



**State of Tennessee
Health Facilities Commission**

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

**ANNUAL PROGRESS REPORT OF HOME HEALTH ACCREDITATION FOR
CON EXEMPTION**

Instructions: This form must be filed with the Health Facilities Commission by any person who established a health care institution or initiates any service specified in T.C.A. 68-11-1607 (a) (3) pursuant to the exemption provided in T.C.A. 68-11-1607 (r) or T.C.A. 68-11-1607 (r) at the end of the first year of initial licensure. This form may be emailed to hsda.staff@tn.gov.

1. REPORTING DATE:

2. LICENSURE:

Date of Licensure: _____

License Number: _____

3. COUNTY:

4. NAME AND ADDRESS OF PROVIDER

(Name)

(Street Address)

(City) (State) (Zip)

5. CONTACT PERSON OR AUTHORIZED AGENT REPORTING EXEMPTION

(Name)

(Title)

(Company)

(Email Address)

(Mailing Address)

(Telephone Number)

(City) (State) (Zip)

(Fax Number)

6. ACCREDITATION

Please Check

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

7. In a brief narrative, please describe the current stage of completion of accreditation.

Signature

Date

Printed Name