 a.m. Mountain Time.

Any holder of a proxy from a stockholder must present a properly executed legal proxy and a copy of the proof of ownership. If you do not provide photo identification and comply with the other procedures outlined above for attending the Annual Meeting in person, you will not be admitted to the Annual Meeting.

PROPOSAL 1: ELECTION OF THREE CLASS I DIRECTORS

✓ **OUR BOARD OF DIRECTORS UNANIMOUSLY RECOMMENDS THAT THE STOCKHOLDERS VOTE "FOR" THE ELECTION OF THE CLASS I DIRECTOR NOMINEES LISTED BELOW.**

On the recommendation of the Nominating and Corporate Governance Committee of our Board of Directors, our Board of Directors, including its independent directors, selected and approved Mr. Christopher R. Christensen, Mr. Brent J. Guerisoli, and Dr. John G. Nackel as nominees for election as Class I directors, the class being elected at the Annual Meeting, each to serve for a term of three years, expiring at the annual meeting of the stockholders to be held following the 2028 fiscal year or until his or her successor is duly appointed or elected and qualified or until his or her earlier death, resignation or removal. We are not aware of any arrangements or understandings between the director nominees and any other person pursuant to which such persons were selected as director nominees. Mr. Christensen and Dr. Nackel qualify as independent directors.

Mr. Christensen, Mr. Guerisoli, and Dr. Nackel currently serve as a members of our Board of Directors and have agreed to serve if elected. In the event the nominees named herein are unable to serve or decline to serve at the time of the Annual Meeting, the persons named in the enclosed proxy will exercise discretionary authority to vote for substitutes. Unless otherwise instructed, the proxy holders will vote the proxies received by them **FOR** the nominees. The proxy cannot be voted for a greater number of persons than three.

				Committee Membership			
Name	Age	Director Since	Board of Directors	Audit Committee	QAC Committee	NCG Committee	Compensation Committee
Christopher R. Christensen	57	2019	✓		✓		
Brent J. Guerisoli	45	2023	✓		✓		
John G. Nackel, Ph.D.	74	2019	✓	✓			✓

Background information regarding the nominees and all other directors as of March 17, 2026, including some of the attributes that led to their selection, appears below. In addition, the Board believes that the experience, attributes, and skills of any single director nominee should not be viewed in isolation, but rather in the context of the experience, attributes, and skills that all director nominees bring to the Board as a whole, each of which contributes to the function of an effective Board.

BOARD COMPOSITION

General

Our Amended and Restated Certificate of Incorporation (our "Certificate of Incorporation") provides for a classified board of directors consisting of three classes of directors, with each class serving staggered three-year terms and a nearly equal number of board members in each class, as determined by our Board of Directors. As a result, a portion of our Board of Directors will be elected each year. Our Board of Directors has nominated Mr. Christopher R. Christensen, Dr. John G. Nackel, and Mr. Brent J. Guerisoli as Class I directors, each with a term that would expire at the annual meeting of the stockholders to be held following the 2028 fiscal year. Mr. Scott E. Lamb, Dr. Gregory K. Morris, and Mr. Barry M. Smith have been designated Class II directors, and their term expires at the annual meeting of the stockholders to be held following the 2026 fiscal year. Mr. Stephen M. R. Covey and Ms. Suzanne D. Snapper have been designated Class III directors, and their term expires at the annual meeting of the stockholders to be held following the 2027 fiscal year.

Directors and Nominees

The following table and biographical information sets forth certain information about Mr. Christopher R. Christensen, Dr. John G. Nackel, and Mr. Brent J. Guerisoli as well as the continuing directors. Such information is current as of March 17, 2026. The information presented below for each director includes the specific experience, qualifications, attributes and skills that led us to the conclusion that such director should be nominated to serve on our Board of Directors in light of our business.

Name	Age	Position	Director Since
Barry M. Smith	72	Director	2021
Christopher R. Christensen	57	Director	2019
John G. Nackel, Ph.D.	74	Director	2019
Brent J. Guerisoli	45	Chairman and Chief Executive Officer	2023
Stephen M. R. Covey	63	Director	2019
Suzanne D. Snapper	52	Director	2025
Scott E. Lamb	63	Director	2019
Gregory K. Morris, M.D.	71	Director	2022

Nominees for Election to the Board of Directors (Class I Directors)

Christopher R. Christensen served as President of the Ensign Group, Inc. ("Ensign"), a leading publicly traded provider of skilled nursing services, from 1999 to 2019, as its Chief Executive Officer from 2006 to 2019, and as its Executive Chairman from 2019 to 2025. Mr. Christensen served as a member of Ensign's board of directors from Ensign's formation in 1999 until 2025 and oversaw its growth throughout that period. Prior to the formation of Ensign, Mr. Christensen served as acting Chief Operating Officer of Covenant Care, Inc., a California-based provider of long-term care. In addition, Mr. Christensen served on the board of directors of CareTrust REIT from June 2014 to April 2015. We believe that Mr. Christensen's important role in the history and management of Ensign and our Company and his leadership and business skills support the conclusion that he should serve as one of our directors.

John G. Nackel, Ph.D. is currently the Chairman and Chief Executive Officer of Three-Sixty Advisory Group, LLC ("Three-Sixty") and Founder and General Partner of Wavemaker Three-Sixty Health, LP ("Wavemaker 360") venture fund. Three-Sixty, which was founded in 2007 by Dr. Nackel, consults with leading health systems, payers, physicians, medical technology companies, and other providers. Wavemaker 360, founded in 2018, invests in early-stage health care companies in the value-based payment space. Dr. Nackel is a 25-year veteran of Ernst & Young where he advised health care companies in his role as a Global Managing Director of Health Care. Dr. Nackel also served as Chief Executive Officer of Ingenix Consulting (now Optum), a division of United Healthcare. During his career, Dr. Nackel has also served as a board member or chairman of several privately held start-ups and emerging companies, including Visual Health Solutions, Vitalacy, HealthTask, ConnectedHealth, NetStrike, and Sertan, Inc. He earned his bachelor's degree at Tufts University, master's degrees in public health and industrial engineering at the University of Missouri, and a Ph.D. in industrial engineering (health systems design) at the University of Missouri. He is a fellow of the American College of Healthcare Executives and the Healthcare Information and Management Systems Society. He is a senior member of the Institute of Industrial Engineers. We believe that Dr. Nackel's extensive experience as a consultant and an advisor to healthcare companies, his extensive board and management experience and his valuable leadership and management insights support the conclusion that he should serve as one of our directors.

Brent J. Guerisoli was appointed Chief Executive Officer of the Company effective August 1, 2022. He previously served as the President of the Company from January 2021 until his appointment as CEO. He has served as a member of the Company's board of directors since February 2023. Prior to his appointment as President of Pennant, Mr. Guerisoli served as President of Cornerstone Healthcare, Pennant's home health and hospice segment, helping lead the segment through a period of transformational growth, breakout financial performance and enhanced clinical excellence. Since joining the Company in 2012, Mr. Guerisoli has made significant contributions to the financial, clinical, and cultural achievements of Cornerstone and has played a key role in the organization's overall leadership recruiting and training. Throughout his tenure at Pennant, Mr. Guerisoli has developed dozens of leaders and directed the organization's growth efforts across several states. Mr. Guerisoli received his Master of Business Administration from the Walter A. Haas School of Business at the University of California, Berkeley. Prior to joining Pennant, Mr. Guerisoli completed the executive training program and later served as a business manager at AT&T. Mr. Guerisoli's extensive knowledge of our operations and industry and his proven leadership skills support the conclusion that he should serve as one of our directors. Mr. Guerisoli's service on the Board creates a critical link between management and the Board of Directors.

Class II Directors

Scott E. Lamb served as the Treasurer and Chief Financial Officer of ICU Medical, Inc. ("ICU Medical") (NASDAQ: ICUI), a publicly traded company that develops, manufactures, and sells medical technologies used in vascular therapy, oncology, and critical care applications, from February 2008 to March 2020. From 2003 to February 2008, Mr. Lamb served as ICU Medical's Controller. From 2000 to 2003, Mr. Lamb served as Senior Director of Finance for Vitalcom, Inc. Prior to that, Mr. Lamb held various finance and accounting roles at other start-up and manufacturing companies. Mr. Lamb's experience as the Chief Financial Officer of a public company for over a decade supports the conclusion that he should serve as one of our directors.

Gregory K. Morris, M.D. has been a partner since 2012 in MorrisHuml LLC, a consultancy that supports Fortune 1000 firms across industry sectors, where his areas of focus include strategy implementation, strategic alignment, prospective risk mitigation and shaping culture through action learning. Prior to MorrisHuml, he was a partner at Morris & Gunter Associates, LLC. From 2002 until 2004, he was senior vice president for strategy and business development for Advocate Health Care, and from 1995 until 2001, he worked at Cap Gemini Ernst & Young as Vice President as well as Senior Partner. His insurance experience includes serving as senior vice president health care delivery and corporate medical director for Blue Cross and Blue Shield National Capital Area, Eastern Region Medical Director for MetLife and Medical Director for CIGNA Healthcare of Georgia. He achieved the rank of Major with the Army National Guard/U.S. Army and was awarded the Bronze Star. Dr. Morris graduated from Morehouse College and received his M.D. from Emory University School of Medicine. We believe Dr. Morris's extensive leadership development expertise in healthcare and in other industries, his clinical background and experience practicing in healthcare organizations and his valuable strategic and other management insights support the conclusion that he should serve as one of our directors.

Barry M. Smith served as Chairman and Chief Executive Officer of Magellan Health, Inc., the nation's largest provider of behavioral health services and a leading national provider of radiology benefit management services, specialty pharmacy and prescription benefit management services, from 2013 until 2019. He founded and served as Chairman, President and Chief Executive Officer of VistaCare, Inc., a national provider of hospice services, from 1996 to 2002, and he served as Chairman of VistaCare in 2003. From 1990 through 1995, Mr. Smith served as Chairman and Chief Executive Officer of Value Rx, Inc., which was then one of the country's largest pharmacy benefit management companies and, prior to that, served as vice president of operations for PCS Health Systems, also a pharmacy benefit management firm. Mr. Smith has served as a member of the board of directors of Ensign since 2014. We believe Mr. Smith's extensive experience as a proven and experienced leader in numerous healthcare businesses that are closely related to our businesses and his valuable strategic and other management insights support the conclusion that he should serve as one of our directors.

Class III Directors

Stephen M. R. Covey has served as the Chief Executive Officer of CoveyLink Worldwide, LLC, a global business management consulting firm, since 2004, and is the co-founder of FranklinCovey's Speed of Trust Practice, where he has taught trust and leadership in 61 countries to business, government, and nonprofit organizations. Mr. Covey is the former President and Chief Executive Officer of the Covey Leadership Center, where he grew the company to become one of the largest leadership development firms in the world. He is the former Executive Vice President of the Franklin Covey Co., where he also served as President of the Education & Training business unit. Mr. Covey is The New York Times and Wall Street Journal bestselling author of *The Speed of Trust* and *Trust & Inspire: How Truly Great Leaders Inspire Greatness in Others*. Mr. Covey received his MBA from Harvard Business School. Mr. Covey serves on the Government Leadership Advisory Council, and he has been recognized with the Lifetime Achievement Award for "Top Thought Leaders in Trust" from the advocacy group, Trust Across America/Trust Around the World. We believe that Mr. Covey's extensive experience in both culture and leadership development, as well as his proven track record of educating and helping business leaders achieve their organization goals, supports the conclusion he should serve as one of our directors.

Suzanne D. Snapper is the Chief Financial Officer of the Ensign Group, Inc. ("Ensign") (NASDAQ: ENSG), a leading publicly-traded provider of skilled nursing services. In this role, which Ms. Snapper has held since 2009, Ms. Snapper is

responsible for Ensign's accounting, finance, information technology, tax, internal controls, investor relations, managed care, treasury and finance risk management functions. During her tenure, Ms. Snapper has helped Ensign generate significant stockholder value, including through multiple spin-offs that have met marketplace needs and benefited stockholders. Ms. Snapper has served as a member of Ensign's board of directors since 2022. Prior to Ensign, Ms. Snapper acquired additional invaluable experience in financial management and reporting while employed at KPMG from 1996 to 2007. Ms. Snapper is a certified public accountant. We believe that Ms. Snapper's extensive experience in post-acute health care, along with her substantial expertise in financial matters and public company governance, support the conclusion that she should serve as one of our directors.

CORPORATE GOVERNANCE

We are committed to continually enhancing our strong corporate governance practices, which we believe helps us sustain our success and build long-term value for our stockholders. Our Board of Directors sets high standards for our employees, officers and directors. Implicit in this philosophy is the importance of sound corporate governance. It is the duty of the Board of Directors to serve as a prudent fiduciary for stockholders and to oversee the management of the Company's business. Our governance structure enables independent, experienced and accomplished directors to provide advice, insight, guidance and oversight to advance the interests of the Company and our stockholders.

Director Independence

The Nasdaq Stock Market Rules require that a majority of the members of our Board of Directors qualify as "independent," as affirmatively determined by our Board of Directors. After review of all of the relevant transactions or relationships between each director (and his or her family members) and us, our senior management and our independent registered public accounting firm, our Board of Directors has affirmatively determined that each of Drs. John G. Nackel and Gregory K. Morris, Ms. Suzanne D. Snapper, and Messrs. Christopher R. Christensen, Scott E. Lamb, Stephen M. R. Covey, and Barry M. Smith satisfies the requirements to serve as an "independent director" as such term is defined in Rule 5605(a)(2) of the Nasdaq Stock Market Rules. In this Proxy Statement, the aforementioned directors are referred to individually as an "Independent Director" and collectively as the "Independent Directors." The Independent Directors intend to meet at least annually in executive sessions at which only Independent Directors will be present.

Each member of our Board of Directors serving on our Audit, Compensation and Nominating and Corporate Governance Committees is "independent" within the meaning of the applicable Nasdaq Stock Market Rules and, as applicable, the Securities Exchange Act of 1934, as amended (the "Exchange Act").

Code of Conduct and Ethics

We have adopted a code of ethics and business conduct that applies to all employees, including employees of our subsidiaries, as well as each member of our Board of Directors. The code of ethics and business conduct is available at our website at https://investor.pennantgroup.com/corporate-governance/governance-overview. Information on our website is not incorporated by reference into this Proxy Statement and should not be considered part of this document.

We intend to satisfy any disclosure requirement under Item 5.05 of Form 8-K regarding an amendment to, or waiver from, a provision of this code of ethics by posting such information on our website, at the address specified above.

Board Leadership Structure

The Board of Directors does not have a policy regarding the separation of the roles of Chief Executive Officer and Chairman of the Board of Directors, as the Board of Directors believes it is in the best interests of the Company to make that determination based on the position and direction of the Company and the membership of the Board of Directors. Currently, the Chief Executive Officer position and Chairman of the Board of Directors position are filled by Brent J. Guerisoli. Mr. Scott E. Lamb serves as lead independent director.

Risk Oversight

Our Board of Directors actively oversees the Company's risk and enterprise-wide risk management process in a way that balances managing risks while enhancing the long-term value of the Company for the benefit of the stockholders. They focus on effective risk oversight to set the Company's tone and culture with respect to effective risk management by developing and establishing a mutual understanding with management of the Company's risk philosophy and overall appetite for risk. Our Board of Directors is actively involved with management's assessment of existing risk management processes and how management identifies, assesses and manages the Company's most significant risk exposures. Our Board of Directors expects frequent updates from management about the Company's most significant risks to enable it to evaluate whether management is responding appropriately and is actively engaged in managing talent and long-term succession planning for executives.

Our Board of Directors relies on each of its four committees (collectively, the "Board Committees") to help oversee the risk management responsibilities relating to the functions performed by the Board Committees. Our Audit Committee periodically discusses with management the Company's major financial, compliance and cybersecurity risk exposures and the steps management has taken to monitor and control such exposures, including the Company's risk assessment and risk management policies. Our Compensation Committee helps the Board of Directors identify the Company's exposure to any risks potentially created by our compensation programs and practices. Our Nominating and Corporate Governance and Quality Assurance and

Compliance Committees support the Company's quality assurance programs, oversee risks relating to the Company's policies and assist the Board of Directors and management in promoting an organizational culture that encourages commitment to ethical conduct and a commitment to compliance with the law. Each of these Board Committees is required to make regular reports of its actions and any recommendations to the Board of Directors, including recommendations to assist the Board of Directors with its overall risk oversight function.

Stockholder Engagement

Management and directors engage with our stockholders throughout the year in a variety of forums. Our interactions cover a broad range of governance and business topics, including compensation practices, proxy access, board elections, peer group composition and business strategy. In 2025, we conducted broad stockholder outreach and held more than 75 such meetings.

We have incorporated stockholder feedback into our executive compensation model several ways, including but not limited to (1) placing a large percentage of executive compensation "at risk" such that it is determined by Company performance and individual performance, and (2) allocating a significant portion of executive incentive compensation to performance-based restricted stock awards, which ties executive compensation to long-term company performance. We believe this performance-based model closely aligns with stockholders' preferences and feedback.

We look forward to maintaining an open line of dialogue with our stockholders. We encourage you to visit the Corporate Governance area of the "Investor Relations" section of our website (https://investor.pennantgroup.com/corporate-governance/governance-overview) where you will find detailed information about our corporate governance practices and policies, including the charters of our Board Committees.

Meeting Attendance

During the year ended December 31, 2025, our Board of Directors met six times. Each member of the Board of Directors attended at least 75 percent of the meetings of our Board of Directors and the meetings of any of our Board Committees on which each member of the Board of Directors served that were held during 2025. In addition, the Board of Directors met in executive session without management present on multiple occasions. Our Board of Directors also acted by way of unanimous written consent during the year ended December 31, 2025.

Although we do not have a formal policy regarding attendance by members of our Board of Directors at our Annual Meeting of Stockholders, we encourage our directors to attend. Last year, all of our directors attended our Annual Meeting of Stockholders, and we anticipate that at least a majority of our Board of Directors will attend the Annual Meeting this year.

Committees of the Board of Directors

During fiscal year 2025, our Board of Directors had four standing Board Committees: the Compensation Committee, the Audit Committee, the Nominating and Corporate Governance Committee and the Quality Assurance and Compliance Committee. The Board of Directors, upon the recommendation of the Nominating and Corporate Governance Committee, makes Board Committee and committee chair assignments annually at its meeting immediately following the annual meeting of stockholders, although further changes to committee assignments are made from time to time as deemed appropriate by the Board of Directors. Each of the Board Committees operates pursuant to a written charter, copies of which are available on our website at https://investor.pennantgroup.com/corporate-governance/governance-overview.

The following table identifies the members of the Board's standing committees and the number of meetings held by each committee during 2025.

	Compensation Committee	Audit Committee	Nominating and Corporate Governance Committee	Quality Assurance and Compliance Committee
Barry M. Smith	✓		C	
Christopher R. Christensen				✓
John G. Nackel, Ph.D.	C	✓		
Brent J. Guerisoli*				✓
Stephen M. R. Covey	✓		✓	
Suzanne D. Snapper		✓	✓	
Scott E. Lamb		C	✓	
Gregory K. Morris, M.D.				C
Number of Meetings in 2025	**5**	**4**	**5**	**4**

* Chairman of the Board ✓ Member C Chairperson

Audit Committee

Our Audit Committee currently consists of Mr. Scott E. Lamb, Ms. Suzanne D. Snapper, and Dr. John G. Nackel. Mr. Scott E. Lamb serves as Chairperson of the Audit Committee. All members of the Audit Committee meet the independence requirements set forth by the SEC, the Nasdaq Stock Market listing standards and the Audit Committee charter. Our Audit Committee held four meetings in 2025. The Audit Committee met four times in executive session without management present and each time the Chairperson of the Audit Committee chaired such executive session. Each member of our Audit Committee is "financially literate" as required by, and in accordance with, the Nasdaq listing requirements. Our Board of Directors has determined that Mr. Scott E. Lamb qualifies as an "audit committee financial expert" as that term is defined in the rules and regulations established by the SEC. This designation is a disclosure requirement of the SEC related to Mr. Scott E. Lamb's experience and understanding with respect to certain accounting and auditing matters. The designation does not impose on Mr. Scott E. Lamb any duties, obligations or liability that are greater than those generally imposed as a member of our Audit Committee and our Board of Directors, and such designation as an audit committee financial expert pursuant to this SEC requirement does not affect the duties, obligations or liability of any other member of our Audit Committee or Board of Directors. The primary functions of the Audit Committee include, among other things:

- overseeing our financial reporting process and the integrity of our financial statements and other financial information provided by us to the public or any governmental or regulatory body;
- overseeing the functioning of our internal controls;
- ongoing monitoring and oversight of cybersecurity risks and related mitigation measures;
- maintaining the procedures for the receipt, retention and treatment of complaints regarding accounting, internal accounting controls or auditing matters, and for the confidential, anonymous submission by our employees of concerns regarding questionable accounting or auditing matters;
- approving of our transactions with related persons pursuant to the Related Person Transaction Policy (as defined herein);
- pre-approving audit and permissible non-audit services to be performed by our independent accountants, if any, and the fees to be paid in connection therewith;
- engaging, replacing and compensating our independent auditors and overseeing our independent auditors' qualifications, independence and performance of the annual independent audit of our financial statements;
- advising the Board of Directors and overseeing the Company's reporting on material, legally-mandated environmental, social and governance matters and initiatives and evaluating the Company's disclosures relating to such matters;
- overseeing legal compliance programs and addressing any legal or regulatory matters that may have a material impact on our financial statements; and
- overseeing, updating and implementing the portions of our code of ethics and business conduct that relate to the integrity of our financial reports.

In fulfilling its responsibilities, the Audit Committee also emphasizes the importance of an environment that supports integrity in the financial reporting process, oversees processes for monitoring auditor independence, oversees implementation of new accounting standards and reviews and understands non-GAAP measures, and related Company policies and disclosure controls. The responsibilities of our Audit Committee are more fully described in our Audit Committee Charter, which is available on our website at https://investor.pennantgroup.com/corporate-governance/governance-overview. Representatives of our independent registered public accounting firm and our internal financial personnel regularly meet privately with and have unrestricted access to the Audit Committee.

Compensation Committee

Our Compensation Committee currently consists of Dr. John G. Nackel, Mr. Stephen M. R. Covey, and Mr. Barry M. Smith. Dr. John G. Nackel serves as Chairperson of the Compensation Committee. All members of the Compensation Committee meet the independence requirements set forth by the Nasdaq Stock Market listing standards and the Compensation Committee charter. Each member of the Compensation Committee is a "non-employee director" (within the meaning of Rule 16b-3 under the Exchange Act) and an "outside director" (within the meaning of Section 162(m) of the Internal Revenue Code of 1986, as amended). Our Compensation Committee held five meetings in 2025. The Compensation Committee met five times in executive session without management present and each time the Chairperson of the Committee chaired such executive session. The primary functions of the Compensation Committee include, among other things:

- developing and reviewing policies relating to executive compensation and benefits;
- determining or recommending to our Board of Directors the cash and non-cash compensation of our executive officers and non-employee directors;
- evaluating the performance of our executive officers; and
- administering or making recommendations to our Board of Directors with respect to the administration of our equity-based and executive incentive compensation plans.

Nominating and Corporate Governance Committee

Our Nominating and Corporate Governance Committee currently consists of Mr. Barry M. Smith, Mr. Scott E. Lamb, Mr. Stephen M. R. Covey, and Ms. Suzanne D. Snapper. Mr. Barry M. Smith serves as the Chairperson of the Nominating and Corporate Governance Committee. Each member of the Nominating and Corporate Governance Committee meets the independence requirements set forth in the Nasdaq listing requirements and the Nominating and Corporate Governance Committee charter. Our Nominating and Corporate Governance Committee held five meetings in 2025. The Nominating and Corporate Governance Committee met five times in executive session without management present and each time the Chairperson of the Committee chaired such executive session. The primary responsibilities of the Nominating and Corporate Governance Committee include, among other things:

- assisting the Board of Directors in establishing the minimum qualifications for a director nominee, including the qualities and skills that members of our Board of Directors are expected to possess;
- management succession planning;
- selecting, or recommending that our Board of Directors selects, the director nominees for election at the next annual meeting of stockholders, or to fill vacancies on our Board of Directors occurring between annual meetings of stockholders;
- identifying and evaluating individuals qualified to become members of our Board of Directors, consistent with criteria approved by our Board of Directors and our Nominating and Corporate Governance Committee;
- developing, recommending to our Board of Directors, and assessing our corporate governance policies; and
- advising the Board of Directors on management of the Company's strategy, initiatives, and risks as it relates to governance.

Quality Assurance and Compliance Committee

Our Quality Assurance and Compliance Committee currently consists of Dr. Gregory K. Morris, Mr. Christopher R. Christensen, and Mr. Brent J. Guerisoli. Dr. Gregory K. Morris serves as the Chairperson of the Quality Assurance and Compliance Committee. Our Quality Assurance and Compliance Committee held four meetings in 2025. The primary responsibilities of the Quality Assurance and Compliance Committee include, among other things:

- overseeing the promulgation and periodic updating of a written corporate compliance program that includes written policies, procedures and standards of conduct, as well as disciplinary guidelines to assist officers and employees charged with direct enforcement responsibility;

- designating a corporate compliance officer, and functioning as the compliance committee to which such compliance officer reports;
- ensuring that means exist for the delivery of appropriate compliance training and education to the officers and employees of our several subsidiaries;
- establishing lines of communication for escalating compliance and quality assurance issues to our Quality Assurance and Compliance Committee and our Board of Directors;
- monitoring the effectiveness of internal compliance and quality assurance audits; and
- causing our officers to respond, as appropriate, to compliance and quality assurance issues and to take effective corrective action.

Director Nomination Process

As indicated above, our Nominating and Corporate Governance Committee oversees the director nomination process. This committee is responsible for assisting the Board of Directors in establishing minimum qualifications for director nominees, including qualities and skills that members of our Board of Directors are expected to possess. Under our Nominating and Corporate Governance Committee charter, which is available at our website at https://investor.pennantgroup.com/corporate-governance/governance-overview, these criteria include the candidate's personal and professional integrity, the candidate's financial literacy or other professional or business experience relevant to an understanding of the Company and its business, the candidate's demonstrated ability to think and act independently and with sound judgment, and the candidate's ability to be effective, in conjunction with other members or nominees of the Board of Directors in collectively serving the long-term interests of the Company and its stockholders. Information on our website is not incorporated by reference into this Proxy Statement and should not be considered part of this document. Our Nominating and Corporate Governance Committee identifies and evaluates individuals qualified to become members of our Board of Directors. Our Nominating and Corporate Governance Committee then recommends that our Board of Directors select the director nominees for the election at the next annual meeting of stockholders, or to fill vacancies on our Board of Directors occurring between annual meetings of the stockholders.

We believe it is important to have an appropriate mix of backgrounds and perspectives for the optimal functionality of the Board of Directors. Our Nominating and Corporate Governance Committee charter requires that the committee consider each candidate's qualities, skills, background, ability, judgment, and experience in the context of the needs and current make-up of the Board of Directors when evaluating director nominees. The Board of Directors believes it is important for each member of the Board of Directors to possess skills and knowledge in the areas of leadership of large, complex organizations; finance; strategic planning; laws and regulations; government relations; and relevant industries, especially the healthcare and home health, hospice and senior living industries. These considerations help ensure that the Board of Directors as a whole has the appropriate mix of characteristics, skills and experiences for the optimal functioning of the Board of Directors in its oversight of our Company. As part of its periodic self-assessment process, the Nominating and Corporate Governance Committee reviews and evaluates its performance, including overall composition of the Board of Directors and the criteria that it uses for selecting nominees in light of the specific skills and characteristics necessary for the optimal functioning of the Board of Directors in its oversight of our Company. The Nominating and Corporate Governance Committee considers all of the criteria described above in identifying and selecting nominees and in the future may establish additional minimum criteria for nominees.

The Nominating and Corporate Governance Committee will consider nominees for the Board of Directors who are recommended by stockholders who meet the eligibility requirements set forth in our Amended and Restated Bylaws (our "Bylaws"). If an eligible stockholder wishes to recommend a nominee, he or she should submit such recommendation in writing to the Chair, Nominating and Corporate Governance Committee, c/o Secretary of the Company, Kirk S. Cheney, The Pennant Group, Inc., 1675 E. Riverside Drive, Suite 150, Eagle, Idaho 83616, by the deadline for stockholder proposals set forth in the Company's last proxy statement, specifying the information required by the Nominating and Corporate Governance Committee charter and our Bylaws. All such recommendations will be brought to the attention of the Nominating and Corporate Governance Committee, and the Nominating and Corporate Governance Committee shall evaluate such director nominees in accordance with the same criteria applicable to the evaluation of all director nominees.

General Nomination Right of All Stockholders

Any stockholder may nominate one or more persons for election as a director at an annual meeting of stockholders if the stockholder complies with the notice, information and consent provisions contained in our Bylaws, as discussed in "Future Stockholder Proposals" below. Unless otherwise required by law, if a stockholder (or a qualified representative of the stockholder) does not appear at the annual or special meeting of stockholders of the Company and present his or her proposed business or nomination, such proposed business will not be transacted and the nomination will be disregarded. The presiding officer of an annual meeting of stockholders shall refuse to acknowledge the nomination of any person not made in compliance with the foregoing procedure.

Director Compensation

We provide cash and stock compensation to directors for their services as directors or members of Board Committees. We also reimburse our non-employee directors for their reasonable expenses incurred in attending meetings of our Board of Directors and Board Committees.

In fiscal year 2025, each of our non-employee directors received an annual retainer of $30,000, which amount is prorated for partial years of service. In addition, each member of the Board Committees received the following annual retainers (also prorated for partial years of service):

Committees	Chair Retainer	Member Retainer
Audit	$ 30,000	$ 12,000
Quality Assurance and Compliance	30,000	12,000
Nominating and Corporate Governance	15,000	7,500
Compensation	22,500	10,000

Our sole employee director, Brent J. Guerisoli, is not compensated for his Board service. We do not compensate our non-employee directors other than for their service on our Board of Directors or the Board Committees. Historically, we have compensated our non-employee Board members based upon what we considered to be fair compensation. Compensation for Board of Directors and Board Committee service is partially based upon relevant market data that we obtain by reviewing director compensation by public companies in the home health, hospice, senior living and other related healthcare industries.

To help inform compensation of the Board of Directors, we have reviewed the published director compensation information of other healthcare services companies, including our peer group companies, Addus Healthcare, Inc., Aveanna Healthcare Holdings, Inc., Brookdale Senior Living Inc., Chemed Corporation, Enhabit, Inc., and Sonida Senior Living, Inc. We also periodically engage with independent compensation consultants to review our director and executive compensation in comparison to peer companies. These experts have analyzed the target total compensation, including cash compensation and equity compensation, paid to our directors, executives, and certain key leaders. Informed by this review process, our Compensation Committee set the amount of annual retainers for non-employee directors and retainers for the chairpersons of each Board Committee at levels that the Compensation Committee believes are comparable to the cash compensation paid to directors of peer group companies.

Our 2019 Omnibus Incentive Plan contains an automatic stock grant program for our directors. Each non-employee director receives an automatic grant of restricted stock on the 15th day of the month following each quarter end, which shares vest over a three-year period beginning with the first anniversary of the grant date (the “Automatic Stock Grant Program”). The total number of shares to be granted each year under the Automatic Stock Grant Program is determined by the Compensation Committee in the fourth quarter immediately preceding each fiscal year. The Compensation Committee reviews peer compensation, Board performance, Company performance, and other factors, to determine an annual board compensation target. Based on this target, non-employee directors receive quarterly grants of a predetermined number of restricted shares. The actual compensation received by directors may be above or below the Compensation Committee’s target because the value of restricted stock grants fluctuates with the Company’s stock price. In 2025, each non-employee director received 7,600 restricted shares, with the exception of Mr. Scott E. Lamb, who received an additional 2,000 shares as compensation for his service as lead independent director and Ms. Suzanne D. Snapper, who received 3,800 shares for her two quarters of service.

Unvested restricted stock grants will become fully vested on the date each non-employee director ceases serving on the Board of Directors unless such director is removed for cause. Pursuant to the Automatic Stock Grant Program, each Board member who receives stock grants must, while serving on the Board and for at least 90 days thereafter, maintain ownership of a minimum of thirty-three percent (33%) of the cumulative shares granted to him or her. Our Board of Directors and Compensation Committee considered the total compensation paid to directors of peer companies in deciding to grant these automatic stock awards. However, our Board of Directors and Compensation Committee ultimately determined the amount of stock awards based on what they considered to be an appropriate incentive for board service to the Company, and not on the amount awarded to directors of peer companies. Our Board of Directors has also determined that it may be necessary to provide additional incentives to prospective directors in order to recruit talented leaders to serve on the Board of Directors.

None of our directors or director nominees has any agreement or arrangement with any third party that relates to compensation or other payment in connection with that person’s candidacy or service as a director of our Company.

The following table sets forth the compensation awarded to, earned by, or paid to our non-employee directors for the year ended December 31, 2025. Each of the directors included in the table served for the full-year 2025, with the exception of Suzanne D. Snapper, who joined the Board of Directors on May 16, 2025 and JoAnne Stringfield, who resigned from the Board of Directors on May 16, 2025.

Name	Fees Earned ($)	Stock Awards ($)[1]	Total($)
Christopher R. Christensen[2]	42,000	194,693	236,693
John G. Nackel, Ph.D.[3]	64,500	194,693	259,193
Stephen M. R. Covey[4]	47,500	194,693	242,193
Suzanne D. Snapper[5]	30,938	92,530	123,468
Scott E. Lamb[6]	67,500	245,928	313,428
Gregory K. Morris, M.D.[7]	54,000	194,693	248,693
Barry M. Smith[8]	57,000	194,693	251,693
JoAnne Stringfield[9]	26,250	102,163	128,413

(1) This column reflects the total dollar amount recognized for financial statement reporting purposes with respect to the fair value of the restricted stock awards granted to each of the directors in accordance with Accounting Standard Codification (ASC) 718, Stock Compensation. Mr. Christopher R. Christensen, Dr. John G. Nackel, Mr. Stephen M. R. Covey, Mr. Barry M. Smith, and Dr. Gregory K. Morris each received grants of 1,900 shares of restricted stock in the first month of each quarter for the full-year 2025. Mr. Scott E. Lamb received grants of 2,400 shares of restricted stock in the first month of each quarter for the full-year 2025. Ms. Suzanne D. Snapper received grants of 1,900 shares of restricted stock in the first month of the third and fourth quarters in 2025. Ms. JoAnne Stringfield received grants of 1,900 shares of restricted stock in the first month of the first and second quarters in 2025. Compensation expense for stock awards granted to Board of Directors were recognized in full on the date these awards were granted.

(2) As of December 31, 2025, Mr. Christensen had no stock awards outstanding and 8,000 option awards outstanding.

(3) As of December 31, 2025, Dr. Nackel had no stock awards outstanding and 8,000 option awards outstanding.

(4) As of December 31, 2025, Mr. Covey had no stock awards outstanding and 5,000 option awards outstanding.

(5) As of December 31, 2025, Ms. Snapper had no stock awards outstanding and no option awards outstanding.

(6) As of December 31, 2025, Mr. Lamb had no stock awards outstanding and 5,000 option awards outstanding.

(7) As of December 31, 2025, Dr. Morris had no stock awards outstanding and no option awards outstanding.

(8) As of December 31, 2025, Mr. Smith had no stock awards outstanding and no option awards outstanding.

(9) Ms. Stringfield resigned from the Board on May 16, 2025.

Communications with Directors

Stockholders who would like to send communications to our Board of Directors, any Board Committee or to any individual director may do so by submitting such communications by mail to Kirk S. Cheney, c/o The Pennant Group, Inc., 1675 E. Riverside Drive, Suite 150, Eagle, Idaho 83616. We suggest, but do not require, that such submissions include the name and contact information of the stockholder making the submission and a description of the matter that is the subject of the communication. Mr. Cheney will then distribute such information to our Board of Directors for review. Communications received by the Company may be reviewed by Mr. Cheney to ensure appropriate and careful review of the matter.

PROPOSAL 2: APPROVAL OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

✓ **OUR BOARD OF DIRECTORS UNANIMOUSLY RECOMMENDS THAT THE STOCKHOLDERS VOTE "FOR" RATIFICATION OF THE APPOINTMENT OF DELOITTE & TOUCHE LLP AS THE COMPANY'S INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM FOR THE YEAR ENDING DECEMBER 31, 2026.**

The Audit Committee is directly responsible for the appointment, compensation, retention and oversight of the independent external audit firm retained to audit the Company's financial statements. As a matter of good corporate governance, we are asking the stockholders to ratify the selection of Deloitte & Touche LLP ("Deloitte") as our independent registered public accounting firm for the year ending December 31, 2026. Deloitte has served as our auditor since 2019. The affirmative vote of a majority of the outstanding common stock having voting power present in person or represented by proxy and entitled to vote will be required to ratify the appointment of Deloitte.

Stockholders are not required to ratify the appointment of Deloitte as our independent registered public accounting firm. If stockholders fail to ratify the appointment, the Audit Committee will consider whether or not to retain Deloitte. Even if the appointment is ratified, the Audit Committee may direct the appointment of a different independent registered public accounting firm at any time during the year if it determines that such a change would be in the best interests of the Company and our stockholders.

Representatives of Deloitte will be present at the Annual Meeting, will have the opportunity to make a statement if they desire to do so, and will be available to respond to appropriate questions.

Principal Accountant Fees and Services

We engaged Deloitte to provide audit services to us during fiscal year 2025. The following table sets forth the fees for services rendered by Deloitte for the years ended December 31, 2025 and 2024:

	2025	2024
Audit Fees[1]	$ 1,535,000	$ 1,449,198
Audit-Related Fees[2]	1,147,704	—
All Other Fees[3]	1,895	1,895
Total	**$ 2,684,599**	**$ 1,451,093**

(1) Audit fees include fees for professional services rendered in connection with the annual audit of the Company's financial statements and the review of the Company's interim financial statements included in quarterly reports, as well as fees for services that generally only the independent registered public accounting firm can be reasonably expected to provide, including comfort letters, consents, and review of registration statements filed with the SEC.

(2) Audit-related fees consist of assurance and related services that are reasonably related to the performance of the audit or review of the Company's consolidated financial statements or internal control over financial reporting. This category includes fees related to the performance of audits and attest services not required by statute or regulations and due diligence related to mergers, acquisitions, and investments.

(3) This amount represents subscription fees paid to Deloitte for use of an accounting research tool during the years ended December 31, 2025 and 2024.

Audit Committee Pre-Approval Policies and Procedures

Our Audit Committee approved all audit, audit-related, tax and other fees for services performed by our independent registered public accounting firm during 2025. The Audit Committee has adopted an Audit and Non-Audit Services Pre-Approval Policy (the "Audit Pre-Approval Policy"). The Audit Pre-Approval Policy provides for general pre-approval for a specified range of fees for certain categories of routine services to be provided during a given calendar year. This general pre-approval is automatically renewed at the beginning of each calendar year, unless otherwise determined by the Audit Committee. If the cost of any proposed service exceeds the amount for which general pre-approval has been established, specific pre-approval by the Audit Committee is required. Specific pre-approval of services is considered at the regular meetings of the Audit Committee. The Audit Pre-Approval Policy delegates authority to the Chairman of the Audit Committee to grant specific pre-approval between regularly scheduled Audit Committee meetings for audit and audit related services not to exceed $100,000 and all other services not to exceed $50,000. The Audit Pre-Approval Policy also establishes a list of prohibited non-audit services. In making all of its pre-approval determinations, the Audit Committee considers, among other things, whether such services are consistent with the rules promulgated by the Public Company Accounting Oversight Board (the "PCAOB") and the SEC regarding auditor independence, whether the independent auditor is best positioned to provide the most effective and efficient service, and whether the service might enhance the Company's ability to manage and control risk or improve audit quality. These and other factors are considered as a whole and no one factor is necessarily determinative.

Audit Committee Report

Our Audit Committee has reviewed and discussed with our management our audited consolidated financial statements and the establishment and maintenance of internal controls over financial reporting and has discussed with our independent registered public accounting firm the matters required to be discussed by the applicable requirements of the PCAOB and the SEC. Our Audit Committee has received the written disclosures and the letter from our independent registered public accounting firm required by applicable requirements of the PCAOB regarding the independent accountant's communications with the Audit Committee concerning independence, and has discussed with the independent accountant the independent accountant's independence. Our Audit Committee has also considered whether the provision of non-audit services provided to us by our independent registered public accounting firm is compatible with maintaining its independence and has discussed with the auditors such auditors' independence.

Based on its review, our Audit Committee recommended to our Board of Directors that the audited financial statements for the Company's year ended December 31, 2025 be included in our Annual Report on Form 10-K for the year ended December 31, 2025, which was filed on February 26, 2026.

Respectfully submitted by the Audit Committee of the Board of Directors,

Mr. Scott E. Lamb, Chair
Dr. John G. Nackel, Ph.D.
Ms. Suzanne D. Snapper

Members of the Audit Committee

The Audit Committee Report does not constitute soliciting material, and shall not be deemed to be filed or incorporated by reference into any Company filing under the Securities Act or the Exchange Act, except to the extent that the Company specifically incorporates the Audit Committee Report by reference therein.

EXECUTIVE OFFICERS

Below is biographical information for each of our current executive officers as of March 17, 2026, other than Brent Guerisoli (whose biographical information is shown under “Directors and Nominees” above). Each executive officer serves at the discretion of the Board of Directors and the Chief Executive Officer.

Name	Age	Position
Brent J. Guerisoli	45	Chief Executive Officer
Lynette B. Walbom	48	Chief Financial Officer
John J. Gochnour	43	Chief Operating Officer and President
Kirk S. Cheney	44	EVP, General Counsel and Corporate Secretary
Jason P. Steik	42	Chief Clinical Officer

Lynette B. Walbom was appointed Chief Financial Officer of the Company on May 22, 2023. Prior to joining Pennant, Ms. Walbom was Vice President of Financial Reporting and Tax for Raising Cane’s Restaurants, LLC, a national restaurant chain operating in 35 states, which more than doubled in size—based on number of restaurants and geographic footprint—during her tenure. At Raising Cane’s, from 2016 to 2023, Ms. Walbom had broad responsibility for financial reporting, acquisitions, tax, accounting systems, and equity management. From 2003 to 2016, Ms. Walbom was Chief Financial Officer of a family office with investments in companies in several industries, including financial services, software development, real estate development and franchising. Ms. Walbom began her over 25-year career in accounting as a public company auditor at Deloitte. Ms. Walbom received her B.S. degree in accounting from Northern Arizona University—The W.A. Franke College of Business and is a certified public accountant.

John J. Gochnour was appointed Chief Operating Officer of Pennant upon its formation in 2019 and was appointed President of Pennant on August 1, 2022. As President and Chief Operating Officer, Mr. Gochnour oversees the Company’s operations across the country and leads Cornerstone Healthcare, the Company’s home health and hospice segment. In this role, John has contributed to the Company’s dramatic organic and inorganic growth, along with its successful clinical, cultural and financial performance. Prior to the formation of Pennant, Mr. Gochnour served as Executive Vice President and General Counsel of Cornerstone since January 2013. Mr. Gochnour played a critical role in the acquisition and integration efforts of Cornerstone and Ensign’s other new business ventures, by sourcing, negotiating and helping to integrate acquisitions across 12 states and multiple industries. Mr. Gochnour also founded the Cornerstone Service Center, which provides consulting and management services in the areas of finance, legal, human resources, and information technology to operations across the Cornerstone platform. Prior to joining Cornerstone, Mr. Gochnour was an attorney at the law firm Paul Hastings LLP in Costa Mesa, California, where he litigated complex civil disputes and advised clients related to risk management, general liability, and employment issues. Mr. Gochnour received his law degree from the Duke University School of Law.

Kirk S. Cheney is Pennant’s Executive Vice President, General Counsel and Corporate Secretary. In this role, Mr. Cheney oversees acquisitions and government relations, along with the legal, regulatory, and risk management functions of the Company. He also plays a key role leading the Company’s Service Center to help ensure that its performance accelerates Pennant’s overall results. Mr. Cheney joined the Pennant Group in 2019 and was appointed an Executive Vice President in March 2025. Prior to Pennant, Mr. Cheney served as General Counsel for Click Sales, Inc., a technology company that provides payment attribution and processing for online sales. Previously, Mr. Cheney practiced corporate law at the international and national law firms of Vinson & Elkins, LLP and Holland & Hart, LLP, where he counseled clients on litigation matters, corporate transactions, and debt restructuring and investments. Mr. Cheney received his law degree from Yale Law School, where he was an editor of the Yale Law Journal.

Jason P. Steik is the Chief Clinical Officer of the Company. Since 2020, Mr. Steik has led the Company’s clinical and quality teams, helping set Pennant apart as the provider of choice in its local communities. Mr. Steik has a broad spectrum of healthcare leadership experience, including serving as Chief Nursing Officer of a regional Acute Care Medical Center for LifePoint Health from 2018 to 2020. Mr. Steik previous experience includes Emergency, Trauma, and Heart & Vascular department leadership. Mr. Steik is a Certified Professional in Patient Safety (CPPS) through the Institute for Healthcare Improvement. With more than 15 years of acute and post-acute care experience, Mr. Steik is passionate about bridging the acute to post-acute spectrum of care and bringing high quality, compassionate healthcare into the home. Mr. Steik received his Bachelor of Science in Nursing degree from Boise State University and his Master of Business Administration from the University of Massachusetts, Amherst.

EXECUTIVE COMPENSATION

COMPENSATION DISCUSSION AND ANALYSIS

This Compensation Discussion and Analysis explains the key elements of our executive compensation program and compensation decisions regarding the following named executive officers ("NEOs") for 2025:

Name	Position
Brent J. Guerisoli	Chief Executive Officer
Lynette B. Walbom	Chief Financial Officer
John J. Gochnour	Chief Operating Officer and President
Kirk S. Cheney	Executive Vice President, General Counsel and Corporate Secretary
Jason P. Steik	Chief Clinical Officer

The following discussion and analysis provides information regarding our executive compensation objectives and principles, procedures, practices and decisions and is provided to help give perspective to the numbers and narratives that follow in the tables in this section. This discussion will focus on our objectives, principles, practices and decisions with regard to the compensation of the executive officers that participate in our executive officer compensation plan.

Compensation Policy and Objectives

We believe that compensation paid to our executive officers should be closely aligned with our performance and the performance of each individual executive officer on both a short-term and a long-term basis, based upon the value each executive officer provides to our Company, and designed to assist us in attracting and retaining the best possible executive talent, which we believe is critical to our long-term success. Because we believe that compensation should be structured to ensure that a significant portion of compensation earned by executives will be closely related to factors that directly and indirectly influence stockholder value, the "at risk" compensation of our executive officers generally constitutes a large portion of their total compensation potential. In addition, commensurate with our belief that those of our employees who behave like owners should have the opportunity to become owners, our executive officers typically have a significant level of stock ownership, which we believe aligns the incentives of the executive officers with the priorities of our stockholders. To that end, it is the view of our Board of Directors and the Compensation Committee that the total compensation program for executive officers should consist of the following:

- Base salary;
- Annual and other short-term cash bonuses;
- Long-term incentive compensation; and
- Certain other benefits.

The Compensation' Committee believes that our executive compensation program has been appropriately designed to provide a level of incentives that do not encourage our NEOs to take unnecessary risks in managing their respective functions. As discussed above, a substantial portion of our NEOs' compensation is performance-based, consistent with our approach to executive compensation. Our annual incentive compensation program is designed to reward annual financial and/or strategic performance in areas considered critical to our short- and long-term success.

In addition, we measure performance on a variety of bonus criteria other than our profit to determine an executive's annual incentive compensation award, such as clinical quality standards, positive survey and audit results, good corporate governance practices, leadership development, positive patient feedback and feedback from other employees regarding such executive's performance. We believe this discourages risk-taking that focuses excessively on short-term profits at the sacrifice of our long-term health. Likewise, our long-term equity incentive awards are directly aligned with long-term stockholder interests through their link to our stock price and multi-year ratable vesting schedules. In combination, the Compensation Committee believes that the various elements of our executive compensation program sufficiently tie our executives' compensation opportunities to our focus on sustained long-term growth and performance.

The Compensation Committee's charter enables the Compensation Committee to retain a compensation consultant, legal counsel, or other adviser (a "Compensation Adviser"). The Compensation Committee is directly responsible for the appointment, compensation, and oversight of any such Compensation Adviser. In establishing our executive compensation packages, the Compensation Committee may generally review relevant market data of executives of companies in the

healthcare services industry based on publicly available information. The Compensation Committee may select, or receive advice from, a Compensation Adviser only after conducting the independence assessment of such Compensation Advisor, as outlined in Nasdaq listing standards and SEC rules.

The Company engages periodically with a Compensation Adviser to review and advise the Compensation Committee on the Company's executive compensation. The Compensation Adviser analyzes target total compensation paid to our NEOs and certain other key leaders, including their base cash compensation, cash incentive compensation, and equity compensation in comparison to peer companies. The Compensation Adviser notes similarities and differences among peer companies, provides insight into appropriate compensation considerations, and assesses the effectiveness of the Company's executive compensation plan to attract and retain talented executives. The data and recommendations of the Compensation Adviser is used by the Compensation Committee to help inform total compensation targets for the Company's executives. Based on this review process, and the Committee's own consideration and analysis, our Compensation Committee concluded that the Company's executive compensation is reasonable and appropriate in relation to peer companies. The Compensation Committee did not retain a Compensation Adviser relating to executive compensation in 2025, but did reference compensation studies performed for the Company previously.

The Compensation Committee supports the Company's commitment to administer compensation equitably without regard to race, color, religion, gender, sexual orientation, national origin, genetics, disability, age, or veteran status.

Principal Economic Elements of Executive Compensation

Base Salary. We believe it is important to pay our executives salaries within a competitive market range in order to attract and retain highly talented executives, and that a substantial portion of executives' annual earning potential should be "at risk" and tied to Company performance. Although historically we have not set executive salaries based upon any particular benchmarks, we may from time to time generally review relevant market data to assist us in our compensation decision process. We believe that the base salaries and the total compensation of our executives are comparable to the median total compensation of executives with similar positions at comparable companies. Each of our executives' base salary is generally determined based upon job responsibilities, individual experience and the value the executive provides to our Company. The Compensation Committee considered each of these factors in determining the compensation each executive would be paid in 2025. We may elect to change this practice in future years. The decision, if any, to materially increase or decrease an executive's base salary in subsequent years will likely be based upon these same factors and others recommended by a compensation consultant, if any. Our Compensation Committee makes decisions regarding base salary at the time the executive is hired, and makes decisions regarding any changes to base salary on an annual basis.

Annual Cash Bonuses. We establish an executive incentive program each year, pursuant to which certain executives may earn annual bonuses based upon our performance under the criteria set forth in our executive compensation plan. Historically, in the first quarter of each year, our Compensation Committee identifies the plan's participants for the year and establishes an objective formula by which the amount, if any, of the plan's bonus pool will be determined. The bonus pool calculation is adjusted by clinical and governance performance benchmarks that can increase or decrease the bonus pool based on the achievement of pre-established targets.

Our Compensation Committee established the following formula for the 2025 bonus pool:

Adjusted Annual Earnings Before Taxes[1] ("AEBT") in 2025	Bonus Pool
For AEBT up to $17.5 million	$—
For AEBT greater than $17.5 million, but less than $18.0 million	AEBT between $17.5 million and $18.0 million * 5.0%
For AEBT greater than $18.0 million, but less than $19.0 million	$0.025 million + (amount of AEBT between $18.0 million and $19.0 million * 7.5%)
For AEBT greater than $19.0 million, but less than $20.5 million	$0.1 million + (amount of AEBT between $19.0 million and $20.5 million * 10.0%)
For AEBT greater than $20.5 million, but less than $23.5 million	$0.25 million + (amount of AEBT between $20.5 million and $23.5 million * 12.5%)
For AEBT greater than $23.5 million, but less than $100.0 million	$0.625 million + (amount of AEBT between $23.5 million and $100.0 million * 15.0%)

(1) The bonus pool was based on non-GAAP AEBT. AEBT is defined as net income before (i) costs at start-up operations, (ii) share-based compensation expense, (iii) acquisition related costs, (iv) activities associated with transitioning operations, (v) redundant or non-recurring transition services costs, (vi) unusual, non-recurring, or redundant charges, and (vii) net income attributable to noncontrolling interest.

Based on performance, the executive bonus pool formula above is adjusted for the following: 1) if AEBT declines from prior year levels, the lowest target boundary will increase by 10-20%; 2) if AEBT increases by 5% or less compared to the prior year levels, then the lowest target boundary will increase by 5%; and 3) if AEBT declines by 5% or more, then the Compensation

Committee may reduce the incentive paid under the plan by as much as 100%. AEBT, as a measure, is more fully described and reconciled to the nearest GAAP measures on pages 35-37 of the 2025 Form 10-K.

The clinical measures that our Compensation Committee consider include our success in achieving positive survey results, hospice composite measure trends, and Centers for Medicare and Medicaid Services' five-star home health rating. The governance measures that our Compensation Committee considers includes culture of the organization, strategic organizational development, risk management and leadership development throughout the organization. Our Compensation Committee reviews each participating executive's performance including the financial, clinical and governance measures with consideration of feedback from other employees and may, at its discretion, allocate more or less to the bonus pool, at any time during the fiscal year or during the subsequent year's first quarter review. Our Compensation Committee exercises discretion in the allocation of the bonus pool among the participating executives. We allocate executive bonus compensation between cash and non-cash compensation, such that if the total executive pool is greater than a specified amount, for every dollar greater than the stated amount, half of the incentive will be paid in cash and half will be paid in fully vested restricted stock awards. As the bonus pool exceeded the stated amount (which was $3.0 million for 2025), a portion of the total executive incentive was paid in cash and a portion was paid in restricted stock.

The Compensation Committee determined, based on the predetermined formula, that the bonus pool for 2025, including adjustments to the bonus pool approved by our Compensation Committee based on clinical performance, leadership development, and growth, was $6.7 million. Incentive performance bonuses for 2025 were allocated to the executive officers who participated in the executive incentive program as follows: Mr. Guerisoli, $1,737,874 in cash and $662,117 in restricted stock; Mr. Gochnour, $1,586,966 in cash and $613,016 in restricted stock; Ms. Walbom, $1,178,055 in cash and $471,922 in restricted stock; and Mr. Cheney, $365,100 in cash and $134,886 in restricted stock. Messers. Cheney and Steik received incentive pay separate from the program outlined above. Mr. Cheney's received an additional $500,000 in cash based on the Company's performance, his successful leadership of the Service Center, and his contributions to key initiatives in the year, including the Company's significant acquisitions and other strategic partnerships. Mr. Steik participated in an incentive program tied to the financial and clinical performance of the Company's home health and hospice segment and was awarded a cash incentive bonus for 2025 of $1,031,274. The bonus program for the Company's home health and hospice segment is structured similarly to the executive bonus pool described above with metrics and targets specific to that operating segment.

Each year, our Compensation Committee reviews our financial performance goals and may adjust the bonus pool formula at its discretion to better align the amount available for annual executive bonuses with our objectives. The Compensation Committee may increase the amount of adjusted annual income that must be achieved in order to increase the difficulty of generating the same or a larger bonus pool year-over-year. The allocation of this bonus pool to the participating executives remains discretionary based upon the Compensation Committee's determination of each participating executive's contribution to our annual performance and value to the organization going forward. The 2025 financial performance goals and bonus pool formula were established by the Compensation Committee consistent with historical practices. In addition, the Compensation Committee can (and is some cases, must) "clawback" certain performance-based compensation paid to our executives under our executive incentive plan in certain circumstances where there has been a restatement of the Company's financial results or where subsequent events diminish the performance metrics, including clinical results, upon which the incentive payments were based.

Long-Term Incentive Compensation. We believe that long-term performance is achieved through an ownership culture. Accordingly, we encourage long-term performance by our executives and other key personnel throughout the organization through the use of stock-based awards. We have adopted an equity incentive plan that permits the grant of stock, stock options, stock appreciation rights, restricted stock, restricted stock units, performance awards, and other stock-based awards. Historically, we have generally issued stock options and, less frequently, restricted stock under this plan.

In order to preserve the link between the interests of executives and other key personnel and those of stockholders, we generally grant stock awards to those executives and others who have performed at a high level and have demonstrated qualities of an ownership culture. Our executives who have significant levels of stock ownership are not permitted to hedge the economic risk of such ownership. We intend to continue to provide long-term awards through the granting of stock based awards.

Except with respect to grants to our directors and other stock grants issued pursuant to the executive incentive plan, the stock options and restricted stock awards that we grant generally vest over five years (20% on each anniversary of the grant date). If a recipient's employment with us terminates, then the stock options and restricted stock that remain unvested as of the date of the termination of the recipient's employment will be forfeited without compensation. Until vested, the stock options and restricted stock may not be transferred, and vested options and shares shall be subject to our insider trading policy. Stock options generally have a maximum term of ten years. The grant dates of our stock options and restricted stock awards are generally the date our Board of Directors or Compensation Committee meets to approve such stock option grants or restricted stock awards. Our Board of Directors or Compensation Committee historically has approved stock-based awards at regularly scheduled meetings. Our Board of Directors and Compensation Committee intend to continue this practice of approving the majority of stock-based awards at regularly scheduled meetings on a quarterly basis, unless earlier approval is required for a new-hire inducement or position change grant; regardless of whether or not our Board of Directors or Compensation Committee knows material non-public information on such date. The exercise price of our stock options is the fair market value of our

common stock on the date of grant as determined by the closing price of our common stock on the Nasdaq Stock Market on the date of grant. Prior to the exercise of an option, the holder has no rights as a stockholder with respect to the shares of common stock underlying the option, including voting rights and the right to receive dividends or dividend equivalents.

Our Chief Executive Officer historically has made recommendations to our Compensation Committee and Board of Directors regarding the amount of stock options and other compensation to grant to our other executives based upon his assessment of their performance, and may continue to do so in the future. Our executive officers, however, do not have any role in determining the timing of our stock option grants.

Although we do not have any formal policy for determining the amount of stock-based awards or the timing of our stock-based awards, we have historically granted stock options or restricted stock to high-performing employees (i) in recognition of their individual achievements and contributions to our Company, and (ii) in anticipation of their future service and achievements. We may in the future introduce a more formal plan.

Other Compensation. Our executives are eligible to receive the same benefits that are available to similarly situated employees, including the premiums paid to provide life insurance equal to each executive's annual salary and the premiums to provide accidental death and dismemberment insurance. Certain of our executives also receive allowances for automobiles and third-party tax services.

Compensation Committee Report

The Compensation Committee has reviewed the foregoing Compensation Discussion and Analysis required by Item 402(b) of Regulation S-K and discussed the Compensation Discussion and Analysis with our management. Based on such review and discussions with management, the Compensation Committee recommended to our Board that the foregoing Compensation Discussion and Analysis be included in this Proxy Statement and incorporated by reference into our Annual Report on Form 10-K for the fiscal year ended December 31, 2025, which was filed on February 26, 2026.

Respectfully submitted by the Compensation Committee of the Board of Directors,

Dr. John G. Nackel, Ph.D., Chair
Mr. Stephen M. R. Covey
Mr. Barry M. Smith

Members of the Compensation Committee

The Compensation Committee Report does not constitute soliciting material, and shall not be deemed to be filed or incorporated by reference into any Company filing under the Securities Act of 1933, as amended, or the Securities Exchange Act of 1934, as amended, except to the extent that the Company specifically incorporates the Compensation Committee Report by reference therein.

Summary Compensation Table

The following table sets forth certain information with respect to compensation for the years ended December 31, 2023, 2024, and 2025, earned by, awarded to, or paid to our NEOs.

Name and Principal Position	Year	Salary ($)	Bonus ($)[1]	Stock Awards ($)[2]	Option Awards ($)[3]	Non-Equity Incentive Plan Compensation ($)[4]	All Other Compensation ($)[5]	Total ($)
Brent J. Guerisoli *Chief Executive Officer*	2025	444,711	—	662,117	885,588	1,737,874	9,186	3,739,476
	2024	415,304	—	106,657	463,355	1,600,000	8,764	2,594,080
	2023	362,500	—	—	497,136	1,000,000	8,884	1,868,520
Lynette B. Walbom *Chief Financial Officer*	2025	338,654	—	471,922	664,191	1,178,055	7,606	2,660,428
	2024	311,490	—	59,997	324,348	900,000	3,032	1,598,867
	2023	206,250	—	—	183,542	350,000	75,400	815,192
John J. Gochnour *President and Chief Operating Officer*	2025	369,711	—	613,016	811,789	1,586,966	10,190	3,391,672
	2024	344,711	—	83,338	370,684	1,250,000	9,461	2,058,194
	2023	316,668	—	—	369,754	800,000	8,713	1,495,135
Kirk S. Cheney *EVP, General Counsel and Corporate Secretary*	2025	285,865	500,000	134,886	516,593	365,100	283	1,802,727
	2024	264,150	500,850	—	185,342	—	1,282	951,624
	2023	250,000	250,512	—	212,304	—	238	713,054
Jason P. Steik *Chief Clinical Officer*	2025	283,654	1,031,274	—	516,593	—	1,765	1,833,286
	2024	269,344	472,200	82,000	185,342	—	1,708	1,010,594
	2023	257,726	250,000	—	212,304	—	966	720,996

(1) Represents amounts earned under discretionary incentive programs other than the executive incentive program in the corresponding year but paid in the first quarter of the following year.

(2) The annual amounts shown are the amounts of total compensation cost which will be recognized over the five-year vesting period related to restricted stock awards which were granted during fiscal years 2025, 2024, and 2023, as a result of the adoption of ASC 718. For a discussion of valuation and forfeiture assumptions, see Note 12, *Options and Awards,* in our consolidated financial statements in our 2025 Form 10-K. In addition, a portion of the amounts paid under the 2025 annual executive incentive program to Brent J. Guerisoli, Lynette B. Walbom, John J. Gochnour, and Kirk S. Cheney, in the amounts of $662,117, $471,922, $613,016, and $134,886, respectively, were made in the form of fully vested restricted stock awards. In 2024, a portion of the amounts paid under the annual executive incentive program to Brent J. Guerisoli, Lynette B. Walbom, and John J. Gochnour, in the amounts of $106,657, $59,997, and $83,338, respectively, were made in the form of fully vested restricted stock awards.

(3) The annual amounts shown are the amounts of total compensation cost which will be recognized over the five year vesting period related to options to purchase common stock which were granted during fiscal years 2025, 2024, and 2023, as a result of the adoption of ASC 718. These awards are not immediately exercisable. For a discussion of valuation and forfeiture assumptions, see Note 12, *Options and Awards,* in our consolidated financial statements in our 2025 Form 10-K.

(4) Represents amounts earned under the executive incentive program in the corresponding year but paid in the first quarter of the following year.

(5) Details about the amounts in the "All Other Compensation" column for fiscal year 2025 are set forth in the table below:

Name	Car Allowance ($)	Tax Preparation ($)	Other Benefits[a] ($)	Total All Other Compensation ($)
Brent J. Guerisoli	7,200	1,275	711	9,186
Lynette B. Walbom	5,815	670	1,121	7,606
John J. Gochnour	7,200	1,715	1,275	10,190
Kirk S. Cheney	—	—	283	283
Jason P. Steik	—	885	880	1,765

(a) Other benefits consist of cell phone allowances, insurance, and miscellaneous benefits

Pay Versus Performance

The following table sets forth certain information required by Item 402(v) of Regulation S-K (“PvP Rules”). For a better understanding of how our Compensation Committee evaluates and sets executive compensation, please see the “Compensation Discussion and Analysis” (“CD&A”) above.

Pursuant to the PvP Rules, the pay versus performance table (“PvP Table”) (set forth below) is required to include, for each year, the compensation actually paid (“CAP”) for the principal executive officer (“PEO”) and the average CAP for Non-PEO NEOs. CAP represents a calculation of compensation that differs significantly from the Summary Compensation Table ("SCT") calculation of compensation presented in the CD&A, as well as from the way in which the Compensation Committee makes annual compensation decisions, as discussed in the CD&A. For example, the CAP calculation for a given year includes the change in fair value of multiple years of equity grants that are outstanding and unvested during the year, whereas the Summary Compensation Table calculation includes only the grant date fair value of equity awards that are granted during the year. These differences result in a CAP calculation that may be higher or lower than the corresponding Summary Compensation Table calculation, and that also may be more significantly impacted by changes in stock price. Outstanding equity awards may be represented in more than one year of the PvP Table.

Pay Versus Performance Table

The following table and footnotes set forth required compensation information for our PEO and our other Non-PEO NEOs (averaged) along with total shareholder return, net income, and Adjusted net income performance results for fiscal 2025, 2024, 2023, 2022, and 2021.

Year	Summary Compensation Table Total for Current PEO ($)(1)	Summary Compensation Table Total for Prior PEO ($)(1)	Compensation Actually Paid to Current PEO ($)(1).(2)	Compensation Actually Paid to Prior PEO ($)(1).(2)	Average Summary Comp. Table Total for Non-PEO NEOs ($)(1)	Average Comp. Actually Paid to Non-PEO NEOs ($)(1).(2)	Year-end value of $100 invested on 1/1/2021 in: Pennant Group ($)(3)	Year-end value of $100 invested on 1/1/2021 in: Industry Peer Group ($)(3)	Net Income (in millions) ($)(4)	Adjusted Net Income (in millions) ($)(5)
2025	3,739,476	N/A	2,972,728	N/A	2,422,028	2,078,172	48	98	34	42
2024	2,594,080	N/A	4,498,032	N/A	1,404,820	2,228,066	46	95	24	30
2023	1,868,520	N/A	2,388,485	N/A	820,652	1,018,223	24	96	14	22
2022	1,559,281	(3,296,796)	700,092	(14,325,297)	828,145	145,181	19	82	7	17
2021	N/A	348,668	N/A	(41,376,946)	601,733	(2,359,016)	40	98	2	14

(1) For 2024 and 2025, the PEO was Brent J. Guerisoli (“Current PEO”) and the Non-PEO NEOs were John J. Gochnour, Lynette B. Walbom, Jason P. Steik, and Kirk S. Cheney.

For 2023, the PEO was Brent J. Guerisoli and the Non-PEO NEOs were Jennifer L. Freeman, John J. Gochnour, Lynette B. Walbom, Jason P. Steik, and Kirk S. Cheney.

For 2022, the PEO was Daniel H. Walker until August 1, 2022, at which point Brent J. Guerisoli became PEO. Non-PEO NEOs were Jennifer L. Freeman, John J. Gochnour, and Derek J. Bunker.

For 2021, the PEO was Daniel H. Walker and the Non-PEO NEOs were Jennifer L. Freeman, John J. Gochnour, Brent J. Guerisoli, and Derek J. Bunker.

(2) For 2025, CAP was determined by making the following adjustments for equity awards:

	Reported Summary Compensation Table (“SCT”) Total ($)	Deductions of Amount Reported in "Stock Awards" Column of the SCT (i) ($)	Year End Fair Value of Equity Awards Granted in the Year that remain Unvested at Year End (ii) ($)	Fair Values at Vest Date for Awards Granted and Vested in the Current Year (iii) ($)	Year over Year Change in Fair Value of Equity Awards Granted in Prior Years that Remain Unvested at Year End (iv) ($)	Change in Fair Value Between Prior Year End and Vesting Date for Awards Granted in Prior Years that Vested in the Year (v) ($)	Fair Value at the End of the Prior Year of Equity Awards that Failed to Meet Vesting Conditions in the Year (vi) ($)	Compensation Actually Paid ("CAP") ($)
Current PEO	3,739,476	(1,547,705)	958,451	106,657	(99,620)	(184,531)	—	2,972,728
Non-PEO NEOs	2,422,028	(932,248)	678,903	35,834	(51,826)	(74,519)	—	2,078,172

Summary Compensation Table amounts reflect the grant date fair values of equity awards. For CAP calculation purposes, adjustments are made to reflect fair values as of each measurement date. The valuation assumptions used to calculate fair values did not materially differ from those disclosed at the time of grant, with the exception of the share price used in the valuations. The equity award adjustments for fiscal year 2025 include the addition or subtraction of the following:

i. Deduction for the amounts reported in the "Stock Awards" column of the Summary Compensation Table.
ii. Fair value, calculated in accordance with ASC Topic 718, as of the end of the reported fiscal year of equity awards granted in the reported fiscal year that were outstanding and unvested as of the end of the reported fiscal year.
iii. Fair values at vest date for awards granted and vested in the current year.
iv. Change in fair value, calculated in accordance with ASC Topic 718, as of the end of the reported fiscal year from the end of the prior fiscal year, of equity awards granted in prior years that are outstanding and unvested as of the end of the reported fiscal year.
v. Change in fair value, calculated in accordance with ASC Topic 718, from the end of the prior fiscal year to the vesting date for awards granted in prior years that vested in the reported year.
vi. For awards granted in prior years that failed to meet the applicable vesting conditions during the applicable year, a deduction equal to the fair value as of the end of the prior fiscal year.

(3) Represents the cumulative total shareholder return ("TSR") of our common stock and the cumulative TSR of our new industry peer group (the "Peer Group TSR"), as of the end of each year, as reflected in our stock performance graph in our 2025 Form 10-K. The values reflect what the cumulative value of $100 would be at the end of each fiscal year, including reinvestment of dividends, if such amount were invested on January 1, 2021. Although our industry peer group, which is a custom peer group, is comprised of companies in the post-acute health care industry, Pennant and its peers may have different business lines, geographies, business models, and acuity mixes. The companies included in our new peer group are as follows: Addus Homecare Corporation ("ADUS"), Aveanna Healthcare Holdings Inc. ("AVAH"), Brookdale Senior Living, Inc. ("BKD"), Chemed Corporation ("CHE"), Enhabit, Inc. ("EHAB"), and Sonida Senior Living Inc ("SNDA"). No generally-recognized or published index exists for companies with our mix of home-health, hospice, and senior living businesses.

Changes to our previous industry peer group were necessitated by the acquisition of Amedisys, Inc. ("AMED") by UnitedHealth Group Incorporated ("UnitedHealth") and the spin-off of EHAB from Encompass Health Corporation ("EHC"). TSR results for our previous peer group for 2021, 2022, 2023, 2024, and 2025 would have been $79, $71, $81, $89, and $92, respectively.

(4) The dollar amounts reported represent Net Income as reflected in our audited financial statements for the applicable year.

(5) Adjusted net income is defined as net income before (i) costs at start-up operations, (ii) share-based compensation expense, (iii) acquisition related costs, (iv) activities associated with transitioning operations, (v) redundant or non-recurring transition services costs, (vi) unusual, non-recurring, or redundant charges, (vii) net income attributable to noncontrolling interest, and (viii) the tax impact of the adjustments to GAAP net income.

Most Important Performance Measures for 2025

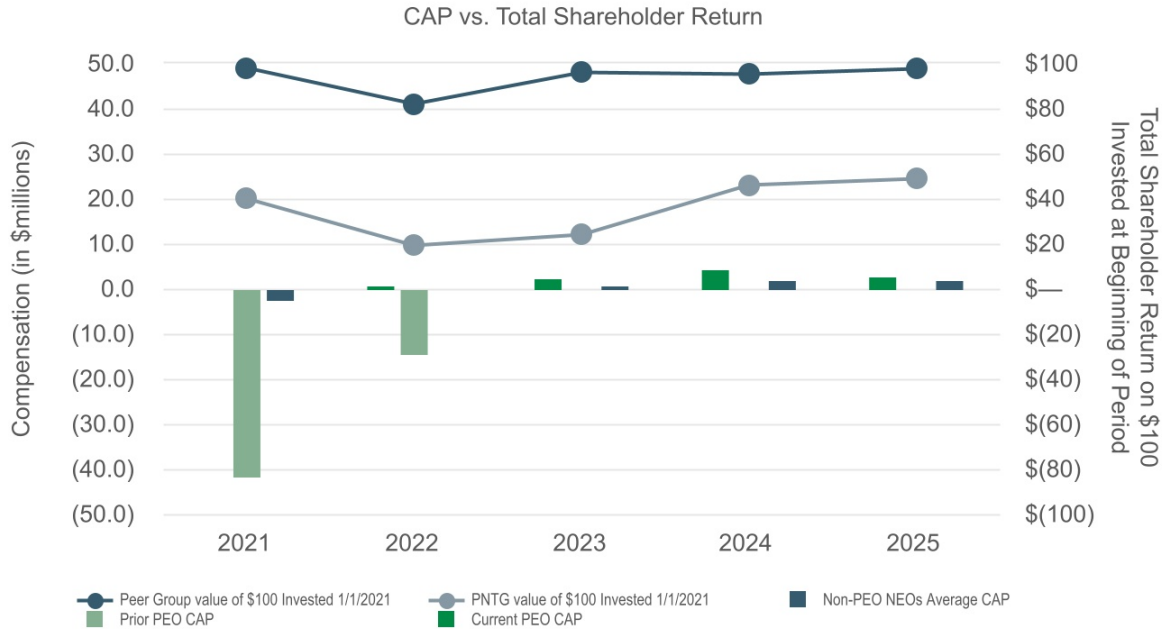
The following is an unranked list of the financial measures we consider most important in linking company performance and CAP for the most recently completed fiscal year.

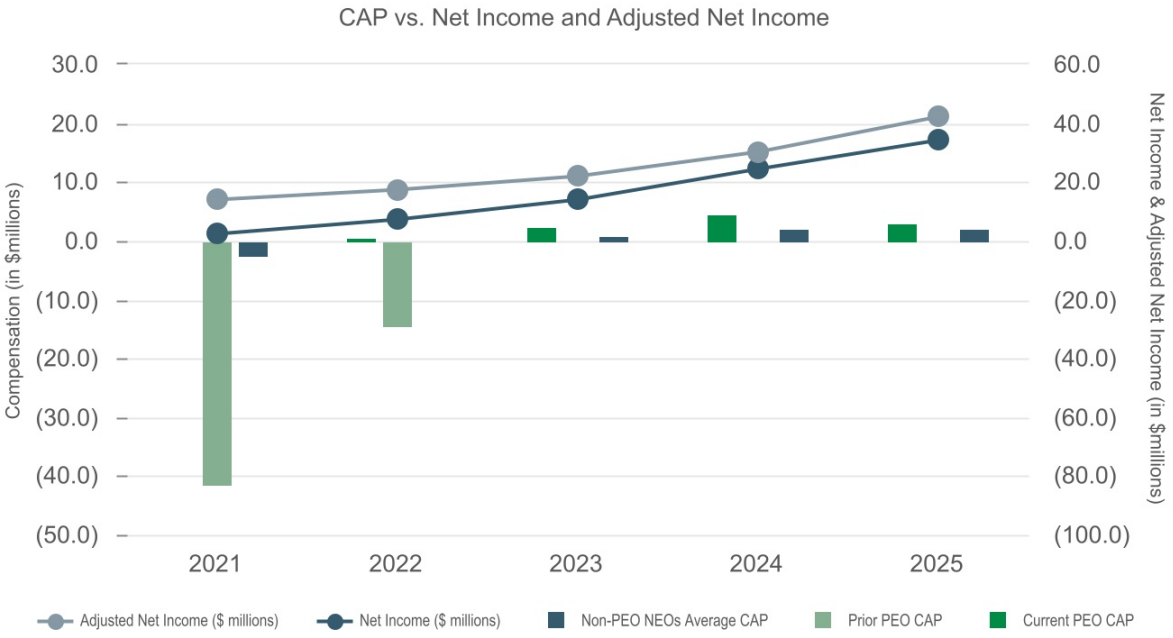
Measure
Adjusted Net Income
Adjusted EBT
Segment Adjusted EBITDAR
Adjusted EBITDA
Clinical Quality
Leadership Development

Relationship Between CAP and Financial Performance

We believe both the SCT and the PvP Table reflect our pay-for-performance philosophy. As described in the CD&A, a significant portion of annual target compensation awarded to NEOs is compensation at risk and contingent on the Company's performance against pre-established performance goals.

The charts below are based on information provided in the above table to illustrate the relationship of our compensation actually paid to the current PEO, prior PEO, and the average compensation actually paid to our Other NEOs, with: (1) Company TSR, (2) Peer Group TSR, (3) Net Income, and (4) Adjusted Net Income, the last of which the Company has selected as the most important financial performance used to link compensation actually paid to its NEOs for the most recently completed fiscal year and its performance.





Grants of Plan-Based Awards

The following table summarizes grants of plan-based awards made to our NEOs in 2025, or in connection with the 2025 executive incentive program.

Name	Grant Date	All Other Stock Awards: Number of Shares of Stock or Units (#)	All Other Option Awards: Number of Securities Underlying Options (#)	Exercise or Base Price of Option Awards ($/Sh)	Grant Date Fair Value of Stock and Option Awards ($)
Brent J. Guerisoli	5/16/2025	—	60,000	30.22	885,588 (1)
	3/3/2026	20,052 (2)	—	—	662,117
Lynette B. Walbom	5/16/2025	—	45,000	30.22	664,191 (1)
	3/3/2026	14,292 (2)	—	—	471,922
John J. Gochnour	5/16/2025	—	55,000	30.22	811,789 (1)
	3/3/2026	18,565 (2)	—	—	613,016
Kirk S. Cheney	5/16/2025	—	35,000	30.22	516,593 (1)
	3/3/2026	4,085 (2)	—	—	134,886
Jason P. Steik	5/16/2025	—	35,000	30.22	516,593 (1)

(1) The options amounts shown are the aggregate fair value of the stock option awards which were granted under the 2019 Plan in fiscal year 2025, which will be recognized over a five-year vesting period, as a result of adoption of ASC 718. These amounts disregard the estimated forfeiture rate which is considered when recognizing the ASC 718 expense in the consolidated financial statements. These awards are not immediately exercisable. For a discussion of valuation and forfeiture assumptions, see Note 12, *Options and Awards*, in our consolidated financial statements in our 2025 Form 10-K.

(2) Represents the number of restricted shares of our common stock awarded in lieu of a cash bonus payable under our executive incentive program for 2025 performance. The shares were fully vested on the grant date in March 2026. The value of these shares is included in the 2025 Executive Compensation pool which is already disclosed in the Summary Compensation Table.

Outstanding Equity Awards at Fiscal Year-End

The following table sets forth certain information with respect to outstanding equity awards of our NEOs as of December 31, 2025. The market value of the shares in the following table is the fair value of such shares at December 31, 2025.

		Option awards					Stock awards	
Name	Grant Date	Number of Securities underlying unexercised options exercisable (#)[1]	Number of securities underlying unexercised options unexercisable (#)[1]	Equity incentive plan awards: Number of securities underlying unexercised unearned options (#)	Option exercise price ($)	Option expiration date	Number of shares or units of stock that have not vested (#)[2]	Market value of shares or units of stock that have not vested ($)[3]
Brent J. Guerisoli	5/16/25	—	60,000	—	30.22	5/16/35	—	—
	3/4/24	10,000	40,000	—	18.79	3/4/34	—	—
	8/22/23	4,000	6,000	—	12.52	8/22/33	—	—
	2/28/23	24,000	36,000	—	15.02	2/28/33	—	—
	7/25/22	—	—	—	—	—	18,000	506,700
	2/21/22	15,000	10,000	—	14.13	2/21/32	—	—
	5/25/21	12,000	3,000	—	31.54	5/25/31	—	—
	10/28/20	40,000	—	—	38.88	10/28/30	—	—
	8/15/20	6,000	—	—	37.98	8/15/30	—	—
	5/27/20	20,000	—	—	27.56	5/27/30	—	—
	10/1/19	65,000	—	—	15.09	10/1/29	—	—
	5/31/18	14,282	—	—	6.16	5/31/28	—	—
	5/25/17	12,497	—	—	4.54	5/25/27	—	—
	5/26/16	8,926	—	—	3.84	5/26/26	—	—
Lynette B. Walbom	5/16/25	—	45,000	—	30.22	5/16/35	—	—
	3/4/24	7,000	28,000	—	18.79	3/4/34	—	—
	8/22/23	2,800	4,200	—	12.52	8/22/33	—	—
	5/25/23	10,000	15,000	—	11.60	5/25/33	—	—
John J. Gochnour	5/16/25	—	55,000	—	30.22	5/16/35	—	—
	3/4/24	8,000	32,000	—	18.79	3/4/34	—	—
	8/22/23	2,800	4,200	—	12.52	8/22/33	—	—
	2/28/23	18,000	27,000	—	15.02	2/28/33	—	—
	7/25/22	—	—	—	—	—	16,000	450,400
	2/21/22	6,000	4,000	—	14.13	2/21/32	—	—
	5/25/21	12,000	3,000	—	31.54	5/25/31	—	—
	10/28/20	15,000	—	—	38.88	10/28/30	—	—
	8/15/20	6,000	—	—	37.98	8/15/30	—	—
	5/27/20	15,000	—	—	27.56	5/27/30	—	—
	10/1/19	77,000	—	—	15.09	10/1/29	—	—
	5/31/18	17,853	—	—	6.16	5/31/28	—	—
	5/25/17	8,926	—	—	4.54	5/25/27	—	—
	10/26/16	12,572	—	—	6.10	10/26/26	—	—
	5/26/16	8,926	—	—	3.84	5/26/26	—	—
Kirk S. Cheney	5/16/25	—	35,000	—	30.22	5/16/35	—	—
	3/4/24	4,000	16,000	—	18.79	3/4/34	—	—
	8/22/23	2,000	3,000	—	12.52	8/22/33	—	—
	2/28/23	10,000	15,000	—	15.02	2/28/33	—	—
	7/25/22	—	—	—	—	—	5,600	157,640

	6/1/22	1,800	1,200	—	18.03	6/1/32	—	—
	10/26/21	2,400	600	—	24.04	10/26/31	—	—
	5/25/21	4,000	1,000	—	31.54	5/25/31	—	—
	10/28/20	5,000	—	—	38.88	10/28/30	—	—
	8/15/20	4,000	—	—	37.98	8/15/30	—	—
	5/27/20	5,000	—	—	27.56	5/27/30	—	—
	10/1/19	4,200	—	—	15.09	10/1/29	—	—
Jason P. Steik	5/16/25	—	35,000	—	30.22	5/16/35	—	—
	11/13/24	—	—	—	—	—	2,000	56,300
	3/4/24	4,000	16,000	—	18.79	3/4/34	—	—
	8/22/23	2,000	3,000	—	12.52	8/22/33	—	—
	2/28/23	10,000	15,000	—	15.02	2/28/33	—	—
	7/25/22	—	—	—	—	—	5,600	157,640
	2/21/22	1,200	800	—	14.13	2/21/32	—	—
	10/26/21	2,400	600	—	24.04	10/26/31	—	—
	5/25/21	4,000	1,000	—	31.54	5/25/31	—	—
	10/28/20	5,000	—	—	38.88	10/28/30	—	—
	8/25/20	2,500	—	—	37.70	8/25/30	—	—

(1) Options granted to employees of the subsidiaries of Pennant generally vest over five years at 20% per year on the anniversary of the grant date. Options expire ten years after the date of grant.
(2) Stock awards granted to employees of the subsidiaries of Pennant generally vest over five years at 20% per year on the anniversary of the grant date.
(3) The market value of these shares at December 31, 2025 was $28.15 per share.

Option Exercises and Stock Vested

The following table provides information for our NEOs about options that were exercised and restricted stock that vested in 2025.

	Option Awards		Stock Awards	
Name	Number of shares acquired on exercise (#)	Value realized on exercise ($)[1]	Number of shares acquired on vesting (#)	Value realized on vesting ($)[2]
Brent J. Guerisoli	—	—	13,734	316,807
John J. Gochnour	6,286	113,179	11,699	270,138
Lynette B. Walbom	—	—	2,663	59,997
Kirk S. Cheney	3,800	38,304	2,800	65,380
Jason P. Steik	—	—	3,300	77,825

(1) The value realized on the exercise of stock options is equal to the number of shares acquired multiplied by the difference between the exercise price and the market price of our common stock. The market price is the closing price of our common stock on the date of exercise.
(2) The value realized on the vesting of restricted stock awards is equal to the number of shares vested multiplied by the market price of our common stock. The market price is the closing price of our common stock on the vesting date.

Employment Agreements

Our NEOs do not have employment agreements.

Pension Benefits

None of our named executive officers participates in or has account balances in qualified or non-qualified defined benefit plans sponsored by us. The Compensation Committee may elect to adopt qualified or non-qualified defined benefit plans in the future if it determines that doing so is in our best interests.

Non-Qualified Deferred Compensation

During fiscal year 2021, the Company implemented a non-qualified deferred compensation plan (the "DCP") for executives, other highly compensated employees, independent contractors and non-employee directors which went into effect on June 1, 2021, effective for compensation to be paid in 2022 and thereafter. The independent contractors and non-employee directors are otherwise ineligible for participation in the Company's 401(k) plan. The DCP allows participating employees to defer the receipt of a portion of their base compensation and certain employees up to 80% of their base salary and bonus compensation, or director fees. At the participant's election, payments can be deferred until a specific date at least one year after the year of deferral or until termination of employment and can be paid in a lump sum or in up to ten annual installments. Separate deferral elections can be made for each year, and in limited circumstances, existing payment elections may be changed. The amounts deferred are credited with earnings and losses based upon the actual performance of the deemed investments selected by the participant. The rate of return for each participant varies depending on the specific investment elections made by the participant. Additionally, the plan allows for the employee deferrals to be deposited into a rabbi trust and the funds are generally invested in individual variable life insurance contracts owned by us that are specifically designed to informally fund savings plans of this nature.

The following shows contributions and earnings during fiscal year 2025 and the account balances as of December 31, 2025, for our named executive officers who have contributed to the deferred compensation plan. All of the contributions that are reported in the table below were already included in the Summary Compensation Table.

Name	Aggregate Balance at December 31, 2024 ($)	Executive Contributions in 2025 ($)	Company Contributions in 2025 ($)	Aggregate Earnings in 2025 ($)	Aggregate Withdrawals/Distributions ($)	Aggregate Balance at December 31, 2025 ($)
Brent J. Guerisoli	196,231	160,000	—	30,623	—	386,854
John J. Gochnour	515,824	625,000	—	202,562	—	1,343,386
Jason P. Steik	—	29,258	—	2,403	—	31,661

Change-in-Control and Severance Disclosure

We have not entered into any arrangements providing for payments or benefits in connection with the resignation, severance, retirement or other termination of any of our NEOs, changes in their compensation or a change in control.

The Compensation Committee has the authority to accelerate the vesting of options and restricted stock, in certain circumstances, subject to the terms of the plans.

Insider Trading Policy

We have adopted a "Statement of Company Policy Regarding Insider Trading" (the "Insider Trading Policy"), which governs transactions in our securities by our directors, officers, employees, and contract personnel, that we believe is reasonably designed to promote compliance with insider trading laws, rules, and regulations and Nasdaq listing standards. A copy of our Insider Trading Policy was filed as Exhibit 19.1 to our 2025 Form 10-K.

Hedging Transactions

Forms of hedging or monetization transactions, such as zero-cost collars and forward sale contracts, allow a director, officer or employee to lock in much of the value of his or her stock holdings, often in exchange for all or part of the potential for upside appreciation in the stock. These transactions allow the director, officer or employee to continue to own the covered securities, but without the full risks and rewards of ownership. When that occurs, the director, officer or employee may no longer have the same objectives as the Company's other stockholders. Therefore, the Company prohibits all directors, officers or employees that hold the Company's shares from engaging in such transactions, unless such transaction is approved in advance by the General Counsel and Board of Directors of the Company.

Practices for the Timing of Awards as They Relate to the Disclosure of Material Non-Public Information

We do not grant equity awards in anticipation of the release of material nonpublic information and we do not time the release of material nonpublic information based on equity award grant dates or for the purpose of affecting the value of executive compensation. In addition, we do not take material nonpublic information into account when determining the timing and terms of such awards. Although we do not have a formal policy with respect to the timing of our equity award grants, the Compensation

Committee has historically granted such awards on a predetermined annual schedule. In fiscal 2025, we did not grant new awards of stock options to our NEOs during the time period outlined in Item 402(x)(2) of Regulation S-K.

Compensation Committee Interlocks and Insider Participation

The Compensation Committee currently consists of Dr. John G. Nackel, Mr. Stephen M. R. Covey, and Mr. Barry M. Smith. None of the members of the Compensation Committee at any time has been one of our officers or employees. None of our executive officers currently serves, or during 2025 served, as a member of the board of directors or compensation committee of any entity that has one or more executive officers on our Board or Compensation Committee.

Pay Ratio Disclosure

In accordance with Item 402(u) of Regulation S-K, we determined the ratio of the annual total 2025 compensation of Mr. Brent J. Guerisoli, our Chief Executive Officer, relative to the annual total 2025 compensation of our median employee. For 2025, the ratio of the total annual compensation of Mr. Guerisoli as reported in the “total” column of the Summary Compensation Table to the median of the annual total compensation of all of our other employees was 98:1. The median of the annual total compensation of our employees other than Mr. Guerisoli, including part-time employees and those who served a partial year, was $38,063 for 2025. We identified the median employee using our employee population of approximately 9,535 employees as of December 31, 2025, 29.9% of whom are part-time. In accordance with SEC rules for calculating the ratio, we did not make any full-time equivalent adjustments to the compensation of our part-time employees, any annualized adjustments for employees who served the partial year, or any adjustments to Mr. Guerisoli’s compensation to reflect amounts actually earned during 2025 or to reflect amounts unearned for 2025 performance.

Since the foregoing pay ratio includes the impact of our part-time employees and those who served a partial year, we believe it is appropriate to provide a supplemental calculation to reflect the pay ratio of Mr. Guerisoli to the median annual total compensation of our employees who served the whole year and were full-time as of December 31, 2025. The ratio of Mr. Guerisoli’s total annual compensation as reported in the “total” column of the Summary Compensation Table to the median annual total compensation of only our employees who served the whole year and were full-time as of December 31, 2025 was 52:1 for 2025. The median of the total annual compensation of such employees, other than Mr. Guerisoli, was $72,000 for 2025. We identified such median employee using our employee population of approximately 3,552 employees who served the whole year and were full-time as of December 31, 2025.

To identify the median employees, we used amounts reported in box 5 of wage statements on Form W-2 issued for compensation earned in 2025 as our consistently applied compensation measure. We then calculated the annual total compensation for the identified median employees in accordance with the requirements of the Summary Compensation Table.

PROPOSAL 3: ADVISORY VOTE ON NAMED EXECUTIVE OFFICER COMPENSATION

✓ **OUR BOARD OF DIRECTORS UNANIMOUSLY RECOMMENDS THAT THE STOCKHOLDERS VOTE "FOR" THE "SAY ON PAY" PROPOSAL.**

General Information

The Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010 and Section 14A of the Exchange Act enable our stockholders to vote to approve, on an advisory (non-binding) basis, the compensation paid to our "Named Executive Officers" as disclosed in this Proxy Statement in accordance with the SEC's rules.

Say on Pay Vote Mechanics

We are asking our stockholders to provide advisory approval of the compensation paid to our NEOs, as described in the "Compensation Discussion and Analysis" ("CD&A") section of this Proxy Statement (beginning on page 23) and the compensation tables and narrative disclosures following the CD&A.

Highlights of our Executive Compensation Program

As described in detail in the CD&A, we seek to closely align the interests of our NEOs with the interests of our stockholders. Our compensation programs are designed to reward our NEOs for the achievement of short-term and long-term strategic and operational goals and the achievement of increased total shareholder return, while at the same time avoiding the encouragement of unnecessary or excessive risk-taking. For example:

- Annual and short-term cash bonuses are based on multiple performance metrics that are consistent with our long-term goals. In particular, annual bonuses are based on the achievement of certain financial performance goals tied to our overall performance and individual performance goals such as positive survey results, high clinical quality standards, governance, compliance requirements, positive patient feedback and feedback from other employees. We believe that this balanced approach discourages risk-taking that focuses excessively on short-term profits at the sacrifice of our long-term health.

- We discourage excessive risk-taking by our employees by establishing compensation policies and programs that balance short-term incentives with long-term growth.

- Management or the Compensation Committee, as applicable, generally has discretion to adjust the annual incentive compensation of our field and service center leaders upward or downward for quality of performance and other factors other than our financial performance. The Compensation Committee can award bonuses that are less than the bonus amount resulting from the predetermined formula it establishes as a result of not achieving our goals regarding clinical performance, governance, compliance and other strategic objectives, and allocate such award bonuses to other members of management or withhold such amounts altogether.

- Our long-term equity incentive awards are designed to directly align the interests of our employees with long-term stockholder interests. We encourage long-term performance by our executives and employees at every level in the organization through the use of stock-based awards with multi-year vesting schedules. We believe that long-term performance is achieved through an ownership culture and that equity incentive awards reward performance without incentivizing inappropriate risk-taking. Above a pre-established bonus target, we allocate executive bonus compensation between cash and non-cash compensation. Under this policy, if the total executive pool is greater than the then-applicable stated amount, for every dollar greater than the stated amount, 50% of the incentive will be paid in cash and 50% will be paid in fully vested restricted stock awards.

- Our Compensation Committee has adopted a "clawback" policy that complies with SEC rules and Nasdaq listing standards. The clawback policy allows (and in certain cases requires) our Board to recover incentive-based compensation paid to our current or former executives and the presidents of our subsidiaries in certain circumstances where there has been a restatement of our financial results or where subsequent events diminish the performance metrics, including clinical results, upon which the prior incentive payments were based.

- Our Compensation Committee has adopted specific governance performance goals, which include leadership development and establishing a team made up of members of the Board and management with the goal of creating a strategy for the Board that emulates the culture of the organization.

- Our Compensation Committee oversees our compensation policies and practices and is responsible for reviewing and approving compensation of our executive officers.

Consistent with these goals, and as further discussed in the CD&A, we believe the Compensation Committee of our Board of Directors has designed an executive compensation program that: (i) rewards pay for performance, (ii) is competitive and reasonable as compared to compensation programs adopted by similarly-sized public companies in the industry and based on a review of broader public company and industry survey data and (iii) is cost-effective with limited perquisites and other personal benefits.

To provide a forum for stockholders to weigh in on our executive compensation practices, we meet regularly with investors and potential investors at appropriate times throughout the year. Through such dialogue, we gain deeper understanding of stockholders' perspectives on executive compensation. We incorporate stockholder feedback into the design of our executive incentive program's performance measures that are reviewed and potentially adjusted each year. We believe that our compensation philosophy closely ties executive compensation to company performance and total shareholder value, and thus aligns with stockholders' desire to pay for performance.

The vote is advisory, which means that the vote is not binding on the Company, our Board of Directors or the Compensation Committee. Our Board of Directors and the Compensation Committee value the opinions of our stockholders and will take into account the outcome of this vote in considering future compensation arrangements.

STOCK OWNERSHIP INFORMATION

Stock Ownership Table

The following table sets forth information known to us with respect to beneficial ownership of our common stock as of March 17, 2026 for (i) each director and nominee, (ii) each holder of 5.0% or greater of our common stock, (iii) our Named Executive Officers, and (iv) all executive officers and directors as a group.

Beneficial ownership is determined in accordance with the rules and regulations of the SEC. Shares subject to options that are exercisable within 60 days following March 17, 2026 are deemed to be outstanding and beneficially owned by the optionee for the purpose of computing share and percentage ownership of that optionee, but are not deemed to be outstanding for the purpose of computing the percentage ownership of any other person. The percentage of shares beneficially owned is based on 34,706,634 shares of common stock outstanding as of March 17, 2026. Except as affected by applicable community property laws, all persons listed have sole voting and investment power for all shares shown as beneficially owned by them.

Name and Address of Beneficial Owner[1]	Number of Shares	Percentage
Named Executive Officers And Directors		
Brent J. Guerisoli[2]	372,735	1.1 %
Lynette B. Walbom[3]	52,755	*
John J. Gochnour[4]	390,892	1.1 %
Kirk S. Cheney[5]	79,405	*
Jason P. Steik[6]	64,647	*
Christopher R. Christensen[7]	773,538	2.2 %
John G. Nackel, Ph.D.[8]	181,465	*
Stephen M. R. Covey[9]	45,250	*
Suzanne D. Snapper[10]	226,564	*
Scott E. Lamb[11]	59,135	*
Barry M. Smith[10]	98,699	*
Gregory K. Morris, M.D.[10]	33,500	*
All Executives Officers and Directors as a Group (12 persons)	2,378,585	6.9 %
5% Stockholders		
BlackRock, Inc.[12]	2,184,974	6.3 %
The Vanguard Group[13]	1,782,627	5.1 %
Van Berkom & Associates Inc.[14]	3,112,812	9.0 %

* Means less than 1%.

(1) The addresses of all of the officers and directors listed are in the care of The Pennant Group, Inc., 1675 E. Riverside Drive, Suite 150, Eagle, ID 83616.

(2) Represents 102,030 shares of common stock and options to purchase 270,705 shares of common stock that are currently exercisable or exercisable within 60 days of March 17, 2026.

(3) Represents 16,955 shares of common stock and options to purchase 35,800 shares of common stock that are currently exercisable or exercisable within 60 days of March 17, 2026.

(4) Represents 152,815 shares of common stock and options to purchase 238,077 shares of common stock that are currently exercisable or exercisable within 60 days of March 17, 2026.

(5) Represents 21,005 shares of common stock and options to purchase 58,400 shares of common stock that are currently exercisable or exercisable within 60 days of March 17, 2026.

(6) Represents 17,147 shares of common stock and options to purchase 47,500 shares of common stock that are currently exercisable or exercisable within 60 days of March 17, 2026.

(7) Represents 142,191 shares of common stock held directly by Mr. Christensen, 481,149 shares are held by Hobble Creek Investments, LLC, of which Mr. Christensen is the sole member, 138,027 shares are directly owned by The Christopher R. Christensen 2020 Irrevocable Trust and indirectly by Mr. Christensen's spouse, as trustee of the trust, 2,171 shares are held directly by Mr. Christensen's spouse, and 2,000 shares are held by Mr. Christensen's former spouse as custodian for their minor children under the California Uniform Transfers to Minors Act. Mr. Christensen's former spouse holds voting and investment power over the shares held for their children. Also includes options to purchase 8,000 shares of common stock that are currently exercisable or exercisable within 60 days of March 17, 2026.

(8) Includes 2,700 shares held by the Nackel Family Trust dated June 30, 1997, and 170,765 shares of common stock held by Dr. Nackel directly. Dr. Nackel and his spouse share voting and investment power over the trust. Also includes options to purchase 8,000 shares of common stock that are currently exercisable or exercisable within 60 days of March 17, 2026.

(9) Represents 40,250 shares of common stock and options to purchase 5,000 shares of common stock that are currently exercisable or exercisable within 60 days of March 17, 2026.

(10) Represents shares of common stock owned directly.

(11) Represents 54,135 shares of common stock and options to purchase 5,000 shares of common stock that are currently exercisable or exercisable within 60 days of March 17, 2026.

(12) Information regarding Blackrock Inc. ("Blackrock") is based solely on a Schedule 13G/A filed with the SEC on January 26, 2024 by Blackrock. Blackrock reported that it has sole voting power with respect to 2,150,866 shares of common stock and sole dispositive power with respect to 2,184,974 shares of common stock. The address of the principal business office of Blackrock is 50 Hudson Yards, New York, NY 10001.

(13) Information regarding The Vanguard Group, Inc. ("Vanguard") is based solely on a Schedule 13G/A filed with the SEC on February 13, 2024 by Vanguard. Vanguard reported that it has shared voting power with respect to 50,136 shares of common stock, sole dispositive power with respect to 1,706,403 shares of common stock and shared dispositive power with respect to 76,224 shares of common stock. The address of the principal business office of Vanguard is 100 Vanguard Blvd. Malvern, PA 19355.

(14) Information regarding Van Berkom & Associates Inc. ("Van Berkom") is based solely on a Schedule 13G/A filed with the SEC on January 20, 2026 by Van Berkom. Van Berkom reported that it has sole voting power with respect to 3,112,812 shares of common stock and sole dispositive power with respect to 3,112,812 shares of common stock. The address of the principal business office of Van Berkom is 600 Boul. De Maisonneuve Ouest, Bureau 2510, Montreal, Quebec, H3A 3J2.

Equity Compensation Plan Information

The following table provides certain information as of December 31, 2025 with respect to our equity compensation plans (after giving effect to shares issued and/or vesting on such date).

Plan Category	Number of Securities to be Issued Upon Exercise of Outstanding Options, Warrants and Rights	Weighted-Average Exercise Price of Outstanding Options, Warrants and Rights	Number of Securities Remaining Available for Future Issuance Under Equity Compensation Plans (Excluding Securities Reflected in the First Column)[1]
Conversion of Ensign awards at the Spin-Off[2]	144,998	$ 6.03	—
The Pennant Group Inc 2019 Omnibus Incentive Plan	4,220,706	$ 22.90	2,283,462
Total	4,365,704		2,283,462

(1) Represents the number of shares that remained available for issuance under The Pennant Group Inc 2019 Omnibus Incentive Plan (the "2019 Plan") as of December 31, 2025. As of March 17, 2026, 1,658,268 shares remained available for issuance under the 2019 Plan.

(2) Prior to the Spin-Off, employees of the Company's subsidiaries participated in Ensign's equity-based incentive plans (the "Ensign Plans") and the Cornerstone Subsidiary Equity plan (the "Subsidiary Equity Plan"). Outstanding options held by employees of the Company under the Ensign Plans and outstanding options and restricted stock awards under the Subsidiary Equity Plan were modified and replaced with Pennant awards at the Spin-Off date.

CERTAIN RELATIONSHIPS AND RELATED PARTY TRANSACTIONS

Since January 1, 2025, there has not been, nor is there any proposed transaction in which we were or will be a party or in which we were or will be a participant, involving an amount that exceeded or will exceed $120,000 and in which any director, executive officer, beneficial owner of more than 5% of any class of our voting securities, or any member of the immediate family of any of the foregoing persons had or will have a direct or indirect material interest, other than the compensation arrangements and other agreements and transactions which are described in “Executive Compensation” and “Director Compensation” sections and the transactions described below.

Relationship between Ensign and Pennant

To govern our relationship after the Spin-Off, Ensign and Pennant entered into a Master Separation Agreement, a Transition Services Agreement, a Tax Matters Agreement, an Employee Matters Agreement and certain real estate agreements. For further details of the transactions with Ensign please refer to Note 3, *Transactions with Ensign*, to the Consolidated Financial Statements in our 2025 Form 10-K. Transactions pursuant to these agreements are pre-approved under our Related Person Transaction Policy.

Family Relationships

The following constitute disclosable related person transactions pursuant to Item 404(a) of Regulation S-K:

Randi Romberger is the sister of our Chief Executive Officer, Brent Guerisoli. Ms. Romberger is employed by the Company and leads our clinical leadership development program. Ms. Romberger thus contributes significantly to one of our key focus areas, which is leadership development. In 2025, Ms. Rombergeri’s cash compensation, including base salary and bonus, totaled $146,562. In addition, she received equity compensation with a value of $51,659, bringing her total annual compensation to $198,221.

Corden Fuhriman is the brother-in-law of our Executive Vice President and General Counsel, Kirk Cheney. Mr. Fuhriman is employed by the Company on the Web & Media team, where he contributes to our digital marketing, branding, and census growth. In 2025, Mr. Fuhriman’s cash compensation, including base salary and bonus, totaled $115,592. In addition, he received equity compensation with a value of $29,520, bringing his total annual compensation to $145,112.

Indemnification Provisions

We have entered into indemnification agreements with each of our directors and executive officers. These indemnification agreements, along with our Certificate of Incorporation and Bylaws, require us to indemnify such persons to the fullest extent permitted by Delaware law.

Policies and Procedures for Transactions with Related Persons

Our Audit Committee reviews potential conflict of interest situations and any future proposed transaction or series of transactions with related persons on an ongoing basis, and either approve or disapprove each reviewed transaction or series of related transactions with related persons. On August 27, 2019, we adopted a written policy and set of procedures with respect to related person transactions (the “Related Person Transaction Policy”), which includes specific provisions for the approval of related person transactions. Pursuant to the Related Person Transaction Policy , a “related person transaction” is defined as a transaction, arrangement or relationship or series of similar transactions, arrangements or relationships, in which we and certain enumerated related persons participate, the amount involved exceeds $120,000 and the related person has a direct or indirect material interest therein. Related person transactions include any existing or currently proposed transaction or series of similar transactions for which disclosure under Item 404(a) of SEC Regulation S-K is mandated. The term “related person” under SEC rules means, at the applicable time, (a) any director or executive officer of the Company, (b) any nominee to the Board of Directors, (c) any beneficial owner of more than 5% of Pennant stock, and (d) any immediate family member (as defined by SEC rules) of any of those directors, executive officers, nominees, or beneficial owners. An indirect material interest can arise from a related person’s position or relationship with a firm, corporation, or other entity that engages in a transaction with the Company.

In the event that a related person transaction is identified, such transaction must be reviewed and approved or ratified by our Audit Committee. If it is impracticable for our Audit Committee to review such transaction, pursuant to the policy, the transaction will be reviewed by the chair of our Audit Committee, whereupon the chair of our Audit Committee will report to the Audit Committee the approval or disapproval of such transaction.

In reviewing and approving related person transactions pursuant to the Related Person Transaction Policy, the Audit Committee, or its chair, shall consider all information that the Audit Committee, or its chair, believes to be relevant and important

to a review of the transaction and shall approve only those related person transactions that are determined to be in, or not inconsistent with, our best interests and that of our stockholders, taking into account all available relevant facts and circumstances available to the Audit Committee or its chair. Pursuant to the Related Person Transaction Policy, these facts and circumstances will typically include, but not be limited to: the benefits of the transaction to us; the impact on a director's independence in the event the related person is a director, an immediate family member of a director or an entity in which a director is a partner, stockholder or executive officer; the availability of other sources for comparable products or services; the terms of the transaction; and the terms of comparable transactions that would be available to unrelated third parties or to employees generally. Pursuant to the Related Person Transaction Policy, no member of the Audit Committee shall participate in any review, consideration or approval of any related person transaction with respect to which the member or any of his or her immediate family members is the related person.

Delinquent Section 16(a) Reports

The following table lists all Section 16(a) reports that were filed late due to inadvertent clerical error in 2025.

Reporting Person	# of Delinquent Reports	# of Related Transactions
Kirk S. Cheney	1	1
John J. Gochnour	1	1
Brent J. Guerisoli	2	2
Lynette B. Walbom	1	1

ADDITIONAL INFORMATION

Future Stockholder Proposals

Stockholders may present proposals for action at a future meeting only if they comply with the requirements of the proxy rules established by the SEC and our Bylaws. Stockholder proposals that are intended to be presented at our 2026 Annual Meeting and included in the proxy statement, form of proxy and other proxy solicitation materials related to that meeting must comply with the requirements of Rule 14a-8 under the Exchange Act and be received by us no later than December 1, 2026, which is 120 calendar days prior to the anniversary date of the mailing of this Proxy Statement. Stockholders are also advised to review our Bylaws, which contain additional advance notice requirements, including requirements with respect to advance notice of stockholder proposals and director nominations. Under our Bylaws, the deadline for submitting a stockholder proposal or a nomination for director is not later than the close of business on the 60th day, nor earlier than the 90th day, prior to the anniversary date of the immediately preceding annual meeting; provided, however, that in the event that no annual meeting was held in the previous year or the annual meeting is called for a date that is not within 30 days before or after such anniversary date, notice by the stockholder to be timely must be so received no earlier than the close of business on the 90th day prior to such annual meeting and not later than the close of business on the 60th day prior to such annual meeting, or not later than the close of business on the 10th day following the date on which we publicly disclose the date of the meeting, whichever occurs first. In other words, for a stockholder proposal or a nomination for director to be considered at the 2027 annual meeting of stockholders, it should be properly submitted no earlier than February 13, 2027, and no later than March 15, 2027. Unless otherwise required by law, if a stockholder (or a qualified representative of the stockholder) does not appear at the annual or special meeting of stockholders of the corporation and present his or her proposed business or nomination, such proposed business will not be transacted and the nomination will be disregarded. In addition to satisfying the requirements under our Bylaws with respect to advance notice of any director nomination, any stockholder who intends to solicit proxies in support of director nominees other than the Company's nominees in accordance with Rule 14a-19 for the 2027 annual meeting of stockholders must provide the required notice of intent to solicit proxies to the Corporate Secretary at the address above no later than March 15, 2027 and otherwise comply with all requirements of Rule 14a-19.

Stockholder proposals must be in writing and should be addressed to our Secretary, at our principal executive offices at 1675 E. Riverside Drive, Suite 150, Eagle, Idaho 83616. It is recommended that stockholders submitting proposals direct them to our Secretary and utilize certified mail, return receipt requested in order to provide proof of timely receipt. The Chairman of the Annual Meeting reserves the right to reject, rule out of order, or take other appropriate action with respect to any proposal that does not comply with these and other applicable requirements, including conditions set forth in our Bylaws and conditions established by the SEC.

Other Matters

We do not know of any business, other than as described in this Proxy Statement that should be considered at the Annual Meeting. If any other matters should properly come before the Annual Meeting, it is the intention of the persons named in the accompanying form of proxy to vote the proxies held by them in accordance with their best judgment.

To assure the presence of the necessary quorum and to vote on the matters to come before the Annual Meeting, please indicate your choices on the enclosed proxy and date, sign, and return it promptly in the envelope provided. The signing of a proxy by no means prevents you from attending and voting at the Annual Meeting.

Available Information

We are subject to the informational requirements of the Exchange Act, and, in accordance therewith, file reports and other information with the SEC. The SEC maintains an Internet site that contains our reports, proxies and information statements that we have filed electronically with the SEC at http://www.sec.gov. The information contained on our website, other than this proxy statement, is not considered proxy solicitation material and is not incorporated by reference herein.

A COPY OF OUR ANNUAL REPORT ON FORM 10-K FOR THE YEAR ENDED DECEMBER 31, 2025 (INCLUDING FINANCIAL STATEMENTS AND SCHEDULES THERETO), WHICH WE FILED WITH THE SEC ON FEBRUARY 26, 2026, WILL BE PROVIDED WITHOUT CHARGE TO ANY PERSON TO WHOM THIS PROXY STATEMENT IS MAILED UPON THE WRITTEN REQUEST OF ANY SUCH PERSON TO MR. KIRK S. CHENEY, SECRETARY, THE PENNANT GROUP, INC., 1675 E. RIVERSIDE DRIVE, SUITE 150, EAGLE, IDAHO 83616.

Stockholders Sharing the Same Address

We have adopted a procedure called "householding," which has been approved by the SEC. Under this procedure, we will deliver only one copy of our Notice of Internet Availability of Proxy Materials, and for those stockholders that received a paper copy of proxy materials in the mail, one copy of our 2025 Form 10-K to stockholders and this proxy statement, to multiple

stockholders who share the same address (if they appear to be members of the same family) unless we have received contrary instructions from an affected stockholder. Stockholders who participate in householding will continue to receive separate proxy cards if they received a paper copy of proxy materials in the mail. This procedure reduces our printing costs, mailing costs and fees, and also supports our environmental goals. If you are a stockholder, share an address and last name with one or more other stockholders and would like to revoke your householding consent or you are a stockholder eligible for householding and would like to participate in householding, please contact Broadridge, either by calling toll free at (866) 540-7095 or by writing to Broadridge, Householding Department, 51 Mercedes Way, Edgewood, New York 11717. You will be removed from the householding program within 30 days of receipt of the revocation of your consent. A number of brokerage firms have instituted householding. If you hold your shares in “street name,” please contact your bank, broker or other holder of record to request information about householding.

PROXY

THE PENNANT GROUP, INC.

1675 E. Riverside Drive, Suite 150, Eagle, Idaho 83616

ANNUAL MEETING OF STOCKHOLDERS

(This Proxy is Solicited on Behalf of the Board of Directors)

The undersigned hereby appoint(s) John J. Gochnour and Kirk S. Cheney, or either of them, as proxies, each with the power to appoint her/his substitute, and hereby authorize(s) them to represent and to vote, as designated below, all the shares of common stock of The Pennant Group, Inc. ("Pennant"), held of record by the undersigned on March 17, 2026 at the Annual Meeting of Stockholders (the "Annual Meeting") to be held at 8:30 a.m., Mountain Time on Thursday, May 14, 2026, at Fairfield Inn Cottonwood 6433 S. Highland Drive, Holladay, Utah 84121 and at any adjournments or postponements thereof. Directions to the facility in order to attend the Annual Meeting may be obtained by calling (208) 506-6100. The undersigned also acknowledges receipt of the Notice of the Annual Meeting of Stockholders, the proxy statement and the annual report on Form 10-K for the year ended December 31, 2025 which were furnished with this proxy.

IMPORTANT NOTICE REGARDING THE AVAILABILITY OF PROXY MATERIALS FOR THE STOCKHOLDER MEETING TO BE HELD ON MAY 14, 2026:

THE PROXY STATEMENT AND ANNUAL REPORT TO SECURITY HOLDERS ARE AVAILABLE AT HTTP://WWW.PROXYVOTE.COM

VOTING OPTIONS — You may vote your shares in any of the following ways:

- By Internet: Go to www.proxyvote.com and follow the on-screen instructions. Have your proxy card available when you access the website.
- By Telephone: Call 1-800-690-6903 using a touch-tone phone and follow the recorded instructions. Have your proxy card available when you call.
- By Mail: Mark, sign, date, and return this proxy card in the postage-paid envelope provided.
- In Person: Attend the Annual Meeting on May 14, 2026 at Fairfield Inn Cottonwood, 6433 S. Highland Drive, Holladay, Utah 84121 and vote in person.

Internet and telephone voting is available through 11:59 p.m. Eastern Time on May 13, 2026. This proxy, when properly executed, will be voted in the manner directed herein by the undersigned stockholder. **If no direction is made, this proxy will be voted FOR the Class I director nominees listed in Proposal 1, and FOR Proposal 2 and Proposal 3.**

PROPOSAL	YOUR VOTE			BOARD OF DIRECTORS RECOMMENDS
1 Election of Directors	FOR	AGAINST	ABSTAIN	↓
Christopher R. Christensen	☐	☐	☐	**FOR**
Brent J. Guerisoli	☐	☐	☐	**FOR**
John G. Nackel, Ph.D.	☐	☐	☐	**FOR**
	FOR	**AGAINST**	**ABSTAIN**	
2 Ratification of the appointment of Deloitte & Touche LLP as the independent registered public accounting firm of the Company for fiscal year 2026.	☐	☐	☐	**FOR**
3 Advisory approval of the Company's named executive officer compensation	☐	☐	☐	**FOR**

NOTE: In their discretion, the Proxies are authorized to vote upon all other matters as may properly come before the Annual Meeting and any adjournments or postponements thereof, provided that discretionary voting on such other matters is permitted by applicable rules and regulations.

MARK HERE FOR ADDRESS CHANGE AND INDICATE NEW ADDRESS ☐

MARK HERE IF YOU PLAN TO ATTEND THE MEETING ☐

Signature	Date	Signature	Date

NOTE: This proxy must be signed exactly as your name appears hereon. Executors, administrators, trustees, etc., should give full title as such. If the stockholder is a corporation, a duly authorized officer should sign on behalf of the corporation and should indicate his or her title.

PLEASE MARK, SIGN, DATE AND RETURN THE PROXY CARD PROMPTLY
BY USING THE ENCLOSED ENVELOPE.

Corporate Ownership Structure

Direct 100% ownership at each level



BYLAWS
OF
TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.,
a Tennessee corporation

ARTICLE I
MEETINGS OF STOCKHOLDERS

Regular and Special meetings of the Stockholders may be held at any location within or outside of the State of Tennessee, when called by the President, the Board of Directors, or by an instrument in writing signed by the holders of fifty-one percent (51%) of the issued and outstanding stock of the corporation. Written notice of such meeting shall be mailed by first class mail at least ten (10) days prior to such meeting, addressed to each of the Stockholders of record at the time of mailing at his last known address as it appears on the books of the corporation; and if no address appears on the books, Eagle, Idaho, shall be a sufficient address.

Whenever all of the Stockholders shall meet in person or by proxy, such meeting shall be valid for all purposes without call or notice.

At all Stockholders' meetings, the holders of fifty-one percent (51%) of the issued and outstanding stock of the corporation shall constitute a quorum. Each Stockholder shall have one (1) vote for each share of stock standing registered in its name on the books of the corporation, ten (10) days preceding any meeting.

An act of Stockholders who own at least a majority of the voting power and are present at a meeting at which a quorum is present is the act of the Stockholders.

Any action required or permitted to be taken at a meeting of the Stockholders may be taken without a meeting, if a written consent thereto, is signed by Stockholders holding at least a majority of the voting power, except that if a different proportion of voting power is required for such an action at a meeting, then that proportion of written consent is required.

In no instance where action is authorized by written consent will it be necessary for a meeting of Stockholders be called or notice given. The written consent must be filed with the minutes of the proceedings of the Stockholders.

Stockholders may participate in a meeting of Stockholders by means of a telephone conference or similar method of communication by which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this paragraph constitutes presence in person at the meeting.

Any meeting of the Stockholders may be held concurrently with the Stockholders meeting of any affiliate corporation.

ARTICLE II
DIRECTORS AND THEIR DUTIES

The Board of Directors of the corporation shall not be less than one (1), nor more than five (5) persons, each of whom shall be at least 18 years of age; however, they need not be shareholders. The initial Board of Directors of the corporation shall consist of one (1) person; however, the number of Directors may be changed to more than one (but not more than five 5), at any time by written consent, Stockholders holding at least a majority of the voting power of the Stockholders.

The Directors shall be chosen by the Stockholders and shall hold office until their successors are elected and duly qualify or until such time as the Director resigns or dies. Directors shall be subject to removal at any time by the Stockholders; and, unless elected by the Stockholders, the remaining Directors, by the affirmative vote of the majority thereof, shall elect a successor to hold office for the unexpired term of any Director whose place shall have become vacant.

Whenever all of the Directors shall meet, such meeting shall be valid for all purposes without call or notice.

A simple majority of the Board of Directors at a meeting duly assembled, is necessary to constitute a quorum for the transaction of business, and the act of a majority of the Directors present at a meeting at which a quorum is present is the act of the Board of Directors.

The Board of Directors is vested with the complete and unrestrained authority in the management of all of the affairs of the corporation and is authorized to exercise for such purposes, as the general agent of the corporation, its entire corporate authority.

Any action required or permitted to be taken at a meeting of the Board of Directors may be taken without a meeting if, before or after the action, a written consent thereto is signed by all of the members of the Board of Directors. The written consent must be filed with the Minutes of the proceedings of the Board of Directors.

Any meeting of the Board of Directors may be held concurrently with the meeting of the Board of Directors of any affiliate corporation.

ARTICLE III
OFFICERS AND THEIR DUTIES

The Board of Directors of the corporation shall elect a President, one or more Vice Presidents, a Secretary and Treasurer and Assistant Secretaries and Assistant Treasurers as desired, to hold office until their successors are duly elected and qualify. The Board of Directors may also, as desired, elect a Controller and a Chairman of the Board of Directors to hold office until their successors are duly elected and qualify. Any vacancy in any of the aforesaid offices may be filled by the Board of Directors, and all officers shall be subject to removal at any time by the Board of Directors without prior notice.

The President shall be the executive officer of the corporation and shall have the supervision and direction of the corporation's affairs under the Board of Directors with full power to execute all

resolutions and orders of the Board of Directors not especially entrusted to some other officer. He shall preside at all Directors' and Stockholders' meetings, (except that if there is a Chairman of the Board of Directors, he shall preside at all Directors meetings, if present), and shall sign the certificates of stock issued by the corporation and shall perform such other duties as are prescribed by the Board of Directors.

The Vice Presidents shall be vested with all the powers and perform all of the duties of the President in his absence or inability to act, and shall perform such other duties as shall be prescribed by the Board of Directors.

The Secretary and any Assistant Secretaries shall keep the Minutes of all meetings of the Board of Directors and Stockholders, and perform such other duties as shall be prescribed by the Board of Directors.

The Treasurer and any Assistant Treasurers shall have the custody of all of the funds and securities of the corporation and shall perform such other duties as shall be prescribed by the Board of Directors.

The Controller (if any) shall assist the Treasurer (and any Assistant Treasurers) in the performance of his (their) duties as shall be prescribed by the Board of Directors.

The Chairman of the Board of Directors (if any) shall preside at all meetings of the Board of Directors, if present, and shall perform such other duties as are prescribed by the Board of Directors.

ARTICLE IV
CAPITAL STOCK

Ownership of stock in the corporation shall be evidenced by certificates of stock in such forms as prescribed by the Board of Directors and shall be under the seal of the corporation and signed by the President.

No transfer of stock shall be valid as against the corporation except on surrender and cancellation of the certificate therefor, accompanied by an assignment or transfer by the owner thereof, made either in person or under assignment. A new certificate shall be issued therefor.

The stock transfer books shall be closed for all meetings of the Stockholders for the period of ten (10) days prior to such meetings and shall be closed for the payment of dividends during such periods as from time to time may be fixed by the Board of Directors, and during such periods no stock shall be transferable.

Any person or persons applying for a certificate of stock in lieu of one alleged to have been lost or destroyed shall make an affidavit or affirmation of the fact, and shall deposit said affidavit with the corporation. Whereupon, at the end of six (6) months after the deposit of said affidavit and upon such person or persons giving bond of indemnity to the corporation with surety to be approved by the Board of Directors in double the current value of the stock against any damage, loss or inconvenience to the corporation which may or can arise in consequence of a new or duplicate certificate being issued in lieu of the one lost or missing, the Board of Directors may cause to be issued to such person or persons

a new certificate, or a duplicate of the certificated so lost or destroyed. The Board of Directors may, in its discretion, refuse to issue such new or duplicate certificate save upon the order of some court having jurisdiction in such matters, anything herein to the contrary notwithstanding.

ARTICLE V
INDEMNIFICATION

Pursuant to the rights granted under NRS 78.7502, corporation shall indemnify any director or officer, and may indemnify any other employee or agent, who was or is a party to, or is threatened to be made a party to, or who is called as a witness in connection with, any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, including an action by or in the right of the corporation, by reason of the fact that he is or was a director, officer, employee, or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, or agent of another domestic or foreign corporation for profit or not-for-profit, partnership, joint-venture, trust, or other enterprise, against expenses, including attorneys' fees, judgments, fines, and amounts paid in settlement, actually and reasonably incurred by him in com1ection with such action, suit or proceeding unless the act or failure to act giving rise to the claim for indemnification is determined by a court to have constituted willful misconduct or recklessness.

The corporation shall pay expenses incurred by an officer or director, and may elect to pay expenses incurred by any other employee or agent, in defending an action, or proceeding referred to in this Article V in advance of the final disposition of such action or proceeding upon receipt of an undertaking by or on behalf of such person to repay such amount if it shall ultimately be determined that he is not entitled to be indemnified by the corporation.

The expenses of officers and Directors incurred in defending a civil or criminal action, suit or proceeding must be paid by the corporation as they are incurred and in advance of the final disposition of the action, suit or proceeding, upon receipt of an undertaking by or on behalf of the Director or Officer to repay the amount if it is ultimately determined by a court of competent jurisdiction that he is not entitled to be indemnified by the corporation.

ARTICLE VI
OFFICES AND BOOKS

The principal office of the corporation shall be 1675 E. Riverside Dr., Suite 150, Eagle, ID 83616 and the corporation may have a principal office in any other state or territory as the Board of Directors may designate.

A copy of the By-Laws, duplicate stock ledger and Articles of Incorporation of the corporation shall be kept at its principal office, and shall be subject to the inspection of any of the Stockholders.

ARTICLE VII
MISCELLANEOUS

Unless otherwise ordered by the Board of Directors, all agreements and contracts shall be signed by the President or Vice President in the name and on behalf of the corporation or as otherwise delegated by the President or Vice President.

All monies of the corporation shall be deposited when and as received by the Treasurer or Controller in such bank or banks or other depository as may from time to time be designated by the Board of Directors, and such deposits shall be made in the name of the corporation.

The corporation may take, acquire, hold, mortgage, sell, or otherwise deal in stocks or bonds or securities of any other corporation if, and as often as, the Board of Directors shall so elect.

The Directors shall have power to authorize and cause to be executed mortgages and liens without limit as to amount upon the property and franchise of this corporation, and pursuant to the affirmative vote, either in person or by proxy, of the holders of a majority of the capital stock issued and outstanding, the Directors shall have authority to dispose in any manner of the whole or any part thereof property of this corporation.

ARTICLE VIII
AMENDMENT OF BY-LAWS

Amendments and changes to these By-Laws may be made at any meeting of the Board of Directors by a vote of not less than all of the entire Board, or may be made by a vote of, or a consent in writing signed by, the holders of fifty-one percent (51%) of the issued and outstanding capital stock.

CERTIFICATION

The undersigned; do hereby certify that I am the duly elected and acting Secretary of Tennessee Nursing Services of Morristown, Inc., a Tennessee corporation, and the foregoing By-Laws constitute the then current adoption of the By-Laws of Corporation, as duly adopted at a properly noticed meeting of the Board of Directors thereof held on October 1, 2025.



Amber Tueller
Secretary

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
tncab.tnsos.gov/portal/

Tre Hargett
Secretary of State

SARA KENNEDY
1675 E. RIVERSIDE DR., SUITE 150
EAG;E, ID 83616, USA

Request Type:	**Certified Copies**	Issuance Date:	02/18/2026
Order #:	C2026016911	Copies Requested:	1

Document Receipt

Receipt #: 2026-177998		Filing Fee:	$20.00
Payment: Credit Card - 3915838964			$20.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **TENNESSEE NURSING SERVICES OF MORRISTOWN, INC.**, Control # 000060015 was formed or qualified to do business in the State of Tennessee on 12/04/1978. TENNESSEE NURSING SERVICES OF MORRISTOWN, INC. has a home jurisdiction of TENNESSEE and is currently in Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett
Secretary of State

Tracking #	Date Filed	Filing Description

Attachment 7A.R

Specialty	Legal Name
Corp.	Timbre Workflow LLC
Home Health	Amedisys SP-TN, LLC
Home Health	Cleveland Home Care Services, LLC
Home Health	HHC LLC
Home Health	HHC LLC
HHA Branch	HHC LLC
HHA Branch	HHC LLC
HHA Branch	HHC LLC
HHA Branch	HHC LLC
Home Health	HHC LLC
HHA Branch	HHC LLC
HHA Branch	HHC LLC
Home Health	Knoxville Home Care Services, LLC
Home Health	Tennessee Nursing Services of Morristown, Inc.
HHA Branch	Tennessee Nursing Services of Morristown, Inc.
Hospice	AseraCare Hospice-Tennessee, LLC
HOS Branch	AseraCare Hospice-Tennessee, LLC
HOS Branch	AseraCare Hospice-Tennessee, LLC
Home Health	Amedisys Tennessee LLC
HHA Branch	Amedisys Tennessee LLC
Home Health	Amedisys Tennessee LLC
HHA Branch	Amedisys Tennessee LLC
Home Health	Cedar Creek Home Health Care Agency, LLC
HHA Branch	Cedar Creek Home Health Care Agency, LLC
Home Health	LHCG CXXXV, LLC
Home Health	Suncrest Healthcare of East Tennessee, LLC
HHA Branch	Suncrest Healthcare of East Tennessee, LLC
HHA Branch	Suncrest Healthcare of East Tennessee, LLC
HHA Branch	Suncrest Healthcare of East Tennessee, LLC
Home Health	Suncrest Home Health of Manchester, Inc.
Home Health	Tender Loving Care Health Care Services Southeast, LLC
Hospice	Tennessee Nursing Services of Morristown, Inc.
HOS Branch	Tennessee Nursing Services of Morristown, Inc.
Home Health	LHC Homecare of Tennessee, LLC
HHA Branch	LHC Homecare of Tennessee, LLC
HHA Branch	LHC Homecare of Tennessee, LLC
Home Health	LHCG LXII, LLC
Home Health	University of TN Medical Center Home Care Services LLC
HHA Branch	University of TN Medical Center Home Care Services LLC
HHA Branch	University of TN Medical Center Home Care Services LLC

Hospice	University of TN Medical Center Home Care Services LLC
Home Health	Morristown-Hamblen Home Care and Hospice, LLC
HHA Branch	Morristown-Hamblen Home Care and Hospice, LLC
Hospice	Morristown-Hamblen Home Care and Hospice, LLC
Part B	LHCG CXXXII, LLC

DBA

Synergy Shared Services
Beacon Home Health
Beacon Home Health
Beacon Home Health
Beacon Home Health
Beacon Home Health
Beacon Home Health
Beacon Home Health
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Beacon Hospice
Beacon Hospice
Home Care Solutions
Home Care Solutions
Home Care Solutions
Tennessee Home Health
University of TN Medical Center Home Care-Home Health
University of TN Medical Center Home Care-Home Health
University of TN Medical Center Home Care-Home Health

University of TN Medical Center Home Care-Hospice
University of TN Medical Center Home Health Services
University of TN Medical Center Home Health Services
University of TN Medical Center Hospice Services
University of TN Medical Center Palliative Knoxville

Address	City	State	Zip	State Lic. #
565 Marriott Drive, Suite 200	Nashville	TN	37214	-
900 Conference Dr., Ste. 1A	Goodlettsville	TN	37072	68
2440 Oakland Drive NW	Cleveland	TN	37311	13
1655 Wynne Road, Ste. 101	Cordova	TN	38016	215
8 Stonebridge Blvd., Ste. L	Jackson	TN	38305	177
331 Jim Adams Dr., Ste. A	Paris	TN	38242	same as parent
1509 E. Reelfoot Ave.	Union City	TN	38261	same as parent
2490 Parr Avenue Suite 1	Dyersburg	TN	38024	same as parent
880 Pickwick St., Unit 1	Savannah	TN	38372	same as parent
537 Stonecrest Parkway, Suite 109	Smyrna	TN	37167	5
1127 East College Street, Suite B	Pulaski	TN	38478	same as parent
220 Town Center Parkway, Suite 201	Spring Hill	TN	37174	same as parent
1225 E. Weisgarber Road, Suite 370S	Knoxville	TN	37909	151
116 Jack White Drive, Suite 10	Kingsport	TN	37664	93
661 E. Broadway Blvd, Suite B2	Jefferson City	TN	37760	same as parent
1939 Cedar Street, Suite A	Mckenzie	TN	38201	328
37 Sandstone Circle, Suite 96	Jackson	TN	38305	same as parent
311 Landrum Place, Suite 100B	Clarksville	TN	37043	same as parent
1255 Lynnfiled St., Ste. 110	Memphis	TN	38119	238
1921 Highway 51 S, Ste. C	Covington	TN	38019	same as parent
783 Old Hickory Blvd., Ste. 300	Brentwood	TN	37027	38
311 Landrum Place, Suite 100A	Clarksville	TN	37043	same as parent
1010 Pleasant Grove Place, Suite 200	Mt. Juliet	TN	37122	282
2527 Highway 111 North, Suite A	Cookeville	TN	38506	same as parent
2030 Hamilton Pl Blvd., Ste. 120	Chattanooga	TN	37421	98
117 East Bryant Street, Suite C	Smithville	TN	37166	60
1101 Neal Street, Suite 101	Cookeville	TN	38501	same as parent
115 Winwood Drive, Suite 210	Lebanon	TN	37087	same as parent
417 North Chancery Street	Mcminnville	TN	37110	same as parent
121 North Irwin St.	Manchester	TN	37355	29
8245 Tournament Drive, Ste. 255	Memphis	TN	38125	239
903 Main Street	New Tazewell	TN	37825	362
116 Jack White Drive, Ste. 6	Kingsport	TN	37664	same as parent
762 Highway 46 S	Dickson	TN	37055	56
125 Town Creek Rd E, Ste 4	Lenoir City	TN	37771	same as parent
220 Town Center Parkway, Suite 105	Spring Hill	TN	37174	same as parent
4395 North Ocoee Street	Cleveland	TN	37312	109
900 E. Hill Ave, Suite 310	Knoxville	TN	37915	156
1101 Fox Meadows Blvd., Suite 104	Sevierville	TN	37862	same as parent
629 Smithview Dr.	Maryville	TN	37803	same as parent

4435 Valley View Drive, Suite 104	Knoxville	TN	37917	389
3301 West Andrew Johnson Highway Ste. 100	Morristown	TN	37814	153
661 E. Broadway Blvd, Suite A	Jefferson City	TN	37760	same as parent
3301 West Andrew Johnson Highway, Ste 102	Morristown	TN	37814	475
4435 Valley View Drive, Ste. 102	Knoxville	TN	37917	N/A

Transition Date
N/A
10/01/25
10/01/25
10/01/25

10/01/25
10/01/25
10/01/25
10/01/25
10/01/25

Attachment 8A

Not Applicable

LEASE AGREEMENT

Article 1: Agreement to Lease

This Lease Agreement (this "Lease") is entered into between the parties on the 14th day of July, 2021 (the "Execution Date") by and between Brooks Family Limited Partnership #1 hereinafter referred to as "Landlord," and Tennessee Nursing Services of Morristown, Inc hereinafter referred to as "Tenant."

Article 2: Premises

2.1 Premises: The Landlord agrees to lease and the Tenant agrees to lease, hire and rent from Landlord the premises which are the subject of this Lease, consisting of a portion of the building located at Goose Creek Center, **116 Jack White Drive, Kingsport Tennessee, 37664** ("Building") containing approximately six thousand one hundred seventy three (6,173) rentable square feet total more particularly described as **suite 6 and 10** as outlined in the space plan attached hereto as **Exhibit A** (the "Premises"), and the use of the equipment, if any, located in the Premises.

2.2 Address: Landlord agrees, to the best of its knowledge, that the address of the Building and associated suite identification of the Premises listed herein above is true and correct.

Article 3: Term and Rental

3.1 Term: This Lease shall be for a term of sixty (60) months from the Commencement Date ("Term"). In the event the Commencement Date, as defined herein, does not occur on the first of the month, the Term shall expire on the date which is the last day of the sixtieth (60) month following the Commencement Date (the "Expiration Date"), unless sooner terminated in accordance with the terms and conditions contained in this Lease; or extended pursuant to the provisions of this Lease.

The commencement date of the Term shall be upon the last to occur of:
a) Landlord's delivery of a certificate of occupancy, or similar document, for the Premises to Tenant (if required for Tenant to lawfully occupy the Premises);
b) substantial completion of construction denoted in **Exhibit B** attached hereto herein; or
c) earlier of:
    i) Tenant's commencement of its business operations from within the Premises, or
    ii) 60 days following the Execution Date (the "Commencement Date").

Tenant shall have access fifteen (15) days prior to the Commencement Date for telephone and communication systems "hook up", "debugging" and furniture installation ("Prior Occupancy"), at no charge to Tenant. Tenant's Prior Occupancy will only be permitted by the Landlord to the extent Tenant's Prior Occupancy does not interfere with Landlord's completion of Landlord's Work/Tenant requested improvements.

Promptly following the Commencement Date, Landlord and Tenant shall execute a Lease Commencement Date Letter substantially in the form of **Exhibit C** attached hereto.

3.2 Option to Renew: Provided that the Tenant is not in default, beyond the applicable cure period, in the performance of this Lease, Tenant shall have the option to renew the Lease for two (2) additional terms not to exceed three (3) years each (each, a "Renewal Term"), with the Renewal Term commencing at the expiration of the Term or the expiration of the applicable Renewal Term. All terms and conditions of the Lease shall apply during the Renewal Term, except (i) Landlord shall have the option to increase Rent by not more than two percent (2%) percent per year during the Renewal Term, (ii) the provisions in 3.1 regarding the commence date shall not apply and instead the commencement date shall be the first day after the end of the expiring Term or Renewal Term. This option shall be exercised by written notice given to the Landlord six (6) months' prior to the expiration of the Term or Renewal Term, as applicable. The Term

and any Renewal Term shall be hereinafter referred to collectively as the "Term".

3.3 Payment of Rentals: This Lease is made for and in consideration of an annual rent, payable in monthly installments in advance and without demand, on or before the 1st day of each month to Landlord.

3.4 Base Rent: The first payment of Rent shall be due upon the Commencement Date and subsequent payments of Rent shall be due on or before the 1st day of each succeeding calendar month throughout the Term. The Rent for the Term shall be as stated below, which Landlord and Tenant believe to be the fair market value for Tenant's rental of the Premises, based upon Tenant's occupancy thereof. Landlord and Tenant specifically agree that the Rent is not based on the volume or value of any referrals from the Landlord to Tenant or from Tenant to Landlord. Rent during the Term shall be prorated by day, when necessary, based on the number of days the Premises is occupied within any fractional month. All services as specified herein will be provided by the Landlord at no additional charge.

"Rent" shall be defined as:

PERIOD OF TIME	ANNUAL RENT	MONTHLY RENT
Months 01 - 12	$107,039.82	$8,919.99
Months 13 - 24	$107,039.82	$8,919.99
Months 25 - 36	$110,188.05	$9,182.34
Months 37 - 48	$110,188.05	$9,182.34
Months 49 - 60	$110,188.05	$9,182.34

Other remedies for non payment of Rent notwithstanding, if any monthly installment of Rent is not received by Landlord on or before the fifth (5th) day after the Due Date, then (a) a late charge of three percent (3%) of such past due amount shall be immediately due and payable as Additional Rent and (b) interest shall accrue on all delinquent amounts from the date past due until paid at the lower of a rate of one (1%) percent per month or fraction thereof from the date such payment is due until paid (Annual Percentage Rate = 12%), or the highest rate permitted by applicable law (the "Default Rate").

3.5 Termination: Tenant shall have the onetime right to terminate this Lease, with such termination to be effective the expiration of the thirty sixth (36th) month of the Term; however, subject to a) at least ninety (90) days' prior written notice to Landlord, and b) Tenant's payment to Landlord of a termination penalty equal to forty thousand dollars ($40,000). In addition, in the event that federal or state statutes or regulations are changed so as to: (i) effect a materially adverse change in Tenant's reimbursement for services provided to governmental health care program beneficiaries, as determined in Tenant's sole discretion; or (ii) prohibit or otherwise materially restrict Tenant's use of the Premises for the operation of its business, with such termination to be effective anytime during the Term or renewal term; however, subject to a) at least ninety (90) days' prior written notice to Landlord, and b) Tenant's payment of a termination penalty to Landlord equal to sixty thousand dollars ($60,000).

3.6 Holdover Clause: If Tenant should remain in possession of the Premises after the expiration of the Term of this Lease, or any Renewal Terms thereof if applicable, without execution of an amendment to this Lease or a new lease, then Tenant shall be deemed to be occupying the Premises as a month to month tenant-at sufferance. During such time period, Landlord and Tenant will remain bound by and subject to all other applicable covenants and obligations of this Lease provided Landlord may, with notice to Tenant, increase the Rent to an amount not to exceed one hundred fifty percent (150%) of the Rent then being paid. Either party can then terminate this Lease with or without cause by giving to the other no less than thirty (30) days written notice.

Article 4: Use and Occupancy

4.1 Use: The Premises shall be used by Tenant for the purpose of operating an administrative office for the purposes of carrying out its health care business of providing post-acute health care services and/or other health care related business activities.

4.2 Parking: During the Term, Tenant shall have the non-exclusive use of at least four (4) parking spaces per one thousand (1000) square feet leased by Tenant, in common with Landlord, other tenants of the Building, guests, invitees, of the non-reserved common automobile parking areas, driveways, footways, subject to rules and regulations for the use thereof as prescribed from time to time by Landlord. Said use of non-exclusive parking spaces will be provided by the Landlord at no additional rental charge or expense.

4.3 Conformance to Law: Notwithstanding anything to the contrary contained in this Lease, Landlord and Tenant agree that responsibility for compliance with the Americans With Disabilities Act of 1990 (the "ADA") shall be allocated as follows: (i) Landlord shall be responsible for compliance with the provisions of Title III of the ADA for all common areas, including exterior and interior areas of the Building not included within the Premises or the premises of other tenants; (ii) Landlord shall be responsible for compliance with the provisions of Title III of the ADA for any construction, renovations, alterations, and repairs made within the Premises if such construction, renovations, alterations or repairs are made by Landlord for the purpose of improving the Building generally or are done as Landlord's Work and the plans and specifications for the Landlord's Work were prepared by Landlord's architect or space planner and were not provided by Tenant's architect or space planner; and (iii) Tenant shall be responsible for compliance with the provisions of Title III of the ADA for any construction, renovations, alterations, and repairs made within the Premises if such construction, renovations, alterations, and repairs are made by Tenant, its employees, agents or contractors, at the direction of Tenant or done pursuant to plans and specifications prepared or provided by Tenant or Tenant's architect or space planner.

4.4 Successors and Assigns: The provisions hereof shall extend to and be binding upon the respective successors, legal representatives and assigns of the parties, hereto, and shall be deemed and treated as covenants running with the Premises during the Term, but no change or division in the ownership of the Premises, or of the Rent payable hereunder, however accomplished, shall be binding upon Tenant for any purpose until Tenant has been furnished with a signed copy or instrument evidencing such change or division in ownership.

4.5 Quiet Enjoyment: Landlord hereby warrants that Landlord has the right to lease the Premises to Tenant and that the individual executing this lease is fully authorized to and legally capable of executing this Lease on behalf of the Landlord. Landlord covenants that Tenant shall, while Tenant is not in default of the terms of this Lease, peaceably and quietly hold and enjoy the Premises for the Term, without interference or hindrance from Landlord or persons claiming by or through Landlord.

Article 5: Improvements

5.1 Construction and Improvements: Upon Landlord's prior written consent, which shall not be unreasonably withheld, conditioned or delayed, Tenant shall have the right to construct improvements within the Premises and make any alterations to any existing buildings or improvements and to make any changes, additions, alterations, or improvements to the Premises. Tenant shall be responsible for any increase in insurance or other costs associated with such improvements and alterations.

5.2 Movable Property Installed by Tenant: All furniture, shelving, signs, machinery, fixtures or equipment that may from time to time be placed or installed on the Premises by Tenant at its expense (whether or not attached to the Premises) shall be the property of Tenant and may be removed at any time, provided that Tenant shall be responsible for reasonable repair of the Premises for any damage resulting from its installation or removal.

5.3 Damage to Premises: If the Building is damaged by fire or other casualty, the damage shall be repaired by and at the expense of Landlord, provided such repairs can be made within 180 days after the occurrence of such damage. Until such repairs are completed, the Rent shall be abated in proportion to the part of the Premises which is deemed unusable by Tenant in the conduct of the Tenant's business (but there shall be no abatement of Rent by reason of any portion of the Premises being unusable for a period equal to one (1) day or less). If such repairs cannot be made within 180 days after the occurrence of damage or if Landlord does not elect to make such repairs, then either party may, by written notice to the other, cancel this Lease as of the date of the occurrence of such damage and Tenant shall have no liability for rent from the date of the occurrence of such damage. A total destruction of the Building in which the Premises are located shall automatically terminate the Lease.

Article 6: Maintenance, Repair and Alterations

6.1 By Tenant: Tenant agrees to perform maintenance and make necessary repairs to the interior of the Premises not exceed Five Hundred Dollars ($500.00) per calendar year and Landlord shall bear any additional costs of any such repairs, provided that such repairs are not necessary due to Tenant's intentional acts, negligence, willful misconduct or breach of the terms of this Lease. Tenant is 100% responsible for bulb and ballast maintenance, repairs, and replacements and for janitorial services within the Premises. The Premises and all parts thereof shall at all times be kept in good condition and repair by Tenant and shall also be kept in clean, sanitary and safe condition, in accordance with the requirements of all governmental agencies having jurisdiction.

6.2 By Landlord: Landlord shall maintain the Premises in good order and repair, consistent with a Class B office building. Notwithstanding anything to the contrary contained herein, Landlord shall, at its cost, maintain, repair or replace structural elements and equipment, including exterior and interior walls, roof and roofing, foundation, glass, doors, heating, ventilating, air conditioning systems, electrical and lighting systems, plumbing, parking lots, driveways, landscaping and like structural elements and equipment of the Premises and Building; provided that such maintenance, repair or replacement is not necessary due to Tenant's intentional acts, negligence, willful misconduct or breach of the terms of this Lease.

6.3 Return of Premises: Upon termination of this Lease, Tenant shall remove Tenant's Property from the Premises, and quit and surrender the Premises to Landlord, broom clean, and in good order, condition and repair, ordinary wear and tear excepted.

Article 7: Indemnification, Insurance, Damage and Condemnation

7.1 Indemnification: Tenant and Landlord shall indemnify and save each other harmless from and against any and all liabilities, claim and costs (including reasonable attorneys fees, penalties and fines) for death, injury or damage to persons, or property during the Term, arising from (a) any default by each in the performance of its obligations under this Lease, (b) the manner of each party's use and occupancy of the Premises, or (c) any acts, omissions, or negligence of each party or its agents, employees, contractors, or invitees. If any action or proceeding is brought against the other based upon any such claim, the party at fault shall cause the action to be defended, at its expense, by counsel reasonably satisfactory to the other party. This hold harmless and indemnity shall survive the termination of this Lease.

7.2 Liability Insurance: Tenant shall maintain at its cost throughout the Term (or cause to be maintained by others) comprehensive general public liability insurance on the Premises written on a per occurrence basis. The policy limits shall be at least $1,000,000 per occurrence for bodily injury and property damage. Tenant shall maintain fire and extended coverage on all of Tenant's equipment, trade fixtures, furniture and personal property within the Premises at full insurable value. Landlord shall maintain at its cost throughout the Term (or cause to be maintained by others) comprehensive general public liability

insurance on the Building written on a per occurrence basis. The policy limits shall be at least $1,000,000 per occurrence for bodily injury and property damage. Landlord shall keep the Building insured against loss or damage by fire with extended coverage endorsement for the full insurable value. The term "full insurable value" shall mean actual replacement cost (exclusive of the cost of excavation, foundations, and footings below the basement, if any) without deduction for physical depreciation.

7.3 Certificate of Insurance: Upon request by a party, the other party agrees to furnish certificates of insurance evidencing compliance with insurance requirements of Section 7.2.

Article 8: Default

8.1 Tenant's Default: Each of the following is a *"Tenant Default";*

(a) Tenant fails to pay all or any part of the Rent within fifteen (15) days following written notice to Tenant by Landlord; however, Landlord shall have not obligation or duty to give notice of a monetary default to Tenant in excess of one (1) time per calendar year and the second (2nd) default in any calendar year shall be deemed an automatic default without any cure or notice to Tenant.

(b) Tenant fails to fulfill or perform, in whole or in part, any of its obligations under this Lease (other than the payment of Rent) within 30 days following written notice to Tenant from Landlord (plus such additional time as may be required to cure a default which, despite diligent continuous effort, cannot by its nature be cured within the 30-day period).

8.2 Landlord's Remedies: If a Tenant Default occurs, Landlord may exercise one or more of the following remedies at any time prior to the curing of Tenant's Default without waiving any of Landlord's other rights under this Lease or available to Landlord at law or in equity (Landlord's rights being cumulative):

(a) Terminate this Lease;

(b) Terminate Tenant's right to possession without terminating this Lease;

(c) Without court proceedings, re-enter and repossess the Premises and remove all persons and property from the Premises;

If Landlord elects to terminate this Lease, it may treat the Tenant Default as an entire breach of this Lease; and Tenant will be liable to Landlord for damages equal to (i) the reasonable cost of recovering and reletting the Premises, including, without limitation, the reasonable cost of remodeling the Premises with Building standard improvements and leasing commissions attributable to the unexpired portion of the Term; (ii) all unpaid Rent and other amounts earned or due as of the termination date; and (iii) the discounted present value of the amount by which the Base Rent for the remainder of the Term exceeds the then net fair market rental value of the Premises for the same period of time. If Landlord elects to terminate Tenant's right to possession of the Premises without terminating this Lease, Landlord may rent all or any portion of the Premises for the account of Tenant to any person or persons, for such rent, and on such terms and conditions as Landlord deems appropriate; and Tenant will be liable to Landlord for the amount, if any, by which the Rent for the unexpired balance of the Term exceeds the amount received by Landlord from the reletting, after deducting the reasonable costs of repossession, reletting, remodeling, and other expenses incurred by Landlord. Tenant must pay this amount in monthly installments on the first day of each remaining month of the Term. Landlord is not liable for failure to collect the rent due under the reletting, and Tenant is not entitled to any excess rents received by Landlord. All rights and remedies of Landlord are cumulative and not exclusive. Tenant agrees to surrender possession of the Premises.

8.3 Landlord Default: Landlord shall be in default under this Lease if Landlord fails to perform any of its obligations under this Lease and such failure continues for thirty (30) days after receipt of written notice of such default from Tenant; provided, however, that if the nature of any such default is such that the same cannot be cured within thirty (30) days, Landlord shall have such additional period of time as may be reasonably necessary to cure such default provided that it commences to cure said default within the thirty (30) day period and thereafter diligently proceeds to complete such cure, and in fact, completes such cure within such reasonably additional period of time.

Article 9: Utilities, Taxes and Signs

9.1 Utilities: All charges for water, sewer, electricity, gas, telephone/data and janitorial levied against or used on the Premises shall be paid promptly by Tenant to the appropriate entities.

Landlord shall, at its own cost and expense, provide the following services:
Building and parking janitorial services (excluding janitorial services for the Premises), lawn and landscape maintenance, snow removal, pest control, trash dumpster in the common area for Tenant's use, and all other associated costs in maintaining a Class B building.

The Landlord shall provide and maintain the necessary mains, ducts and conduits in order to bring water, gas, electricity, sewer, and ordinary telephone services to the Premises.

9.2 Taxes: Landlord shall be responsible for payment of all ad valorem property taxes associated with the Premises. Tenant shall be responsible for all taxes on inventory, furniture, and fixtures placed in or upon the Premises by Tenant.

9.3 Signs: Tenant will not place any signs or other advertising matter on the exterior of the Premises or the Building without the prior written consent of the Landlord, which shall not be unreasonably withheld, conditioned or delayed.

During the Term Tenant shall have the option to install its signage, at Tenant's expense, on the fascia of the Building consistent with the location and size of other tenants in the project, and its signage on the pylon and monument serving the Building and subject to city code(s) and Landlord requirements.

Article 10: Access to Premises

10.1 Access to Premises: Landlord shall not access or inspect the Premises unless first obtaining approval from the Tenant. Tenant shall permit Landlord to enter the Premises at such reasonable times during normal working hours (8:00 a.m. - 5:00 p.m.). Landlord shall only access or inspect the Premises when accompanied by the Tenant or Tenant's designated office staff or agent. In the event of an emergency, including fire, theft or other emergency situation in which the Premises or the contents therein are subject to immediate harm, the Landlord shall have the right to immediately access or provide access to third parties without the prior approval of the Tenant, provided, that the Landlord notify the Tenant within a reasonable time. Due to the nature of the health care business operated by the Tenant on the Premises, the Landlord hereby agrees to not access the Premises except as otherwise provided herein. To the extent that the Landlord exercises the right of access to the Premises, and to the extent that Landlord inadvertently or otherwise receives or views confidential information about Tenant's related business or patient information, Landlord agrees to appropriately use and safeguard patient health information provided or disclosed and to keep such information strictly confidential in order to protect the privacy of all persons and patients. Confidential information includes, but is not limited to, all medical, health, billing and business information, records, data, reports, summaries, tables and studies whether written or oral, fixed in hard copy or contained in any computer data file, database or computer readable form, as well as any information identified as confidential patient information.

10.2 Access for Repairs: Landlord or Landlord's agents shall have the right (but shall not be obligated) to enter the Premises in any emergency at any time, and at other reasonable times, to examine the same and to make such repairs, replacements and improvements as Landlord may deem necessary and reasonably desirable to the Premises or which Landlord may elect to perform following Tenant's failure to make repairs or perform any work which Tenant is obligated to perform under this lease, or for the purpose of complying with laws, regulations and other directions of governmental authorities.

10.3 Other Access: Throughout the Term, Landlord shall have the right to enter the Premises at reasonable hours for the purpose of showing the same to prospective Tenants for other leased premises, and during the last ninety (90) days of the Term for the purpose of showing the same to prospective tenants for Premises.

Article 11: Assignment and Sublease

Except as to parent, affiliate or subsidiary companies of Tenant, Tenant may not assign or sublease the Premises, in whole or in part without the written consent of Landlord, which shall not be unreasonably withheld, conditioned or delayed.

Article 12: Broker

Landlord and Tenant represent and warrant to the other that they have dealt only with the Swearingen Realty Group and Holrob Commercial Realty ("Brokers") in connection with this Lease and that, insofar as they know, no other broker is entitled to any commission in connection with this Lease. Landlord will pay a commission owed to Brokers, per a separate written agreement, and will indemnify and defend Tenant from and against all claims (and costs of defending against and investigating such claims) of any broker or similar parties, including Brokers, claiming under Landlord in connection with this Lease.

Article 13: Successors

All rights and liabilities herein given to or imposed upon the parties hereto shall extend to their respective heirs, executors, administrators, successors and assigns.

Article 14: Notice

The parties shall be notified by certified or registered mail or overnight delivery service with verification of delivery as follows:

Landlord:
Brooks Family Limited Partnership #1
By: The Andrew Marshall Brooks Revocable Living Trust U/A Dated 6-30-1993, General Partner, The Trust Company of Tennessee, Trustee
4823 Old Kingston Pike, Suite 100
Knoxville, TN 37919
Attention: Legal Department
Phone: 865-971-1902

Tenant:
Tennessee Nursing Services of Morristown, Inc
By: LHC Group, Inc., Its: Manager
901 Hugh Wallis Road S
Lafayette, LA 70508
Attention: Facilities Management Department
Phone: 337-233-1307

Article 15: Governing Law

This Lease shall be governed by and construed in accordance with the State of Tennessee.

Article 16: Counterparts

This Lease may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one and the same instrument.

Article 17: Force Majeure

In the event of a strike, lockout, labor trouble, civil commotion, an act of God, or a terrorist act (a "Force Majeure Event") which results in Landlord or Tenant being unable to timely perform any of its respective obligations hereunder, so long as Landlord or Tenant diligently proceeds to perform such obligations after the end of such Force Majeure Event, Landlord or Tenant, as the case may be, shall not be in breach hereunder and this Lease shall not terminate; provided, however, that in no event shall a Force Majeure Event excuse either party's obligation to make payments to the other, except as otherwise expressly set forth herein.

[Remainder of page intentionally left blank]

[Signatures on the following page]

IN WITNESS WHEREOF, the parties have duly executed this Lease as of the day and year first above written.

LANDLORD:
Brooks Family Limited Partnership #1
By: The Andrew Marshall Brooks Revocable Living Trust U/A Dated 6-30-1993, General Partner, The Trust Company of Tennessee, Trustee

By: Kathryn Waddell
(Signature)

Name: ~~Virginia Couch~~ Kathryn Waddell
Title: ~~Legal Counsel~~ Staff Attorney

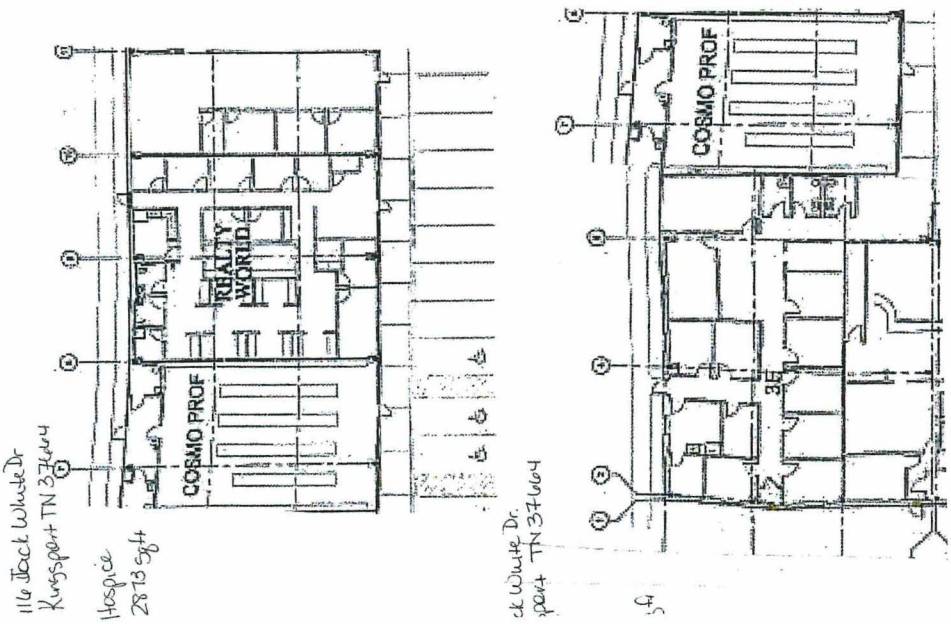
TENANT:
Tennessee Nursing Services of Morristown, Inc
By: LHC Group, Inc., Its: Manager
901 Hugh Wallis Road S
Lafayette, LA 70508
Attn: Facilities Management Department

By: _____
(Signature)

Name: Marcus D. Macip
Title: Executive Vice President

EXHIBIT A

SPACE PLAN



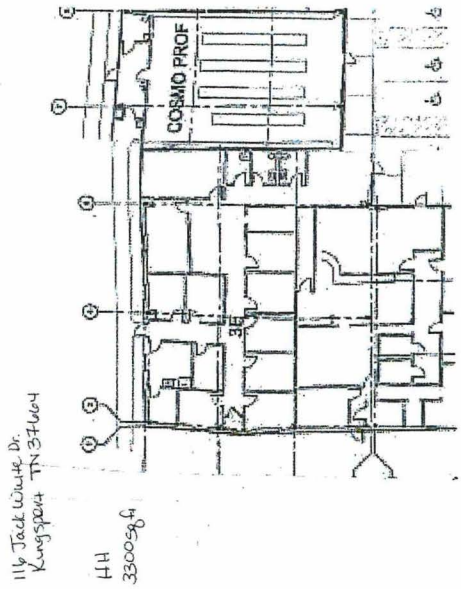


EXHIBIT B

WORK LETTER TO LEASE

Turn Key Construction. The Landlord shall provide a "turn-key" construction solution, at the Landlord's sole expense, with the following items -

STE 10 - Home Health Division improvements:

Flooring: Vinyl plank flooring installed starting at the front door, down all hallways, including work spaces to the left at the entrance.
Flooring: Carpet in offices to be professionally cleaned.
Paint: Paint the entire space a light grey with the exception of the contrast wall. The contrast wall will need to be repainted but a contrasting color.
Paint: Paint baseboards and facings white.
Ceiling: Replace ceiling tiles if stained or damaged to match current.
Water Fountains: Water fountains removed. Walls repaired to match.
Lights: Ensure all lights in the Premises are in good working order.
Outlets: Ensure all electrical outlets in the Premises are in good working order.
Fixtures: Ensure all fixtures and outlets in the existing kitchen and restroom are in good working order.
Clean: Professionally clean the Premises.

STE 6 - Hospice Division improvements:
Flooring: Replace carpet in entire Premises with vinyl plank flooring.
Paint: Paint entire space either light grey or light tan (here are a few holes in the walls that will need to repaired before painting).
Ceiling: Replace ceiling tiles if stained or damaged to match current.
Lights: Ensure all lights in the Premises are in good working order.
Outlets: Ensure all electrical outlets in the Premises are in good working order.
Fixtures: Ensure all fixtures and outlets in the existing kitchen and restroom are in good working order.
Clean: Professionally clean the Premises.

EXHIBIT C

LEASE COMMENCEMENT DATE LETTER

NOT TO BE COMPLETED UNTIL AFTER THE COMMENCEMENT DATE. ONLY A TEMPLATE.

Landlord: _____

Tenant: _____

Whereas, Landlord and Tenant have entered into a certain agreement of lease, dated _____ ___, 202_ (the "Lease") for the Premises located at _____.

Now therefore, the following notification will serve to identify the date of Lease and rent commencement and any and all charges due and owing, pursuant to the Lease.

1. The Commencement Date of the Term is _____ __, 202_.

2. The Term of the Lease shall expire at midnight on _____ __, 202_.

3. The Tenant is obligated to commence payment of Rent on _____ __, 202_.

4. If the Commencement Date is not the first of the month, the pro-rated amount due is $_____.

5. The first full monthly rental in the amount of $_____ will be due on _____, 202_.

All other terms and provisions of the Lease, as amended, which are not specifically modified or changed by this letter, shall remain in full force and effect and the Lease is hereby ratified and confirmed. In the event of any conflict or ambiguity between the Lease and this letter, the terms of this letter shall govern.

Accepted and agreed this _____ day of _____, 202_.

Landlord:

_____

By: _____

Printed Name: _____
Title: _____

Tenant:

_____

By: _____

Printed Name: Karl J. Comeaux
Title: Director of Facilities Management / LHC Group, Inc.

FIRST AMENDMENT TO LEASE AGREEMENT

THIS FIRST AMENDMENT TO LEASE AGREEMENT ("Amendment") is entered into and effective on July 8, 2026 between Brooks Family Limited Partnership #1, a Tennessee limited partnership ("Landlord") and Tennessee Nursing Services of Morristown, Inc., a Tennessee agency ("Tenant").

A. Landlord and Tenant previously entered into a Lease dated July 14, 2021.

B. The Lease is currently set to expire on August 31, 2026.

C. The parties wish to amend the Lease to extend the term of the Lease and as otherwise set forth in this Amendment.

D. Subsequent to the execution of the Lease, Tenant was acquired by Pennant Services, Inc., which is now Tenant's parent company in lieu of LHC Group, Inc., and Tenant's legal name has been changed to Tennessee Nursing Services of Morristown, Inc. d/b/a Beacon Home Health; all references in the Lease to Tenant and to LHC Group, Inc. shall be deemed to refer to Tennessee Nursing Services of Morristown, Inc. d/b/a Beacon Home Health and Pennant Services, Inc., respectively.

The parties agree as follows:

1. The Termination Date of the Lease is extended to February 28, 2027.

2. Beginning September 1, 2026, the new Monthly Rent Installment will be $9,950.00. Any amounts due for CAM will be in addition to these amounts.

3. Except as amended herein, all the terms, conditions, and covenants of the Lease shall remain in full force and effect.

The parties duly caused this Amendment to be signed on the date first written above.

TENANT:
Tennessee Nursing Services of Morristown, Inc.
d/b/a Beacon Home Health
901 Hugh Wallis Road S
Lafayette, LA 70508

By: Nathan Bostic
Print Name: Nathan Bostic
Print Title: Executive Director

LANDLORD:
BROOKS FAMILY LIMITED PARTNERSHIP #1

By: The Andrew Marshall Brooks Revocable Living Trust U/A Dated 6-30-1993, General Partner

By: The Trust Company of Tennessee, Trustee

By: Virginia Couch,
Legal Counsel

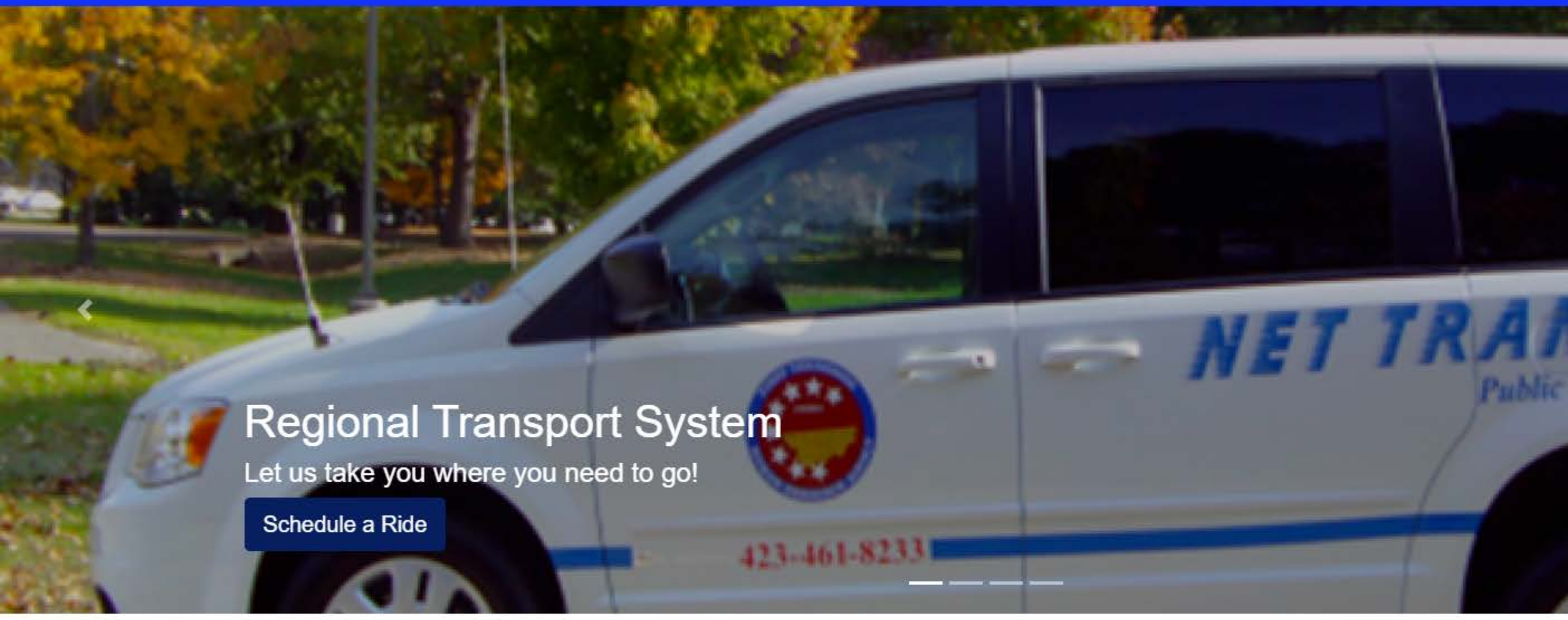

Office
12′ 0″ × 11′ 0″
Server
6′ 0″ × 7′ 0″
Bath
8′ 0″ × 7′ 0″
11′ 5″ × 12′ 5″
Bath
8′ 0″ × 7′ 0″
Bath
8′ 0″ × 7′ 0″
Jan./Misc.
6′ 10″ × 7′ 0″
Kitchen
12′ 0″ × 8′ 0″
Office
12′ 0″ × 11′ 0″
Office
11′ 3″ × 10′ 0″
Office
11′ 4″ × 10′ 0″
Office
11′ 3″ × 10′ 0″
Office
12′ 0″ × 11′ 0″
Office
12′ 0″ × 11′ 0″
Office
11′ 3″ × 10′ 0″
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Office
12′ 0″ × 11′ 0″
Office
12′ 0″ × 11′ 0″
Office
12′ 0″ × 11′ 0″
Office
12′ 0″ × 11′ 0″
35′ 4″
47′ 4″ × 51′ 3″
Open Conference Area
20′ 0″
Office
12′ 0″ × 13′ 2″
Office
12′ 0″ × 12′ 2″

https://nettrans.org

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Driven Per Year

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Passengers Per Day

160,000
Trips Per Year

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First Tennessee Human Resource Agency

704 Rolling Hills Dr.
Johnson City, TN 37604
Phone: (423) 461-8200

Probation Payment Portal

Select the City that Manages your Probation:

Cities Available

Make A Probation Payment

Counties We Serve

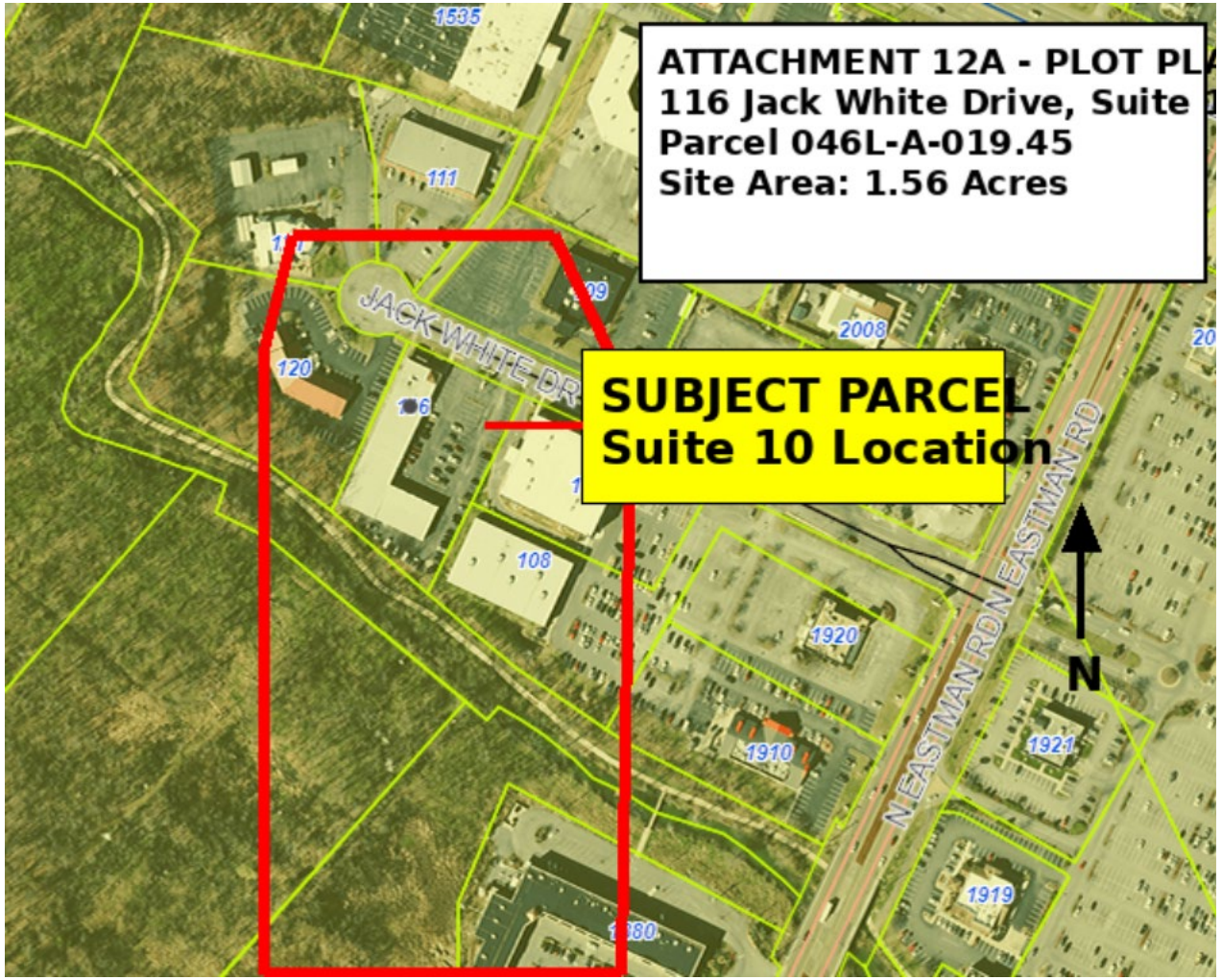
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Attachment 12A

Tennessee Nursing Services of Morristown, Inc.

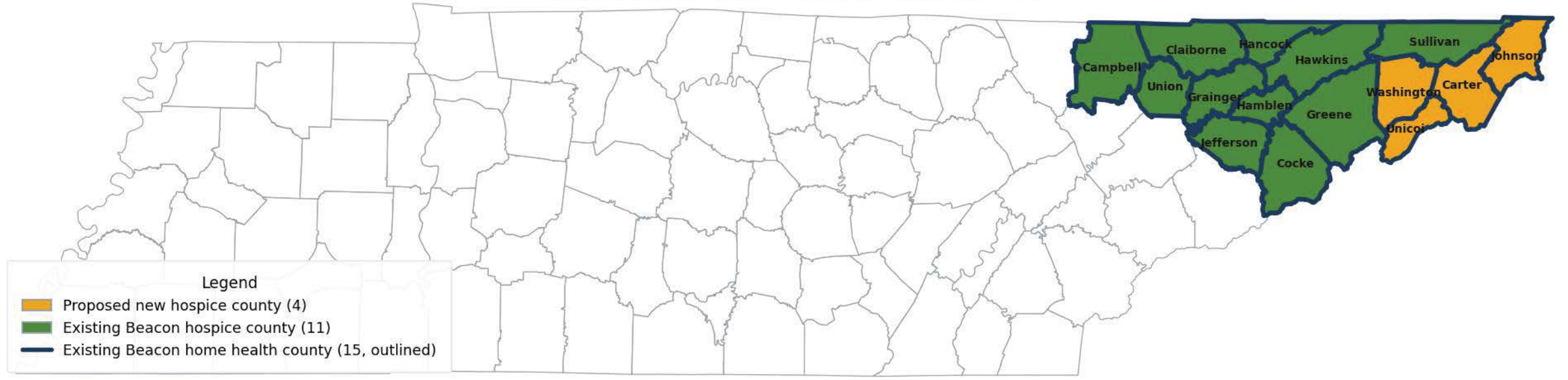
Prior Ownership Structure



Attachment 1.E R

Beacon Hospice — Proposed Service Area Expansion

Carter, Johnson, Unicoi, and Washington Counties, Tennessee



Attachment 3N.BR

Demographic Variable/Geographic Area	Boyd Center Population Projections						
	Total Population-Current Year 2026	Total Population-Projected Year 2030	Total Population-% Change	*Target Population-65+ Current Year 2026	Target Population-Project Year 2030	Target Population-% Change	Target Population Projected Year as % of Total
Carter	55,473	54,341	-2.04%	13,825	14,337	3.70%	26.38%
Johnson	17,958	17,692	-1.48%	4,695	4,911	4.60%	27.76%
Unicoi	17,571	17,345	-1.29%	4,491	4,584	2.07%	26.43%
Washington	141,773	145,708	2.78%	28,841	30,630	6.20%	21.02%
Service Area Total	232,775	235,086	0.99%	51,852	54,462	5.03%	23.17%
State of TN Total	7,300,003	7,513,757	2.93%	1,341,027	1,426,059	6.34%	18.98%

Census Bureau				TennCare	
Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total
45.9	$50,135	8938	16.11%	11,281	20.34%
46.7	$53,129	3696	20.58%	3,955	22.02%
46.9	$52,218	2577	14.67%	3,524	20.06%
40.2	$62,809	17,680	12.47%	22,751	16.05%
42.4	$54,573	32,891	14.13%	41,511	17.83%
38.9	467,097	1,004,759	13.76%	1.4 million	19.18%

Item 5N.R - Proposed Service Area Historical Utilization

Hospice Agency	Home County	State ID	2023	2024
Amedisys an Adventa Company	Carter	10601	1548	1640
Amedisys an Adventa Company	Knox	47602	1	0
Avalon (Gentiva Hospice)	Davidson	19694	317	469
Ballad Health Hospice	Sullivan	82601	382	419
Caris HealthCare	Washington	90611	255	217
Smoky Mtn HH and Hospice	Cocke	15602	19	15
UT Med Center Hospice	Hamblen	32603	0	0
TOTAL			**2,522**	**2,760**

Source: Joint Annual Report - Hospice Agencies 2023-2025 Schedule F1-F4 (Unicoi, Carter, Washington, a

2025	Total	% Change 2023-2025
1933	5121	25%
0	0	-100%
460	1246	45%
508	1309	33%
180	652	-29%
24	58	26%
0	0	0%
3,105	8,387	23%

ınd Johnson Counties)

Item 6N - Applicant Historical Utilization (Last 3 Years)

Hospice Agency	Home County	State ID	2023
Beacon Hospice	Claiborne	13603	306

Source: Joint Annual Report - Hospice Agencies 2023-2025, Schedule E (Unicoi, Carter, Washingtor
June 30, 2023, 2024, and 2025 predates the applicant's ownership and is presented based on the prio

Item 6N - Applicant Projected Utilization (Year 1 and Year 2)

Hospice Agency	Home County	State ID	2027
Beacon Hospice	Claiborne	13063	736

2024	2025	Total	% Change 2023-2025
322	470	1098	54%

ı, and Johnson Counties). Historical data for fiscal years ending
ɔr owner's JAR submissions.

2028	Total	% Change 2027-2028
913	1649	24%

MEDICARE CHARGES OF HOSPICE AGENCIES IN PSA - 2025			
Agency	**Home County**	**Routine Hospice Care**	**Continuous Hospice Care**
Amedisys Hospice an Adventa Company	Carter	$150	$500
Avalon Hospice	Davidson	$225	$1,565
Ballad Health Hospice	Sullivan	$198	$1,401
Caris Healthcare	Washington	$197	$1,393
Smoky Mountain Home Health and Hospice	Cocke	$164	$500
Univ. of TN Med. Ctr Home Health/Hospice Service	Hamblen	$164	$500
Beacon Hospice	Claiborne	$163	$500
Average		**$180.14**	**$908.43**

Source: Tennessee Department of Health Joint Annual Reports (JAR) Hospice, 2025, Schedule D-Finance Rates by Level of care. Rates are self-reported by individual providers. Average calculated from reported above. Historical data for fiscal year ending June 30, 2025 predates the applicant's ownership and is pre prior owner's JAR submissions.

General Inpatient	Respite Inpatient
$946	$436
$1,170	$546
$1,037	$462
$1,032	$460
$500	$449
$500	$449
$500	$426
$812.14	**$461.14**

s, Medicare Per Diem rates shown
sented based on the

Star Ratings Preview - Family Caregiver Survey Rating

Pennant Services, Inc.: (441529) Beacon Hospice - New Tzwll, Kngsprt

Selected Period: Q2 2024 to Q1 2026 (CMS)

Report Date: 9/30/2026

CCNs	Q2 24 / Q3 24		Q4 24 / Q1 25		Q2 25 / Q3 25		Q4 25 / Q1 26		Q2 26 / Q3 26	Selected Period	Next Period	Selected to Next Change
	Stars	#	Stars	#	Stars	#	Stars	#	Forecast Stars	Stars	Forecast Stars	
(441529) Beacon Hospice - New Tzwll, Kngsprt	5.00	33	4.83	35	4.83	34	5.00	36	5.00	 4.92	 4.92	0.00

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Star Ratings Preview - Family Caregiver Survey Rating

Pennant Services, Inc.: (441529) Beacon Hospice - New Tzwll, Kngsprt

Selected Period: Q2 2024 to Q1 2026 (CMS)

Report Date: 9/30/2026

Selected Period - Expected CMS Publication (Refresh): Feb & May 2027

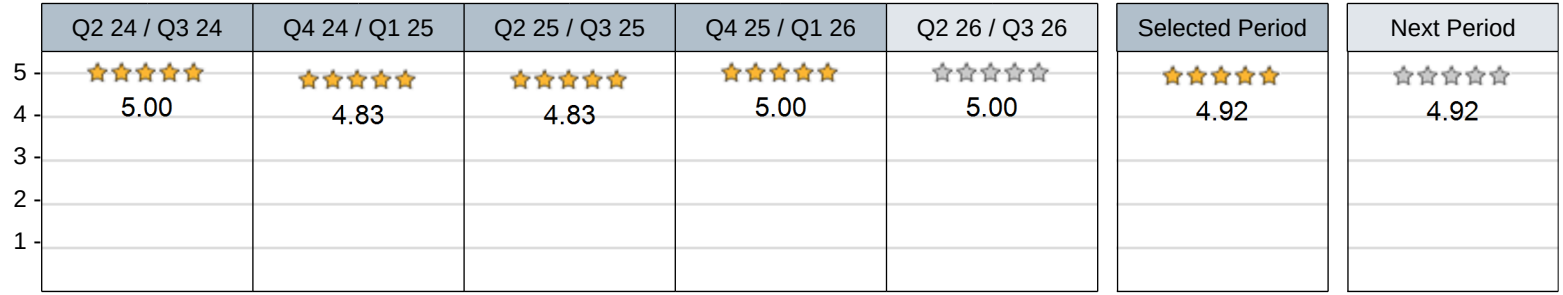
Next Period - Expected CMS Publication (Refresh): Aug & Nov 2027

High Risk of Dropping a Star

Mod Risk of Dropping a Star

High Opportunity to Gain a Star

Mod Opportunity to Gain a Star



	Quality Measures	Q2 24 / Q3 24 Score n=33	Q2 24 / Q3 24 Stars Cut Points	Q4 24 / Q1 25 Score n=35	Q4 24 / Q1 25 Stars Cut Points	Q2 25 / Q3 25 Score n=34	Q2 25 / Q3 25 Stars Cut Points	Q4 25 / Q1 26 Score n=36	Q4 25 / Q1 26 Stars Cut Points	Q2 26 / Q3 26 Forecast (Prior 3 Period Avg)	Q2 26 / Q3 26 Forecast Cut Points	Selected Period Stars	Next Period Forecast Stars
1	Getting Timely Care	87.5%	84-100	91.4%	84-100	82.5%	79-84	95.1%	84-100	89.6%	84-100	**4.75**	**4.75**
2	Hospice Team Communication	97.7%	88-100	92.9%	88-100	89.5%	88-100	89.0%	88-100	90.5%	88-100	**5.00**	**5.00**
3	Treating Family Member with Respect	98.5%	94-100	98.5%	94-100	95.6%	94-100	98.6%	94-100	97.6%	94-100	**5.00**	**5.00**
4	Getting Help for Symptoms	86.1%	82-100	84.1%	82-100	91.4%	82-100	95.1%	82-100	90.2%	82-100	**5.00**	**5.00**
5	Getting Emotional and Spiritual Support	95.7%	93-100	93.1%	93-100	93.9%	93-100	96.2%	93-100	94.4%	93-100	**5.00**	**5.00**
6	Overall Rating	93.9%	88-100	85.3%	83-88	93.8%	88-100	94.3%	88-100	91.1%	88-100	**4.75**	**4.75**
7	Willingness to Recommend	100%	90-100	85.3%	84-90	91.2%	90-100	97.2%	90-100	91.2%	90-100	**4.75**	**4.75**
8	Unweighted	94.2%	5.00	90.1%	4.71	91.1%	4.86	95.1%	5.00	92.1%	5.00	**4.89**	**4.89**
9	Weighted	**93.8%**	**5.00**	**90.9%**	**4.83**	**90.9%**	**4.83**	**94.9%**	**5.00**	**92.2%**	**5.00**	**4.92**	**4.92**
10	**Avg Star Rating Rounded**												

Next Period Forecast

No significant risk or opportunity for change identified.

If your average per measure in the next period matches your current trend, no change in your star rating is expected.

- Star Rating cut points applied from the CMS Aug & Nov 2026 Care Compare refresh.

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Star Ratings Preview - Family Caregiver Survey Rating

Pennant Services, Inc.

Selected Period: Q2 24 / Q3 24-Q4 25 / Q1 26

Report Date: 9/30/2026

Star Rating cut points from the CMS Aug & Nov 2026 Care Compare refresh.

	Quality Measures	★	★★	★★★	★★★★	★★★★★
1	Getting Timely Care	< 67%	≥ 67% to < 74%	≥ 74% to < 79%	≥ 79% to < 84%	≥ 84%
2	Hospice Team Communication	< 73%	≥ 73% to < 79%	≥ 79% to < 83%	≥ 83% to < 88%	≥ 88%
3	Treating Family Member with Respect	< 84%	≥ 84% to < 88%	≥ 88% to < 92%	≥ 92% to < 94%	≥ 94%
4	Getting Help for Symptoms	< 65%	≥ 65% to < 71%	≥ 71% to < 76%	≥ 76% to < 82%	≥ 82%
5	Getting Emotional and Spiritual Support	< 84%	≥ 84% to < 88%	≥ 88% to < 91%	≥ 91% to < 93%	≥ 93%
6	Overall Rating	< 71%	≥ 71% to < 78%	≥ 78% to < 83%	≥ 83% to < 88%	≥ 88%
7	Willingness to Recommend	< 70%	≥ 70% to < 78%	≥ 78% to < 84%	≥ 84% to < 90%	≥ 90%

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Scores & Benchmarks

Pennant Services, Inc.: (441529) Beacon Hospice - New Tzwll, Kngsprt

Survey Returned: 01/01/2026 - 09/30/2026

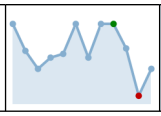
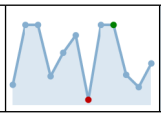
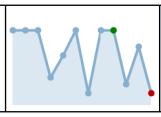
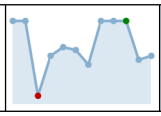
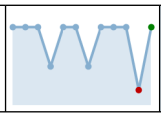
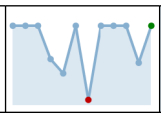
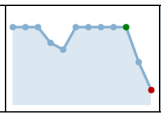
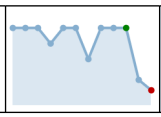
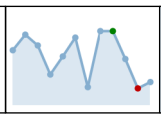
Report Date: 9/30/2026

Real-Time Satisfaction Survey Results: CAHPS Hospice

Data & Benchmark Summary

	You	State (TN)	National
CCNs:	**1**	37	1,916
Completed Surveys:	**57**	3,774	139K

Quality Measures - Top Box Scoring Methodology

Top Box	You Actual	You 12M Trend	SHP State (TN)	SHP National	You % Ranking
1. Getting Timely Care Measure Details	**89%**		80%	77%	**88%**
2. Hospice Team Communication Measure Details	**86%**		84%	82%	**70%**
3. Treating Family Member with Respect Measure Details	**97%**		93%	92%	**81%**
4. Getting Help for Symptoms Measure Details	**92%**		83%	80%	**89%**
5. Getting Emotional and Spiritual Support Measure Details	**95%**		93%	93%	**68%**
6. Getting Hospice Care Training Measure Details	**88%**		83%	79%	**77%**
7. Care Preferences Measure Details	**96%**		93%	93%	**72%**
8. Overall Rating Measure Details	**89%**		87%	86%	**62%**
9. Willingness to Recommend Measure Details	**88%**		86%	86%	**59%**
Overall Composite: All Quality Measure Questions	**91%**		87%	86%	**83%**

Your Percentile Ranking: <10% | 10-20% | 20-40% | 40-60% | 60-80% | 80-90% | >90%

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Real-Time Satisfaction Survey Results: CAHPS Hospice

Data & Benchmark Summary

	You	State (TN)	National
CCNs:	**1**	37	1,916
Completed Surveys:	**57**	3,774	139K

Question/Response Details

The Hospice Patient

1. How are you related to the patient listed on the survey cover letter?

This question has a write in component on the survey form.

	Response	Count	You	State	SHP
1	My spouse or partner	20	**37%**	42%	40%
2	My parent	20	**37%**	40%	44%
3	My mother/father-in-law	1	**2%**	2%	2%
4	My grandparent	0	**0%**	1%	1%
5	My aunt or uncle	4	**7%**	2%	2%
6	My sister or brother	2	**4%**	6%	5%
7	My child	3	**6%**	3%	2%
8	My friend	1	**2%**	2%	2%
9	Other (please print)	3	**6%**	2%	2%
	Total	54			

Provider

2. For this survey, the phrase "family member" refers to the patient listed on the survey cover letter. In what locations did your family member receive care from this hospice? Please choose one or more.

This question has a write in component on the survey form.

	Response	Count	You	State	SHP
1	Home	39	**65%**	64%	53%
2	Assisted living facility	3	**5%**	10%	15%
3	Nursing home	17	**28%**	15%	14%
4	Hospital	1	**2%**	6%	5%
5	Hospice facility/hospice house	0	**0%**	4%	10%
6	Other (please print):	0	**0%**	2%	3%
	Total	60			

Provider

Your Role

3. While your family member was in hospice care, how often did you take part in or oversee care for them?

	Response	Count	You	State	SHP
1	Never	0	**0%**	0%	0%
2	Sometimes	3	**5%**	8%	10%
3	Usually	9	**16%**	15%	16%
4	Always	43	**78%**	78%	74%
	Total	55			

Provider

Your Family Member's Hospice Care

4. While your family member was in hospice care, did you need to contact anyone on the hospice team during evenings, weekends, or holidays for questions or help?

	Response	Count	You	State	SHP
1	Yes	36	**65%**	70%	68%
2	No	19	**35%**	30%	32%
	Total	55			

Provider

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5. How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?

	Response	Count	You	State	SHP
1	Never	0	**0%**	1%	1%
2	Sometimes	2	**5%**	10%	12%
3	Usually	1	**3%**	8%	11%
4	Always	34	**92%**	80%	76%
	Total	37			
	Linear Mean Score		**95.5**	89.1	87.3

QM *Getting Timely Care*

Provider

6. How often did the hospice team let you know when they would arrive to care for your family member?

	Response	Count	You	State	SHP
1	Never	1	**2%**	1%	2%
2	Sometimes	5	**9%**	6%	8%
3	Usually	11	**20%**	19%	21%
4	Always	39	**70%**	74%	69%
	Total	56			
	Linear Mean Score		**85.7**	88.1	85.5

QM *Hospice Team Communication*

Provider

7. When you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?

	Response	Count	You	State	SHP
1	Never	0	**0%**	1%	1%
2	Sometimes	0	**0%**	3%	3%
3	Usually	7	**13%**	16%	19%
4	Always	49	**88%**	80%	77%
	Total	56			
	Linear Mean Score		**95.8**	92.0	90.9

QM *Getting Timely Care*

Provider

8. How often did the hospice team explain things in a way that was easy to understand?

	Response	Count	You	State	SHP
1	Never	0	**0%**	0%	0%
2	Sometimes	0	**0%**	2%	2%
3	Usually	5	**9%**	10%	11%
4	Always	51	**91%**	88%	87%
	Total	56			
	Linear Mean Score		**97.0**	95.3	94.7

QM *Hospice Team Communication*

Provider

9. How often did the hospice team keep you informed about your family member's condition?

	Response	Count	You	State	SHP
1	Never	0	**0%**	1%	1%
2	Sometimes	2	**4%**	3%	4%
3	Usually	8	**14%**	12%	13%
4	Always	47	**82%**	84%	82%
	Total	57			
	Linear Mean Score		**93.0**	93.1	92.1

QM *Hospice Team Communication*

Provider

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10. How often did the hospice team treat your family member with dignity and respect?

	Response	Count	You	State	SHP
1	Never	0	**0%**	0%	0%
2	Sometimes	0	**0%**	1%	1%
3	Usually	0	**0%**	3%	4%
4	Always ▶	56	**100%**	96%	96%
	Total	56			
	Linear Mean Score		**100.0**	98.2	98.1

QM *Treating Family Member with Respect*

Provider

11. How often did you feel that the hospice team really cared about your family member?

	Response	Count	You	State	SHP
1	Never	0	**0%**	1%	1%
2	Sometimes	0	**0%**	2%	2%
3	Usually	3	**5%**	8%	9%
4	Always ▶	53	**95%**	89%	89%
	Total	56			
	Linear Mean Score		**98.2**	95.4	95.2

QM *Treating Family Member with Respect*

Provider

12. Did the hospice team provide care that respected your family member's wishes?

	Response	Count	You	State	SHP
1	Yes, definitely ▶	53	**95%**	94%	93%
2	Yes, somewhat	3	**5%**	5%	6%
3	No	0	**0%**	1%	1%
	Total	56			
	Linear Mean Score		**97.3**	96.2	96.0

QM *Care Preferences*

Provider

13. Did the hospice team make an effort to listen to the things that mattered most to you or your family member?

	Response	Count	You	State	SHP
1	Yes, definitely ▶	56	**98%**	93%	93%
2	Yes, somewhat	1	**2%**	6%	6%
3	No	0	**0%**	1%	1%
	Total	57			
	Linear Mean Score		**99.1**	96.3	96.1

QM *Care Preferences*

Provider

14. Did you talk with the hospice team about any problems with your family member's hospice care?

	Response	Count	You	State	SHP
1	Yes	20	**36%**	44%	44%
2	No	36	**64%**	56%	56%
	Total	56			

Provider

15. How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?

	Response	Count	You	State	SHP
1	Never	0	**0%**	1%	1%
2	Sometimes	0	**0%**	4%	4%
3	Usually	1	**5%**	9%	11%
4	Always ▶	19	**95%**	86%	84%
	Total	20			
	Linear Mean Score		**98.3**	93.6	93.1

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QM *Hospice Team Communication*

Provider

16. While your family member was in hospice care, did they have any pain?

	Response	Count	You	State	SHP
1	Yes	38	**69%**	73%	72%
2	No	17	**31%**	27%	28%
	Total	55			

Provider

17. Did your family member get as much help with pain as they needed?

	Response	Count	You	State	SHP
1	Yes, definitely	38	**97%**	88%	87%
2	Yes, somewhat	1	**3%**	10%	12%
3	No	0	**0%**	2%	2%
	Total	39			
	Linear Mean Score		**98.7**	93.1	92.4

QM *Getting Help for Symptoms*

Provider

18. While your family member was in hospice care, did they ever have trouble breathing or receive treatment for trouble breathing?

	Response	Count	You	State	SHP
1	Yes	32	**57%**	50%	46%
2	No	24	**43%**	50%	54%
	Total	56			

Provider

19. How often did your family member get the help they needed for trouble breathing?

	Response	Count	You	State	SHP
1	Never	0	**0%**	1%	1%
2	Sometimes	1	**3%**	3%	4%
3	Usually	2	**6%**	7%	10%
4	Always	29	**91%**	88%	85%
	Total	32			
	Linear Mean Score		**95.8**	94.2	93.2

QM *Getting Help for Symptoms*

Provider

20. While your family member was in hospice care, did they ever have trouble with constipation?

	Response	Count	You	State	SHP
1	Yes	28	**50%**	40%	39%
2	No	28	**50%**	60%	61%
	Total	56			

Provider

21. How often did your family member get the help they needed for trouble with constipation?

	Response	Count	You	State	SHP
1	Never	0	**0%**	2%	2%
2	Sometimes	0	**0%**	4%	5%
3	Usually	3	**11%**	15%	17%
4	Always	24	**89%**	79%	76%
	Total	27			
	Linear Mean Score		**96.3**	90.1	89.1

QM *Getting Help for Symptoms*

Provider

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22. While your family member was in hospice care, did they show any feelings of anxiety or sadness?

	Response	Count	You	State	SHP
1	Yes	33	**60%**	58%	59%
2	No	22	**40%**	42%	41%
	Total	55			

Provider

23. How often did your family member get the help they needed from the hospice team for feelings of anxiety or sadness?

	Response	Count	You	State	SHP
1	Never	0	**0%**	2%	3%
2	Sometimes	0	**0%**	6%	7%
3	Usually	3	**9%**	17%	20%
4	Always	31	**91%**	76%	71%
	Total	34			
	Linear Mean Score		**97.1**	88.4	86.1

QM *Getting Help for Symptoms*

Provider

Your Own Experience with Hospice

24. Hospice teams may teach you how to care for family members who need pain medicine, have trouble breathing, are restless or agitated, or have other care needs. Did the hospice team teach you how to care for your family member?

	Response	Count	You	State	SHP
1	Yes, definitely	35	**88%**	83%	79%
2	Yes, somewhat	5	**13%**	12%	14%
3	No	0	**0%**	5%	7%
-	*I did not need this teaching*	*16*	***n/a***	*n/a*	*n/a*
	Total	56			
	Linear Mean Score		**93.8**	88.7	85.7

QM *Getting Hospice Care Training*

Provider

25. While your family member was in hospice care, how often did the hospice team listen carefully to you?

	Response	Count	You	State	SHP
1	Never	0	**0%**	1%	0%
2	Sometimes	0	**0%**	2%	2%
3	Usually	1	**2%**	9%	10%
4	Always	55	**98%**	88%	87%
	Total	56			
	Linear Mean Score		**99.4**	95.0	94.7

QM *Hospice Team Communication*

Provider

26. Did the hospice team give you as much information as you wanted about what to expect while your family member was dying?

	Response	Count	You	State	SHP
1	Yes, definitely	52	**93%**	83%	84%
2	Yes, somewhat	2	**4%**	13%	13%
3	No	2	**4%**	3%	3%
	Total	56			
	Linear Mean Score		**94.6**	89.9	90.1

Provider

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27. Support for religious, spiritual, or cultural beliefs may include talking, praying, quiet time, and respecting traditions. While your family member was in hospice care, how much support for your religious, spiritual, and cultural beliefs did you get from the hospice team?

	Response	Count	You	State	SHP
1	Too little	2	**4%**	4%	5%
2	Right amount	53	**96%**	95%	95%
3	Too much	0	**0%**	1%	1%
	Total	55			
	Linear Mean Score		**96.4**	94.9	94.6

QM *Getting Emotional and Spiritual Support*

Provider

28. While your family member was in hospice care, how much emotional support did you get from the hospice team?

	Response	Count	You	State	SHP
1	Too little	0	**0%**	5%	5%
2	Right amount	56	**100%**	95%	95%
3	Too much	0	**0%**	0%	0%
	Total	56			
	Linear Mean Score		**100.0**	94.9	94.8

QM *Getting Emotional and Spiritual Support*

Provider

29. In the weeks after your family member died, how much emotional support did you get from the hospice team?

	Response	Count	You	State	SHP
1	Too little	6	**11%**	9%	10%
2	Right amount	49	**89%**	90%	89%
3	Too much	0	**0%**	1%	1%
	Total	55			
	Linear Mean Score		**89.1**	90.2	88.8

QM *Getting Emotional and Spiritual Support*

Provider

Overall Rating of Hospice Care

30. Please answer the following questions about the hospice named on the survey cover. Do not include care from other hospices in your answers. Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?

	Response	Count	You	State	SHP
0	0 Worst care possible	0	**0%**	0%	0%
1	1	0	**0%**	0%	0%
2	2	0	**0%**	0%	0%
3	3	0	**0%**	0%	0%
4	4	0	**0%**	0%	0%
5	5	0	**0%**	1%	1%
6	6	0	**0%**	1%	1%
7	7	0	**0%**	2%	2%
8	8	6	**11%**	7%	8%
9	9	3	**5%**	15%	16%
10	10 Best care possible	46	**84%**	73%	71%
	Total	55			
	Linear Mean Score		**97.3**	94.3	93.9

QM *Overall Rating*

Provider

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31. Would you recommend this hospice to your friends and family?

	Response	Count	You	State	SHP
1	Definitely no	0	**0%**	2%	1%
2	Probably no	1	**2%**	2%	2%
3	Probably yes	6	**11%**	11%	11%
4	Definitely yes	49	**88%**	86%	86%
	Total	56			
	Linear Mean Score		**95.2**	93.6	93.7

QM *Willingness to Recommend*

Provider

About Your Family Member

32. What is the highest grade or level of school that your family member completed?

	Response	Count	You	State	SHP
1	8th grade or less	9	**17%**	8%	5%
2	Some high school, did not graduate	4	**8%**	9%	6%
3	High school graduate or GED	30	**58%**	38%	37%
4	Some college or 2 yr degree	8	**15%**	23%	25%
5	4-year college graduate	1	**2%**	10%	13%
6	More than 4 yr degree	0	**0%**	12%	15%
-	*Don't know*	*3*	***n/a***	*n/a*	*n/a*
	Total	55			

Provider

33. Was your family member of Hispanic, Latino, or Spanish origin or descent?

	Response	Count	You	State	SHP
1	No, not Spanish/Hispanic/Latino	52	**100%**	99%	96%
2	Yes, Cuban	0	**0%**	0%	0%
3	Yes, Mexican, Mexican Amer., Chicano/a	0	**0%**	0%	2%
4	Yes, Puerto Rican	0	**0%**	0%	1%
5	Yes, Other Spanish/Hispanic/Latino	0	**0%**	0%	2%
	Total	52			

Provider

34. What was your family member's race? Please choose one or more.

	Response	Count	You	State	SHP
1	Amer. Indian or Alaska Native	1	**2%**	1%	1%
2	Asian	0	**0%**	1%	2%
3	Black or African American	1	**2%**	4%	4%
4	Native Hawaiian, Pacific Islander	0	**0%**	0%	0%
5	White	55	**96%**	93%	92%
	Total	57			

Provider

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About You

35. What is your age?

	Response	Count	You	State	SHP
1	18 to 24	0	**0%**	0%	0%
2	25 to 34	0	**0%**	0%	0%
3	35 to 44	3	**5%**	2%	2%
4	45 to 54	9	**16%**	8%	7%
5	55 to 64	10	**18%**	23%	23%
6	65 to 74	19	**33%**	33%	35%
7	75 to 84	13	**23%**	25%	24%
8	85 or older	3	**5%**	8%	9%
	Total	57			

Provider

36. Are you male or female?

	Response	Count	You	State	SHP
1	Male	10	**18%**	28%	28%
2	Female	47	**82%**	72%	72%
	Total	57			

Provider

37. What is the highest grade or level of school that you have completed?

	Response	Count	You	State	SHP
1	8th grade or less	1	**2%**	1%	1%
2	Some high school, did not graduate	1	**2%**	4%	2%
3	High school graduate or GED	26	**47%**	28%	22%
4	Some college or 2 yr degree	21	**38%**	32%	32%
5	4-year college graduate	5	**9%**	17%	21%
6	More than 4 yr degree	1	**2%**	18%	22%
	Total	55			

Provider

38. What language do you mainly speak at home?

This question has a write in component on the survey form.

	Response	Count	You	State	SHP
1	English	57	**100%**	100%	98%
2	Spanish	0	**0%**	0%	1%
3	Chinese	0	**0%**	0%	0%
4	Russian	0	**0%**	0%	0%
5	Portuguese	0	**0%**	0%	0%
6	Vietnamese	0	**0%**	0%	0%
7	Polish	0	**0%**	0%	0%
8	Korean	0	**0%**	0%	0%
9	Some other language (please print):	0	**0%**	0%	0%
	Total	57			

Provider

Veterans

V1. Did someone ask the patient about his/her military service and experiences? (For example, which branch of the military he/she served in or his/her dates of service?)

	Response	Count	You	State	SHP
1	Yes	1	**100%**	88%	85%
2	No	0	**0%**	12%	15%
-	*Not Sure*	*0*	***n/a***	*n/a*	*n/a*
	Total	1			

Provider

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V2. How often did the hospice staff take the time to listen to the patient's stories and/or concerns related to his/her military experience?

	Response	Count	You	State	SHP
1	Always ▶	1	**100%**	71%	68%
2	Usually	0	**0%**	11%	14%
3	Sometimes	0	**0%**	9%	8%
4	Never	0	**0%**	9%	10%
-	*Not Sure*	*0*	***n/a***	*n/a*	*n/a*
--	*Patient did not talk about military experience*	*0*	***n/a***	*n/a*	*n/a*
	Total	1			
	Linear Mean Score		**100.0**	81.0	79.7

Provider

V3. Some veterans near the end of life re-experience the stress and emotions that they had when they were in combat. Did this happen to the patient?

	Response	Count	You	State	SHP
1	Yes	0	**0%**	6%	5%
2	No	1	**100%**	94%	95%
-	*Not Sure*	*0*	***n/a***	*n/a*	*n/a*
--	*Patient did not experience combat*	*0*	***n/a***	*n/a*	*n/a*
	Total	1			

Provider

V4. How often did the patient's combat related stress make him/her uncomfortable?

	Response	Count	You	State	SHP
1	Always	0	-	8%	6%
2	Usually	0	-	2%	5%
3	Sometimes	0	-	31%	23%
4	Never	0	-	59%	65%
-	*Not Sure*	*0*	***n/a***	*n/a*	*n/a*
	Total	0			

Provider (No Data)

V5. How much help did the patient receive in dealing with his/her emotions related to combat related stress?

	Response	Count	You	State	SHP
1	Less than was wanted	0	-	7%	10%
2	Just the right amount ▶	0	-	86%	87%
3	More than wanted	0	-	7%	2%
-	*Not sure*	*0*	***n/a***	*n/a*	*n/a*
	Total	0			
	Linear Mean Score		-	86.2	87.3

Provider (No Data)

V6. Would it have been helpful to have more information about VA benefits for surviving spouses and dependents?

	Response	Count	You	State	SHP
1	Yes	0	**0%**	41%	36%
2	No ▶	1	**100%**	59%	64%
	Total	1			
	Linear Mean Score		**100.0**	59.4	64.3

Provider

V7. Would it have been helpful to have more information about VA burial and memorial benefits?

	Response	Count	You	State	SHP
1	Yes	0	**0%**	37%	34%
2	No ▶	1	**100%**	63%	66%
	Total	1			
	Linear Mean Score		**100.0**	62.5	66.2

Provider

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V8. Did the patient receive health care from the VA?

	Response	Count	You	State	SHP
1	Yes, wanted care from VA and was eligible	1	**100%**	40%	37%
2	No, wanted care from VA but not eligible	0	**0%**	9%	8%
3	No, never tried to get care from VA	0	**0%**	52%	55%
-	*I'm not sure*	*0*	***n/a***	*n/a*	*n/a*
	Total	1			

Provider

Comments

Thank you for answering these questions. Please add comments here:

This is a write in question on the survey form.

Response	Count	You	State	SHP
		n/a	*n/a*	*n/a*
Total				

Your Percentile Ranking: <10% | 10-20% | 20-40% | 40-60% | 60-80% | 80-90% | >90%

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2023-2024 Hospice Rates and Projected Need

	Hospice Patients Served			Total Hospice Deaths*			Hospice Penetration Rate	Hospice Penetration Rate and Patient Need/(Surplus)	
County Name	2023	2024	Mean	2023	2024	Mean	Mean Number of Patients/Mean Number of Deaths	(Median Rate)*80%	(Median Rate)*85%
								0.543	0.577
Anderson	1,183	1,276	1,230	969	998	984	1.250	(695)	(662)
Bedford	318	313	316	494	487	491	0.643	(49)	(32)
Benton	127	137	132	260	243	252	0.525	5	13
Bledsoe	119	177	148	171	164	168	0.884	(57)	(51)
Blount	1,350	1,181	1,266	1,650	1,654	1,652	0.766	(368)	(312)
Bradley	920	1,063	992	1,241	1,214	1,228	0.808	(325)	(283)
Campbell	462	445	454	590	584	587	0.773	(135)	(115)
Cannon	79	90	85	185	184	185	0.458	16	22
Carroll	269	340	305	375	430	403	0.757	(86)	(72)
Carter	563	643	603	788	714	751	0.803	(195)	(170)
Cheatham	280	253	267	436	435	436	0.612	(30)	(15)
Chester	110	90	100	194	195	195	0.514	6	12
Claiborne	377	372	375	441	479	460	0.814	(125)	(109)
Clay	31	33	32	131	127	129	0.248	38	42
Cocke	535	491	513	613	559	586	0.875	(195)	(175)
Coffee	533	563	548	652	750	701	0.782	(167)	(143)
Crockett	101	81	91	204	181	193	0.473	14	20
Cumberland	468	529	499	973	954	964	0.517	25	58
Davidson	2,831	2,848	2,840	4,889	4,925	4,907	0.579	(174)	(7)
Decatur	113	87	100	171	190	181	0.554	(2)	4
DeKalb	137	161	149	251	255	253	0.589	(12)	(3)
Dickson	463	452	458	589	576	583	0.785	(141)	(121)
Dyer	307	264	286	449	465	457	0.625	(37)	(22)
Fayette	118	132	125	471	449	460	0.272	125	141
Fentress	135	124	130	315	285	300	0.432	33	44
Franklin	353	472	413	540	533	537	0.769	(121)	(103)
Gibson	451	504	478	689	656	673	0.710	(112)	(89)
Giles	256	260	258	362	398	380	0.679	(52)	(39)
Grainger	322	239	281	305	325	315	0.890	(109)	(99)
Greene	823	843	833	1,018	1,001	1,010	0.825	(285)	(250)
Grundy	166	166	166	227	189	208	0.798	(53)	(46)
Hamblen	770	815	793	843	840	842	0.942	(335)	(307)
Hamilton	3,924	3,938	3,931	3,616	3,581	3,599	1.092	(1,976)	(1,854)
Hancock	56	84	70	87	114	101	0.697	(15)	(12)
Hardeman	155	167	161	326	306	316	0.509	11	21
Hardin	263	277	270	366	393	380	0.711	(64)	(51)
Hawkins	520	580	550	825	797	811	0.678	(109)	(82)
Haywood	90	89	90	202	222	212	0.422	26	33
Henderson	234	260	247	368	378	373	0.662	(44)	(32)
Henry	325	289	307	500	463	482	0.638	(45)	(29)
Hickman	173	127	150	296	286	291	0.515	8	18
Houston	71	88	80	118	114	116	0.685	(16)	(13)
Humphreys	133	106	120	256	272	264	0.453	24	33
Jackson	56	74	65	160	176	168	0.387	26	32
Jefferson	828	702	765	708	763	736	1.040	(365)	(340)
Johnson	201	212	207	239	280	260	0.796	(66)	(57)
Knox	4,255	4,511	4,383	4,615	4,604	4,610	0.951	(1,879)	(1,722)
Lake	42	80	61	91	97	94	0.649	(10)	(7)
Lauderdale	151	182	167	318	311	315	0.529	4	15
Lawrence	469	513	491	512	547	530	0.927	(203)	(185)

NOTE: In the Hospice Death definition infant mortality cannot simply be added to the other cause factors, as infant mortality constitutes any death of persons 365 days or younger, regardless of cause. Infant mortality is NOT a separate cause of death category, similar to suicide, homicide, or accidents. Some of the causes for infant death will include accidents and homicides. Therefore, there is some overlap between infant deaths and accidents and homicides. IF Vital Statistics rate sheets are used to calculate Hospice-defined deaths, then it should be noted that there may be a few infant deaths also counted in accidents and homicides. HOWEVER, since the number of deaths that fall under both infant death and homicide or accident are relatively small, the tables may still function to establish need (or lack thereof) for Hospice; though it is dependent on Licensure's discretion.

Hospice Death - *all deaths minus all accidents, suicides, homicides and infant deaths where infants did not die of accidents or homicide in the same given time period (in this case, one calendar year)*

~Per the Tennessee State Health Plan

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

10/19/2026

2023-2024 Hospice Rates and Projected Need

County Name	Hospice Patients Served			Total Hospice Deaths*			Hospice Penetration Rate	Hospice Penetration Rate and Patient Need/(Surplus)	
	2023	2024	Mean	2023	2024	Mean	Mean Number of Patients/Mean Number of Deaths	(Median Rate)*80%	(Median Rate)*85%
								0.543	0.577
Lewis	103	82	93	185	164	175	0.530	2	8
Lincoln	291	283	287	467	440	454	0.633	(41)	(25)
Loudon	602	584	593	685	755	720	0.824	(202)	(177)
McMinn	582	620	601	754	706	730	0.823	(204)	(180)
McNairy	281	227	254	385	402	394	0.645	(40)	(27)
Macon	86	123	105	279	304	292	0.358	54	64
Madison	791	854	823	1,070	1,166	1,118	0.736	(215)	(177)
Marion	287	274	281	408	368	388	0.723	(70)	(57)
Marshall	237	273	255	362	389	376	0.679	(51)	(38)
Maury	1,017	1,061	1,039	917	1,040	979	1.062	(507)	(474)
Meigs	179	126	153	177	200	189	0.809	(50)	(44)
Monroe	530	453	492	623	625	624	0.788	(152)	(131)
Montgomery	978	1,068	1,023	1,413	1,581	1,497	0.683	(210)	(159)
Moore	41	45	43	47	68	58	0.748	(12)	(10)
Morgan	180	157	169	267	251	259	0.651	(28)	(19)
Obion	252	278	265	454	424	439	0.604	(27)	(12)
Overton	174	179	177	321	311	316	0.559	(5)	6
Perry	47	98	73	108	129	119	0.612	(8)	(4)
Pickett	22	34	28	91	81	86	0.326	19	22
Polk	173	179	176	239	226	233	0.757	(50)	(42)
Putnam	410	545	478	894	874	884	0.540	3	33
Rhea	482	508	495	472	449	461	1.075	(245)	(229)
Roane	558	614	586	736	796	766	0.765	(170)	(144)
Robertson	472	476	474	687	722	705	0.673	(91)	(67)
Rutherford	1,324	1,396	1,360	2,164	2,290	2,227	0.611	(150)	(75)
Scott	172	171	172	281	254	268	0.641	(26)	(17)
Sequatchie	156	146	151	198	207	203	0.746	(41)	(34)
Sevier	781	810	796	1,081	1,139	1,110	0.717	(192)	(155)
Shelby	4,361	4,009	4,185	7,927	7,982	7,955	0.526	136	407
Smith	135	128	132	239	231	235	0.560	(4)	4
Stewart	98	109	104	181	180	181	0.573	(5)	1
Sullivan	2,224	2,271	2,248	2,129	2,325	2,227	1.009	(1,038)	(962)
Sumner	1,241	1,294	1,268	1,784	1,810	1,797	0.705	(291)	(230)
Tipton	287	278	283	602	678	640	0.441	65	87
Trousdale	45	69	57	111	124	118	0.485	7	11
Unicoi	224	238	231	259	257	258	0.895	(91)	(82)
Union	160	141	151	257	231	244	0.617	(18)	(10)
Van Buren	46	52	49	85	93	89	0.551	(1)	2
Warren	307	357	332	483	496	490	0.678	(66)	(49)
Washington	1,534	1,671	1,603	1,535	1,511	1,523	1.052	(775)	(723)
Wayne	152	133	143	198	211	205	0.697	(31)	(24)
Weakley	281	314	298	376	403	390	0.764	(86)	(73)
White	181	186	184	377	401	389	0.472	28	41
Williamson	1,106	1,078	1,092	1,443	1,503	1,473	0.741	(292)	(242)
Wilson	901	1,034	968	1,330	1,313	1,322	0.732	(250)	(205)
Unknown	56	9	33						
Tennessee	*51,563*	*52,758*	*52,161*	*70,170*	*71,253*	*70,712*	*0.738*	*(13,745)*	*(11,344)*

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics. *Death Statistical System, 2023-2024. Nashville, Tennessee. 2023-2024 JAR Hospice (not including Residential Hospice) data used for patient data.*

NOTE: In the Hospice Death definition infant mortality cannot simply be added to the other cause factors, as infant mortality constitutes any death of persons 365 days or younger, regardless of cause. Infant mortality is NOT a separate cause of death category, similar to suicide, homicide, or accidents. Some of the causes for infant death will include accidents and homicides. Therefore, there is some overlap between infant deaths and accidents and homicides. IF Vital Statistics rate sheets are used to calculate Hospice-defined deaths, then it should be noted that there may be a few infant deaths also counted in accidents and homicides. HOWEVER, since the number of deaths that fall under both infant death and homicide or accident are relatively small, the tables may still function to establish need (or lack thereof) for Hospice; though it is dependent on Licensure's discretion.

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2023-2024 Hospice Rates and Projected Need

	Hospice Patients Served			Total Hospice Deaths*			Hospice Penetration Rate	Hospice Penetration Rate and Patient Need/(Surplus)	
County Name	2023	2024	Mean	2023	2024	Mean	Mean Number of Patients/Mean Number of Deaths	(Median Rate)*80%	(Median Rate)*85%
							0.543	0.577	

***Certain deaths are excluded*:** Accidental (including motor vehicle accidents), homicide, suicide, and infant deaths. ICD-10 Codes excluded: V01-X60, X60-X84, X85-Y09, Y85-Y86, Y87.0-Y87.1

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	☐	☐	☐	Maury	☐	☐	☐
Claiborne	☒	☒	☐	Meigs	☐	☐	☐
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	☐	☐	☐				

Beacon
HOME HEALTH + HOSPICE

As a skilled nursing community employee and patient advocate, I am writing in support of Beacon Home Health & Hospice's request to expand its hospice service area to include Washington, Carter, Johnson, and Unicoi Counties.

Skilled nursing communities play an important role in helping patients and families navigate transitions across the continuum of care. Patients admitted to a skilled nursing community may have previously received services from Beacon Home Health, while patients preparing to discharge home may benefit from home health services or, when appropriate based on their condition and goals of care, hospice services. This creates an opportunity for strong collaboration between skilled nursing organizations and Beacon to help ensure patients receive the right level of care throughout each stage of their journey.

Having partners capable of supporting patients across these transitions helps promote continuity of care, strengthen coordination between providers, and ensure patients and families feel supported as their needs and goals of care evolve.

Beacon currently provides home health services within these communities but does not currently offer hospice services in these four counties. Expanding Beacon's hospice service area would create greater continuity of care for patients who already have an established relationship with Beacon, allowing them to remain with a trusted organization if their needs and goals of care later transition to hospice. This would also provide patients and families with an additional hospice option when planning transitions from our organization, while strengthening Beacon's ability to support patients across the continuum of care.

We believe patients and families are best served when they have access to appropriate care and the opportunity for continuity throughout their healthcare journey. For these reasons, we support Beacon Home Health and Hospice's request to expand hospice services into Washing, Carter, Johnson, and Unicoi Counties.

Sincerely,

Kristi Hensley, RN, DON

Beacon
HOME HEALTH + HOSPICE

As a skilled nursing community employee and patient advocate, I am writing in support of Beacon Home Health & Hospice's request to expand its hospice service area to include Washington, Carter, Johnson, and Unicoi Counties.

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We believe patients and families are best served when they have access to appropriate care and the opportunity for continuity throughout their healthcare journey. For these reasons, we support Beacon Home Health and Hospice's request to expand hospice services into Washington, Carter, Johnson, and Unicoi Counties.

Sincerely,

Joseph Meagher Adm. Roan Highlands

Beacon
HOME HEALTH + HOSPICE

Letter of Support for Certificate of Need Application

To Whom It May Concern:

I am writing in strong support of Beacon Hospice of Kingsport's application for a Certificate of Need to expand hospice services into the counties currently served by Beacon Home Health.

As a healthcare provider deeply committed to serving patients and families throughout Northeast Tennessee, we see firsthand the benefits that come from a coordinated continuum of care. Granting this Certificate of Need would allow Beacon Hospice to provide seamless end-of-life care within the same communities where Beacon Home Health has established trusted relationships, clinical expertise, and a proven history of quality care.

One of the most significant advantages of this expansion is the continuity of care it would provide for patients and families. Many patients receiving home health services eventually experience disease progression requiring hospice care. When hospice services are available through the same organization, transitions can occur more smoothly, reducing confusion, eliminating unnecessary delays, and minimizing the burden on patients and caregivers during an already difficult time.

This continuity also supports:

- Improved care coordination among clinicians who are familiar with the patient's history and needs.
- More effective communication between care teams, physicians, patients, and families.
- Reduced fragmentation of services during critical transitions.
- Enhanced patient and family satisfaction through a consistent care experience.
- Increased access to high-quality hospice services in communities where Beacon already has a strong presence and infrastructure.

Beacon has demonstrated a commitment to quality, compliance, and compassionate patient-centered care throughout its home health operations. Expanding hospice services into these same service areas would build upon that foundation and help ensure that patients have access to comprehensive care throughout every stage of their healthcare journey.

The need for accessible hospice services continues to grow as Tennessee's population ages and the demand for care in the home setting increases. Approving this Certificate of Need would help meet that need while strengthening care delivery across the region.

For these reasons, I fully support Beacon Hospice's Certificate of Need application and respectfully encourage approval of this request.

Sincerely,

J. Brianne Blakely, RN, BSN, DCS

J. Brianne Blakely BSN, RN

Director of Clinical Services

116 Jack White Drive, Suite 10

Kingsport, TN 37664

PH (423)392-0469 FX (423)392-0527

Cell (423)863-7809

Docusign Envelope ID: 87501685-5158-8D63-8035-B9F7ECAB844A

To Whom It May Concern:

My name is Ralph David Goins, and I am writing in support of Beacon Hospice's request to expand its hospice service area to include Washington, Carter, Johnson, and Unicoi Counties.

My sister received care from Beacon Hospice, and I was closely involved with her and our family throughout her hospice experience. One of the most meaningful parts of her care was Beacon's willingness to help honor one of her greatest wishes: to be able to return home.

At the time, my sister was living in a nursing facility, but as her condition declined, she made it very clear that she wanted to spend her remaining time at home. Beacon Hospice worked with our family and the facility to help make that possible. Being able to bring my sister home and have her surrounded by her family during her final days meant a great deal to all of us.

Once she was home, Beacon's team provided the support she needed and helped our family navigate her care. Nursing, hospice aides, social work, and chaplain services were all involved, and we felt that the entire team worked together to support both my sister and our family.

As her condition continued to decline, her hospice nurse came to the home and was there to support us during her final hours. Having someone from her care team there who knew her, understood what was happening, and could support our family during such a difficult time was incredibly meaningful.

Our family will always be grateful that Beacon Hospice helped us honor my sister's wishes and allowed her to spend her final days where she wanted to be: at home, surrounded by the people she loved.

Based on my family's experience, I strongly support Beacon Hospice's request to expand its services into Washington, Carter, Johnson, and Unicoi Counties. I believe families in these communities deserve the opportunity to have access to this type of compassionate, coordinated hospice care and to have their loved ones' wishes honored at the end of life.

Sincerely,

Ralph David Goins

Ralph D Goins 9/25/2026

Docusign Envelope ID: 4DA01C44-1649-8732-8037-826F1CBC9867

To Whom It May Concern:

My name is Mary Ann Goins, and I am writing in support of Beacon Hospice's request to expand its hospice service area to include Washington, Carter, Johnson, and Unicoi Counties.

I have had the opportunity to be closely involved in the care of two members of my family who received services through Beacon Hospice, including my sister-in-law and my aunt. Because of my involvement in both of their care, I was able to see firsthand the level of support Beacon provided not only to the patients, but also to their families throughout the hospice experience.

During my sister-in-law's time on hospice, Beacon went above and beyond to help honor her wishes and support our family. Hospice staff helped coordinate transportation from her nursing facility so that she could return home for her final days, where she wanted to be. Her care involved nursing, social work, chaplain services, and hospice aides, and our family felt supported by the entire team. As her condition declined, her hospice nurse even came to the home and remained available to support our family through her final hours and death. Having someone there who understood what was happening and could guide and comfort our family during such a difficult time meant a great deal to us.

I was also very involved in my aunt's care. She was initially evaluated for Beacon Home Health but did not meet the criteria for home health services and was subsequently evaluated for and admitted to Beacon Hospice. I was especially impressed by the communication and coordination throughout that transition. There was consistent communication between the referral, evaluation, and hospice teams, and the transition to hospice services was very smooth. Beacon also worked closely with the assisted living facility where my aunt lived to make sure her needs were addressed as her condition changed.

My aunt experienced many changes throughout her time on hospice, including medication changes and increasing care needs. She also had dementia, and our family felt that the hospice team was knowledgeable, patient, and compassionate in caring for her and understanding the challenges associated with dementia. At the end of her life, Beacon's chaplain was present with her and remained with her until the nurse was able to arrive. Knowing that my aunt was not alone and that someone from her hospice team was there to support her was incredibly meaningful to our family.

Through both of these experiences, I saw what appeared to be true collaboration between Beacon Home Health and Beacon Hospice. The communication and coordination between the two services stood out to me, and I have not personally seen that same level of collaboration with other agencies in this area.

My family was incredibly grateful for the care, compassion, communication, and support we received from Beacon. I believe every patient and family should have the opportunity to receive the kind of care and support that my family experienced.

For these reasons, I fully support Beacon Hospice's request to expand its services into Washington, Carter, Johnson, and Unicoi Counties. I believe making Beacon Hospice available to more patients and families in these communities would give them another opportunity to receive compassionate, coordinated care during one of the most important times in their lives.

Sincerely,

Mary Ann Goins

MaryAnn 9/25/2026

Beacon
HOME HEALTH + HOSPICE

As a skilled nursing community employee and patient advocate, I am writing in support of Beacon Home Health & Hospice's request to expand its hospice service area to include Washington, Carter, Johnson, and Unicoi Counties.

Skilled nursing communities play an important role in helping patients and families navigate transitions across the continuum of care. Patients admitted to a skilled nursing community may have previously received services from Beacon Home Health, while patients preparing to discharge home may benefit from home health services or, when appropriate based on their condition and goals of care, hospice services. This creates an opportunity for strong collaboration between skilled nursing organizations and Beacon to help ensure patients receive the right level of care throughout each stage of their journey.

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Beacon currently provides home health services within these communities but does not currently offer hospice services in these four counties. Expanding Beacon's hospice service area would create greater continuity of care for patients who already have an established relationship with Beacon, allowing them to remain with a trusted organization if their needs and goals of care later transition to hospice. This would also provide patients and families with an additional hospice option when planning transitions from our organization, while strengthening Beacon's ability to support patients across the continuum of care.

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Sincerely,

A Call, LNHA
ADMINISTRATOR
HERMITAGE HEALTH & REHABILITATION

Beacon
HOME HEALTH + HOSPICE

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Sincerely,

Misty Clark R.N., BSN, Director of Nursing
Hermitage Health Center at Rehabilitation

Beacon
HOME HEALTH + HOSPICE

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Sincerely,

Nursing Home Administrator

Beacon
HOME HEALTH + HOSPICE

As a skilled nursing community employee and patient advocate, I am writing in support of Beacon Home Health & Hospice's request to expand its hospice service area to include Washington, Carter, Johnson, and Unicoi Counties.

Skilled nursing communities play an important role in helping patients and families navigate transitions across the continuum of care. Patients admitted to a skilled nursing community may have previously received services from Beacon Home Health, while patients preparing to discharge home may benefit from home health services or, when appropriate based on their condition and goals of care, hospice services. This creates an opportunity for strong collaboration between skilled nursing organizations and Beacon to help ensure patients receive the right level of care throughout each stage of their journey.

Having partners capable of supporting patients across these transitions helps promote continuity of care, strengthen coordination between providers, and ensure patients and families feel supported as their needs and goals of care evolve.

Beacon currently provides home health services within these communities but does not currently offer hospice services in these four counties. Expanding Beacon's hospice service area would create greater continuity of care for patients who already have an established relationship with Beacon, allowing them to remain with a trusted organization if their needs and goals of care later transition to hospice. This would also provide patients and families with an additional hospice option when planning transitions from our organization, while strengthening Beacon's ability to support patients across the continuum of care.

We believe patients and families are best served when they have access to appropriate care and the opportunity for continuity throughout their healthcare journey. For these reasons, we support Beacon Home Health and Hospice's request to expand hospice services into Washington, Carter, Johnson, and Unicoi Counties.

Sincerely,

Lindsey Laughlin, SSD
Lindsey Laughlin
Signature of Elizabethton

Beacon
HOME HEALTH + HOSPICE

As an assisted living operator, I am writing in support of Beacon Home Health & Hospice's request to expand its hospice service area to include Washington, Carter, Johnson, and Unicoi Counties.

Residents of assisted living communities often require different levels of healthcare services as their needs change. Beacon currently provides home health services, including skilled nursing and therapy services, to patients within these communities and throughout the surrounding area.

When a resident receiving Beacon home health services experiences a decline and becomes appropriate for hospice care, Beacon is currently unable to remain an option for hospice services in these counties. This can require a resident and family to establish relationships with an entirely new provider during an already difficult transition.

Continuity, familiarity, and patient choice are particularly valuable for residents with advanced illness and their families. We believe residents should have the opportunity to choose Beacon for hospice care if they have already established a trusted relationship with the organization through home health services.

Allowing Beacon to provide hospice services in these counties would create another option for residents and families while supporting greater continuity across the continuum of care.

We believe patients and families are best serviced when they have access to appropriate care and the opportunity for continuity throughout their healthcare journey. For these reasons, we support Beacon Home Health and Hospice's request to expand hospice services into Washington, Carter, Johnson, and Unicoi Counties.

Sincerely,

Rhonda Malone
Executive Director
Sycamore Springs Senior Living

Beacon
HOME HEALTH + HOSPICE

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Sincerely,

Rhonda Taylor LPN
Resident Services Director
Sycamore Springs Senior Living Community

Beacon
HOME HEALTH + HOSPICE

As a skilled nursing community employee and patient advocate, I am writing in support of Beacon Home Health & Hospice's request to expand its hospice service area to include Washington, Carter, Johnson, and Unicoi Counties.

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We believe patients and families are best served when they have access to appropriate care and the opportunity for continuity throughout their healthcare journey. For these reasons, we support Beacon Home Health and Hospice's request to expand hospice services into Washington, Carter, Johnson, and Unicoi Counties.

Sincerely,

Sheena Workman, RN/DON
The Waters of Roan Highlands

To Whom It May Concern,

My name is Janice Buchanan, and I am writing on behalf of my husband, Nat Buchanan, to share our experience with Beacon Home Health and Hospice of Kingsport.

Nat received home health services from Beacon for approximately five months, and during that time, our family was very pleased with the care he received. The staff were caring, dependable, and always treated Nat with kindness and respect. We came to know and trust the people who were caring for him, which gave our family a great deal of comfort.

When Nat's needs changed and he transitioned from home health to hospice, I was very thankful that the transition was so smooth. There was good communication between the home health and hospice teams, and it did not feel like we were suddenly starting over with a completely different group of people. The people involved in his care were already familiar with him and understood his needs.

Nat is currently receiving hospice services and has been for a few months. We have continued to be very pleased with the quality of care he receives. Everyone has been compassionate, respectful, and willing to help whenever we have needed them. I feel that Beacon has taken very good care of my husband and has also been supportive of me as his wife.

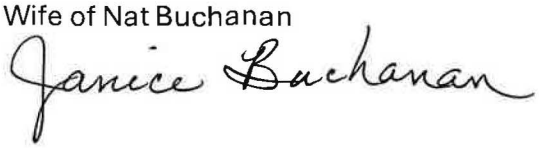
Having the ability to transition from home health to hospice within the same organization made a difficult change much easier for our family. There was a sense of familiarity and continuity that I believe is very important when someone's care needs change.

I would gladly recommend Beacon Home Health and Hospice to other families. I also support Beacon being able to expand its hospice services so that more patients and families can have the opportunity to receive the same quality of care and experience the same smooth transition between home health and hospice that our family has received.

I am very grateful for the care Beacon has provided to Nat and for the kindness they have shown our family throughout his time with them.

Sincerely,

Janice Buchanan
Wife of Nat Buchanan



To Whom It May Concern,

My name is Sonya Jones, and I am writing this letter because I would like to share my experience with Beacon Home Health and Hospice and explain why I believe they should be allowed to provide hospice services to more patients in our surrounding communities.

I first became a patient with Beacon through their home health services. From the beginning, I was very pleased with the care I received. The nurses were kind, dependable, and took the time to make sure I understood what was going on with my health. I became comfortable with my nurse and trusted her, which meant a great deal to me during a difficult time in my life.

As my illness progressed, things became much harder for me. I began having pain and other symptoms that were difficult to control, and I was no longer able to get comfortable or manage everything the way I had been able to before. I remember feeling overwhelmed and not knowing what the next step should be.

That was when Beacon's bridge program made such a difference for me.

The bridge coordinator was able to help me understand that hospice might be the right next step for my care. What meant the most to me was that I did not have to start all over with a completely new group of people. I was able to continue seeing the same nurse I already knew and trusted through home health. Having that familiar face continue with me into hospice made the transition much less frightening and much more comfortable.

Once I became a hospice patient, Beacon was able to help get my symptoms under better control and provide the support I needed. As my condition continued to change and I became unable to safely care for myself at home, they also helped me transition into a facility where I could receive the care I needed.

I am very thankful that I did not have to navigate all of these changes by myself. I believe there is something very important about being able to move from home health to hospice without losing the people who already know you, your history, your needs, and your family. It gave me a sense of security during a time when so much else in my life was changing.

I would absolutely recommend Beacon's bridge program to anyone who may find themselves in a similar situation. I believe patients should have access to this kind of continuity of care, especially when they are already dealing with a serious illness and facing difficult decisions about their future.

I also strongly support Beacon Home Health and Hospice being able to expand their services into additional counties so that more patients can have the opportunity to receive the same kind, compassionate care that I received. Patients should not have to lose the nurses and caregivers they know and trust simply because their needs have changed from home health to hospice or because of where they live.

I am grateful for the care Beacon has provided to me, and I hope other patients will have the same opportunity.

Sincerely,

Sonya Jones



To Whom It May Concern,

My name is Linda Fraizer, and I am writing to tell you about my experience with Beacon Home Health and Hospice and why I believe their services should be available to more people in our communities.

I originally received care from Beacon through home health. During that time, I developed a very good relationship with my nurse. She knew me, understood my needs, and was someone I felt comfortable having in my home. When you are dealing with health problems, having someone you know and trust caring for you is very important.

As time went on, my health became more difficult, and I reached a point where I knew I did not want to keep going back and forth to the hospital. I did not want to spend what time I had left going through procedures, hospital stays, and treatments that were not what I wanted for myself. I wanted to be comfortable and remain at home for as long as I could.

Beacon helped make that possible.

When I made the decision to receive hospice care, the transition from home health to hospice was very smooth. One of the things I appreciated most was that I was able to keep the same nurse. I already knew her, I trusted her, and I loved having someone familiar continue to care for me. I did not have to explain my entire story to a stranger or become comfortable with an entirely new person while I was already going through so much.

Instead, my care continued in a way that felt natural and reassuring.

Hospice allowed me to focus on what was most important to me — being comfortable, staying in my home, and having my wishes respected. Beacon's hospice team helped provide the care and support I needed without making me feel like I had to keep going to the hospital or undergo things that I no longer wanted.

I am very thankful that the bridge between home health and hospice was available to me. Without that transition, I do not know if my experience would have been as peaceful or as comfortable. Being able to continue with people who already knew me made a very difficult time easier.

I believe other patients deserve to have that same opportunity.

I would recommend Beacon Home Health and Hospice to anyone who wants compassionate care and, especially, to anyone who may be approaching the point where hospice becomes the right choice for them. I also believe Beacon should be allowed to expand its hospice services so that patients in additional counties can have access to the same continuity of care.

When someone is seriously ill, they should not have to start over simply because their needs have changed. Being able to move from home health to hospice while maintaining a trusted nurse and familiar caregivers can make an enormous difference to a patient and their family.

I am grateful for everything Beacon has done for me, and I hope they will be able to provide this same level of care and continuity to many more patients who need it.

Sincerely,

Linda Fraizer 

Beacon
HOME HEALTH + HOSPICE

As a skilled nursing community employee and patient advocate, I am writing in support of Beacon Home Health & Hospice's request to expand its hospice service area to include Washington, Carter, Johnson, and Unicoi Counties.

Skilled nursing communities play an important role in helping patients and families navigate transitions across the continuum of care. Patients admitted to a skilled nursing community may have previously received services from Beacon Home Health, while patients preparing to discharge home may benefit from home health services or, when appropriate based on their condition and goals of care, hospice services. This creates an opportunity for strong collaboration between skilled nursing organizations and Beacon to help ensure patients receive the right level of care throughout each stage of their journey.

Having partners capable of supporting patients across these transitions helps promote continuity of care, strengthen coordination between providers, and ensure patients and families feel supported as their needs and goals of care evolve.

Beacon currently provides home health services within these communities but does not currently offer hospice services in these four counties. Expanding Beacon's hospice service area would create greater continuity of care for patients who already have an established relationship with Beacon, allowing them to remain with a trusted organization if their needs and goals of care later transition to hospice. This would also provide patients and families with an additional hospice option when planning transitions from our organization, while strengthening Beacon's ability to support patients across the continuum of care.

We believe patients and families are best served when they have access to appropriate care and the opportunity for continuity throughout their healthcare journey. For these reasons, we support Beacon Home Health and Hospice's request to expand hospice services into Washing, Carter, Johnson, and Unicoi Counties.

Sincerely,

Bradley Allen, LNHA, MPH, ED

LETTER OF SUPPORT

Beacon Hospice Service Area Expansion

To Whom It May Concern:

My name is Mary Phillips, and I am a resident of Washington County, Tennessee. I am also a former home health and hospice nurse, and throughout my nursing career I had the privilege of caring for patients and families during some of the most vulnerable and difficult times of their lives.

I am writing in support of Beacon Hospice expanding its hospice services into Washington, Carter, Unicoi, and Johnson Counties. Having worked in both home health and hospice, I have seen firsthand how important continuity of care can be when a patient's condition declines and hospice becomes appropriate.

Patients and families often develop strong relationships with the nurses, clinicians, and providers who care for them in the home. When a patient reaches the point where hospice care is needed, having the opportunity to remain with a trusted organization can provide familiarity, comfort, and reassurance at a time when patients and families are already facing significant change. Requiring a patient to transition to an entirely different provider can create an additional disruption during an already emotional and vulnerable period.

Beacon Home Health already serves patients in these communities. Allowing Beacon Hospice to serve Washington, Carter, Unicoi, and Johnson Counties would give appropriate patients the option to continue receiving care within an organization they already know and trust as their needs change.

Based on my experience as both a home health and hospice nurse and as a resident of Washington County, I believe this expansion would be a meaningful benefit to patients and families throughout these communities. I respectfully support Beacon Hospice's request to expand its service area and provide greater access to continuity of care for patients at the end of life.

Sincerely,

Mary Phillips

Mary Phillips

Washington County, Tennessee

Former Home Health and Hospice Nurse

Project Name : Tennessee Nursing Services of Morristown, Inc. dba Beacon Hospice

Supplemental Round Name : 1 **Due Date :** 10/14/2026

Certificate No. : CN2609-020 **Submitted Date :** 10/7/2026

1. **7A. Type of Ownership of Control**

Please identify any other ownership interests in healthcare entities in Tennessee held by The Pennant Group, Inc.

Response : The attached 7A.R shows a list of all healthcare entities in Tennessee ultimately held by The Pennant Group, Inc. All such agencies were acquired by Cornerstone Healthcare, Inc., a subsidiary of The Pennant Group, Inc. on 10/1/2025. The acquisition was structured as an equity transaction for those entities acquired in Tennessee, and as such, a Change of Information was timely filed in Tennessee for the applicant, and all other Tennessee agencies listed in the attachment.

2. **9A. Legal Interest in the Site**

Please confirm whether the Tenant's address in the signature of the First Amendment to the Lease Agreement is accurate as it does not appear to reflect the owner's current licensed address or any address in the application.

Response : The address listed for the Tenant in the signature block of the First Amendment to the Lease Agreement was the applicant’s former corporate address in Louisiana. That address is not the current or correct address for the applicant. The Pennant Group, Inc.’s address for correspondence is 1675 E Riverside Dr., Ste. 150, Eagle, ID 83616. The licensee’s address is 903 Main Street, New Tazewell, TN, 37825 and the licensee’s branch address is 116 Jack White Drive, Ste. 6, Kingsport, TN, 37664. The applicant is pursuing an update to correct the address listed on the First Amendment; no other changes will be made to the First Amendment.

3. **1E. Overview**

Please discuss the history of the applicant's licensed hospice agency (license #362) prior to its change in ownership in October 2025. Which, if any other hospice agencies have been acquired in Tennessee by the applicant?

Have the CMS quality ratings of the agency improved since the change in ownership?

Were the previous owners of the licensed hospice agency in good standing prior to the change in ownership?

Response : Tennessee Nursing Services of Morristown, Inc. was most previously owned by UnitedHealth Group Incorporated through a list of wholly owned subsidiaries. The prior owner’s organizational chart is provided

in Attachment 1E.R. To our knowledge, the previous owners of the licensed hospice agency were in good standing prior to the change in ownership. Since the change in ownership, the applicant's CMS quality ratings have remained consistent at 5 stars. The current ownership structure has been streamlined and was reported in Attachment 7A - Organizational Chart. The applicant, Tennessee Nursing Services of Morristown, Inc., does not own any other hospice agencies, but does own a home health agency. The Pennant Group, Inc., through its subsidiaries, owns the Tennessee entities listed in Attachment 7A.R.

4. **2E. Rationale for Approval**

The presence of an affiliate home health agency in the four-service area counties is noted. What percentage of home health patients have historically transitioned into hospice care from the affiliated home health agency in those counties where both entities are licensed?

Please confirm the timeframe for the CMS quality measures reported by the applicant and the extent to which they are reflective of a previous owner.

Response : Based on a 2024 internal study conducted by Cornerstone Healthcare, Inc. using data from its then-current operating footprint across 14 states, approximately 10.6% of home health patients transitioned to hospice care. This figure reflects only patients who ultimately transitioned to hospice; the percentage of home health patients who may be clinically appropriate for hospice is higher. Within the applicant's current service area, the applicant is presently transitioning approximately 4–6% of home health patients to hospice, which reflects current referral patterns following the change in ownership.

The CMS Star Rating Preview was pulled on September 30, 2026, and covers the reporting periods from Q2 2024 through Q1 2026. The Q2 2024 through Q3 2025 periods reflect performance under the prior owner, while Q4 2025 through Q1 2026 reflect the applicant's period of ownership. In addition, the SHP Scores and Benchmarks were run year-to-date for 2026, covering January 1, 2026 through September 30, 2026, and therefore reflect the applicant's current ownership period rather than the prior owner's performance.

5. **3N. Demographics**

Please use the Boyd Center Population Projections for the 2026 and 2030 population data. Boyd Center Population Projections | Tennessee State Data Center

Please revise percentages of change accordingly.

The following items in Attachment 3N.B. appear to require revision:

Median Household Income: State of TN

Percentage of Population Below Poverty Level: State of TN

TennCare Enrollees: State of TN Total

TennCare Enrollees as a % of Population - All rows to reflect updated 2026 population data from Boyd Center.

Please revise and resubmit Attachment 3N.B labeled as Attachment 3N.BR

Response : Please see the revised Attachment 3N.BR with the updated the population data and related percentage-change calculations using the Boyd Center Population Projections.

As reflected in revised Attachment 3N.BR, the total population of the proposed four-county service area is projected to increase modestly between 2026 and 2030, by approximately 0.99%. During that same period, however, the population age 65 and older is projected to increase by approximately 5.03%, or more than five times the rate of overall population growth. In addition, the 65+ population represents a larger share of the proposed service area population than it does statewide, comprising approximately 23.17% of the four-county population compared to approximately 18.98% of the statewide population. These demographic trends support an increasing need for hospice services in the proposed service area, particularly as the older adult population continues to grow at a materially faster rate than the overall population.

6. **5N. Unimplemented services**

Please revise Attachment 5N to reflect the following revisions:

2023-2025: State ID 47602 - Amedisys Hospice, an Adventa Company - appears to be missing.

2023, 2025 and Total: State ID 15602 - Smoky Mountain Home Health and Hospice, Inc. - Total Patients are incorrectly listed as 0.

Please revise totals and resubmit Attachment 5N (labeled as Attachment 5NR).

Response : Please see the revised Attachment 5N.R. The applicant has reviewed and updated the attachment to address the items identified, as well as an update to UT Med Center Hospice (State ID 32603) 2024 data from 1 to 0. All updates are reflected on Attachment 5N.R. As stated in the application and demonstrated in the revised data, a provider may be licensed in a county but have little or no reported patient utilization there, meaning licensure does not necessarily indicate that patients in that county have meaningful access to active hospice services.

7. **6N. Utilization and/or Occupancy Statistics**

Please detail the specific calculations used in each proposed county supporting the basis for projected utilization growth.

Why are projected patient days for 2027 (44,486) as listed in response to Item 6C., lower than historical utilization in 2025 (55,285) given the expanded service area?

Please table to the estimated number of service area hospice patients that the applicant has received documentation for through letter of support and/or internal referrals since taking ownership of the hospice agency, demonstrating a willingness to refer new patients.

Response : To support projected utilization growth, the applicant reviewed the three most recent years of historical unduplicated patient utilization reported in JAR Schedule F, calculated the historical compound annual growth rate, and applied a conservative 2.5% annual growth rate to the proposed service area. Although higher growth could be supported by comparison to larger providers, the applicant used a lower assumption to reflect its smaller hospice footprint and the limited patient population in the expansion counties.

The 55,285 patient days reported for 2025 were prepared by the prior owner before the change in ownership, and the applicant does not have visibility into the prior owner's assumptions or calculations. The 2027 projection of 44,486 patient days is instead based on the applicant's projected average daily census and anticipated length of stay, and reflects the applicant's forward-looking assumptions rather than an adjustment to the prior owner's 2025 figure.

Since taking ownership, the applicant has received letters from patients, family members, healthcare professionals, and community providers supporting the proposed expansion and indicating a willingness to refer or facilitate referrals of appropriate hospice patients. The table below summarizes that support and, where reasonably possible, estimates the potential monthly referrals reflected in the materials.

Source	**Support documented**	**Potential referrals**	**Basis**
Current/former Beacon Hospice patients and family members	Patient-specific letters supporting Beacon Hospice expansion and describing successful Beacon Home Health-to-hospice transitions.	**1-2/month**	Reflects personal recommendations, word-of-mouth referrals, and increased family awareness of hospice services.
Skilled nursing facility representatives	Letters supporting expansion and identifying Beacon as a hospice option for appropriate SNF patients.	**2-3/month**	Based on SNF hospice utilization, resident acuity, census, and end-of-life care needs.
Assisted living community representatives	Letters supporting Beacon as an additional hospice option for assisted living residents who become hospice appropriate.	**1-3/month**	Based on resident population, occupancy, age demographics, hospice utilization patterns, and referral opportunities from facility-hospice collaboration.

Beacon clinical leadership and healthcare providers	Clinical support for continued coordination and referrals between Beacon Home Health and Beacon Hospice.	**2-3/month**	Based on historical home health-to-hospice bridging patterns and patient continuity preferences.
Community member and former home health and hospice nurse	Community support based on continuity of care and Beacon Home Health's existing presence in the service area.	**1/month**	Reflects increased community awareness, referral confidence, and advocacy influencing hospice utilization decisions.
Total quantifiable patient-specific support		**7-12**	

The estimated 7-12 referrals per month are not projected admissions, as referrals may not convert because of patient choice, clinical eligibility, timing, payor considerations, or selection of another provider. If all referrals converted, the first-year volume would equal approximately 84 to 144 patients, or 15,054 to 25,807 patient days using the applicant's assumed lengths of stay. This materially exceeds the applicant's forecast of 8,961 patient days in 2027 based on 50 patients and 11,116 patient days in 2028 based on 62 patients. Accordingly, the table demonstrates documented referral interest and community support, while the applicant's utilization forecast remains more conservative.

8. **3C. Effects of Competition and/or Duplication**

Are there any differences between the applicant's service model and existing providers in the service area?

If so, please discuss the extent to which these service model improvements were introduced by the applicant post change in ownership.

Response : The applicant is not aware of any material differences between its hospice service model and the service models of existing hospice providers in the proposed service area. The applicant's service model is consistent with the Medicare hospice benefit and applicable Tennessee licensure requirements, including interdisciplinary care planning, physician oversight, nursing, social work, spiritual care, aide services, bereavement support, and other services required to meet patient and family needs.

Because the applicant is not asserting that its model materially differs from existing providers, there are no specific service model improvements to identify as having been introduced post-change in ownership. Rather, the applicant's request is based on expanding patient access to its existing hospice services in the proposed counties, particularly for patients and families who already have relationships with Beacon through home health services and who may benefit from continuity of care if they become hospice appropriate.

9. **4C. Accessibility to Human Resources**

Please confirm whether the agency is fully staffed currently. Does the applicant currently maintain coverage of physical, occupational, and speech therapy services for its service area?

Please discuss the role of the applicant's owners in the day-to-day operations of the hospice agency including staffing, clinical supervision, and regulatory compliance.

What, if any changes to clinical leadership of the hospice agency have occurred since the change in ownership?

Has the clinical leadership of the agency been in place since the last CMS Certification survey?

Which services will be contracted through third-parties?

Response : The applicant confirms that the agency is currently fully staffed to meet the needs of its existing hospice patient population. The applicant also maintains coverage for physical therapy, occupational therapy, and speech therapy services within its service area through Beacon Home Health.

Following the change in ownership, day-to-day operations of the hospice agency are locally led. Consistent with Pennant's operating philosophy, healthcare is treated as a local endeavor, and the agency's local clinical and operational leaders are empowered to make staffing, patient care, and operational decisions closest to the patients, employees, referral partners, and communities served. This local leadership model is intended to allow the agency to respond quickly to patient needs, maintain relationships with community providers, and support continuity of care.

At the same time, the local agency is not operating in isolation. The agency is supported by Cornerstone Healthcare, Inc. and Pennant Services, Inc., all wholly owned subsidiaries of The Pennant Group, Inc., which provide access to experienced post-acute clinical, operational, compliance, human resources, finance, legal, information technology, risk management, education, and other professional resources. These support resources assist the agency with regulatory compliance, clinical and quality best practices, staff education, documentation expectations, and other operational needs. This structure allows the agency to remain locally operated while benefiting from the broader resources, systems, and expertise available through Cornerstone and Pennant Services.

The agency's clinical leadership has changed since the last CMS certification survey. The last CMS survey occurred before the change in ownership, and following the acquisition, the agency transitioned to Pennant's

local operating model structure. While clinical leadership has changed since that survey, the agency's CMS quality star ratings have remained consistent at 5 stars. The applicant believes this consistency is aligned with Pennant's operating model, which emphasizes local accountability, quality measurement, and access to experienced clinical and compliance resources.

The only contracted service position at the agency is the Medical Director, in accordance with applicable licensure and Medicare certification.

10. **5C. License/Certification**

Please explain why the applicant will not pursue accreditation?

Are any of the other hospices owned by the applicant accredited?

Was the hospice accredited in the past?

What specific resources are available through Cornerstone Healthcare Inc. to support compliance with 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 is not opposed to pursuing accreditation and recognizes the value that accreditation can provide as an additional external validation of quality and compliance. However, when the Cornerstone Healthcare, Inc. acquired this agency, the agency was not accredited and, to the applicant's knowledge, accreditation had not been part of the agency's historical operating model. Accordingly, the applicant continued the agency's existing accreditation trajectory following the change in ownership while continuing to evaluate operational priorities and quality initiatives for the agency. The applicant would be happy to pursue accreditation if required.

Notwithstanding the agency's accreditation status, the applicant has access to enterprise-level compliance and quality support through Cornerstone Healthcare, Inc. and Pennant Services, including experienced clinical, operational, compliance, HR, training, finance, IT, legal, risk management, and quality resources. These resources include established policies and procedures, QAPI support, survey readiness resources, compliance education, documentation and recordkeeping expectations, utilization review support, staff education tools, and ongoing monitoring.

11. **6C. Historical/Projected Data Chart**

Why are there Contractual Adjustments listed in the Projected Data Chart (Project Only and Total Facility) but not in the Historical Data Chart?

Please discuss the reason for higher patient days in the Historical Data Chart than the Projected Data Chart.

It is noted that no Charity Care is projected but was reported in 2025 under the Historical Data Chart. Please explain whether the Charity Care policy has changed for the applicant since 2025?

Response : Because the Joint Annual Reports were prepared and reported by the prior owner and before the change in ownership, the applicant does not have visibility into the specific assumptions, methodology, or calculations used by the previous owner to arrive at the numbers requested in this question. We also do not know what the charity care policy of the prior owner was but have provided our current Charity Care policy with no anticipated future changes. The policy provided became effective for the applicant on 10/1/2025, which was after the end of Tennessee's 2025 fiscal year. The applicant's current policy is that they do not project charity care based on the current presences of governmental and private payors within the community. However, the applicant explained that it does not refuse care to anyone for their inability ability to pay. If the applicant has charity care, the applicant will reflect such care on future Joint Annual Reports.

12. **8Q. Staffing**

Please identify the contracted staff positions.

Response : Beacon Hospice utilizes a contracted medical director, consistent with hospice regulatory requirements and standard hospice operations. Beacon does not anticipate using other contractual staff for the proposed expansion at this time. Clinical and support staffing will otherwise be provided through employed staff, with staffing levels maintained as necessary to effectively and efficiently serve patients in the proposed counties.

13. **1N. Criteria and Standards**

Attachment 1N, Hospice Criteria and Standards, Criterion #1, Adequate Staffing:

Please discuss whether the applicant has previously successfully staffed an expansion of hospice services in this region or in Tennessee generally?

Response : Tennessee Nursing Services of Morristown, Inc., the applicant, has previously successfully staffed an expansion of hospice services as evidenced by its branch office location in Kingsport, TN.

14. **1N. Criteria and Standards**

Attachment 1N, Hospice Criteria and Standards, Criterion #3, Proposed Charges:

Please provide a source and link under each table of page 2.

Page 2 - The rates listed for Smokey Mountain Home Health and Hospice do not appear to match the Joint Annual Report for 2025. Please revise.

Page 3 - The following appear to be incorrect:

Smokey Mountain Home Health and Hospice - Total Patient Days, Net Revenue, and Average Revenue per Day

Please revise the totals for the table on Page 3.

Response : The applicant's Hospice Charge amounts are based on the applicable Claiborne County, Tennessee (i.e., "All Other Counties" line item) hospice rates published through the Palmetto GBA Jurisdiction M Hospice Rate Calculator from 10/1/2024-9/30/2025. Jurisdiction M HHH - Hospice Rate Calculator Please see the updated Medicare Charges of Hospice Agencies in PSA table and supporting source documentation, as well as the updated Average Per Diem Charges of Hospices in PSA & Beacon Hospice table included in Attachment 1N(3).R. Attachment 1N(3).R replaces the corresponding tables previously included in Attachment 1N, Criterion #3, Attachment 1N(3) and Attachment 9C.

15. **1N. Criteria and Standards**

Attachment 1N, Hospice Criteria and Standards, Criterion #5, Indigent Care:

Please explain what specific financial requirements will need to be met for a hospice patient to qualify for Charity Care under the applicant's attached policy?

Please discuss the scenarios when a patient might be accounted for as Bad Debt rather than provided Charity Care given that Bad Debt is listed in the Projected Data Chart, but Charity Care is not?

Response : A hospice patient may qualify for charity care if the patient does not qualify for any recognized payment mechanism, including governmental coverage, commercial insurance, or self-pay. In that circumstance, the applicant would provide care to the patient as charity care in accordance with its charity care policy.

The applicant, like the state, distinguishes charity care from bad debt based on whether payment is anticipated at the time care is furnished. If payment is reasonably expected but is not ultimately collected, the amount would be treated as bad debt. If, at the outset, the applicant determines that no payment source is available and payment is not expected, the care would be treated as charity care. The applicant included an allowance for bad debt in the Projected Data Chart because some nonpayment is expected in the ordinary course. The applicant did not project charity care because hospice patients typically qualify for existing payment mechanisms. However, the applicant does not refuse care based on inability to pay, and any charity care provided will be reflected in future Joint Annual Reports.

16. **1N. Criteria and Standards**

Attachment 1N, Hospice Criteria and Standards, Criterion #8, Education:

Please identify specific events hosted by the applicant historically to educate clinicians and community members, and any specific community entities that will be targeted for this expansion.

Response : Beacon has a long history of providing clinician and community education throughout Northeast Tennessee. These efforts have included multiple Lunch & Learn programs at regional hospitals, including Johnson City Medical Center (JCMC), Franklin Woods Community Hospital (FWCH), and Sycamore Shoals Hospital (SSH). Beacon also conducted educational outreach at Unicoi County Hospital in connection with the expansion of home health services into that market. These programs were designed to increase awareness of home health, hospice, and post-acute care services among clinicians, patients, families, and community stakeholders.

In addition to hospital-based education, Beacon has historically partnered with transitional care and assisted living communities, including organizations affiliated with Quillen Rehabilitation Hospital and Princeton Transitional Care, to provide ongoing education to healthcare professionals, patients, residents, and family caregivers.

Beacon also maintains a strong collaboration with the Department of Veterans Affairs (VA), regularly conducting educational meetings regarding available home health and hospice services to support veterans and their families.

More recently, Beacon has expanded its community outreach through fall prevention programs hosted within assisted living communities, including Independence Village, Townview, and American House of Johnson City. These events provide education focused on patient safety, fall risk reduction, and healthy aging.

Beacon has also been a longstanding participant in the Encompass Health joint venture Stroke Survivor Event held at the Langston Centre in Johnson City, further demonstrating its commitment to community education, caregiver support, and chronic disease awareness. As part of the proposed expansion, Beacon intends to continue targeting hospitals, skilled nursing facilities, assisted living communities, rehabilitation providers, physician practices, veteran organizations, senior service agencies, community groups, and other healthcare stakeholders through similar educational and outreach initiatives designed to improve community awareness of available services and support timely access to appropriate care.

17. **1N. Criteria and Standards**

Attachment 1N, Hospice Criteria and Standards, Criterion #17, Need Formula:

The need calculations do not appear to match the most recent published data from the Tennessee Department of Health. Please revise the responses based on the most current information. A copy of the current projections will be sent to the applicant's listed point of contact upon submission of these supplemental questions.

Response : Please see updated calculations based on the current projection chart provided to the applicant by H

	Hospice Patients Served			Total Hospic	
County Name	**2023**	**2024**	**Mean**	**2023**	**2024**
Carter	563	643	603	788	7
Johnson	201	212	207	239	2
Unicoi	224	238	231	259	2
Washington	1,534	1,671	1,603	1,535	1,5

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health S
2023-2024 JAR Hospice (not including Residential Hospice) data used for patient data.

18. **1N. Criteria and Standards**

Attachment 1N(3)

The following items appear to be incorrect:

ID 10601 - Amedisys Hospice: Net Revenue, Average Revenue per Day

ID 47062 - Amedisys Hospice: Total Patient Days, Average Revenue per Day

The following agencies are missing:

ID 19604 - Amedisys Hospice Nashville and

ID 15602 - Smokey Mountain Home Health and Hospice

Response : Please see updated table listed as Attachment 1N(3).R.

19. **1E. Overview**

Attachment - Letters of Recommendation

Please confirm whether any of the signatories to the letters of recommendation have any business affiliation with the applicant.

Response : The applicant confirms that one letter of recommendation was provided by a signatory with a business affiliation with the applicant: J. Brianne Blakely, who serves as Director of Clinical Services for Beacon Home Health, Kingsport branch. In addition, the following entities are current referral sources to Beacon Home Health: Hermitage Health and Rehabilitation Center, Heritage Health & Rehabilitation, The Waters of Roan Highlands, Sycamore Springs Senior Living Community, and Signature HealthCARE of Elizabethton Rehab & Wellness Center.

20. **5C. License/Certification**

Please address the following quality considerations contained in Tennessee Health Facilities Commission Rule 0720-11-.01:

Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external assessment against nationally available benchmark data to accurately assess its level of performance in relation to established standards and to implement ways to continuously improve. This may include accreditation by any organization approved by Centers for Medicare and Medicaid Services (CMS) and other nationally recognized programs. Other acceptable accrediting organizations may include, but are not limited to, the following:

Community Health Accreditation Program, Inc., Accreditation Commission for Health Care, or another accrediting body with deeming authority for hospice services from CMS or state licensing survey, and/or other third-party quality oversight organization, for Hospice projects; and

Participation in the National Palliative Care Registry, for Hospice projects; and

Whether the applicant has documented its existing or proposed plan for quality data reporting, quality improvement, and an outcome and process monitoring system;

Response : Within 2 years of implementation of the project, the applicant will participate in self-assessment and external assessment against nationally available benchmark data to accurately assess its level of performance in relation to established standards and to implement ways to continuously improve. As reported in question 5Q of the application, the applicant will submit a Quality Measure Report.