



State of Tennessee

Health Facilities Commission

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

www.tn.gov/hfc

Phone: 615-741-7221

July 19, 2024

Sent Via Email

Bati Tola
B&M Home Care Services LLC
110 Center Park Drive, Suite 103
Knoxville, Tennessee 37922

Facility Type: Home Health Agencies

Dear Administrator:

It is my pleasure to inform you that your application for licensure of B&M Home Care Services LLC located at 110 Center Park Drive, Suite 103, Knoxville, Tennessee 37922 has been initially approved for Home Health Agency providing Skilled Nursing and Home Health Aid Services to all EEIOCPA counties in Tennessee; effective July 18, 2024. The license number shall be 680. For this initial approval to become final and permanent, your application must be ratified by the Board pursuant to T.C.A. §68-11-206. The Board will consider your application at its next meeting, scheduled for August 28, 2024. **You are hereby authorized to commence operation pending the final decision of the Board.** No further action is necessary on your part currently.

For certification purposes, please be advised it is your responsibility to contact your Health Care Facility's regional office for participation in Medicare/Medicaid. The East Regional Office phone number is 865-594-9396.

If the Board **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days; notifying you of the Board's final decision.

If the Board **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

A home health agency limited to the provision of home health services in the federal Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA) and/or to patients under eighteen (18) years of age is required within two (2) years of the initiation of services to obtain accreditation as identified in T.C.A. §68-11-1607(r)(1) & (s)(3). Proof of accreditation must be submitted to the Health Facilities Commission upon receipt.

Please contact me if I can be of further assistance.

Sincerely,

Mary Louise Clark

Mary Louise Clark, ASA II



#680

APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: EEOICPA Home Health License # (if applicable): _____ County: Knox

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

Facility Name: B&M Home Care Services LLC

Address: 110 Center Park Drive, Suite 103 City: Knoxville Zip Code: 37922

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

Project #: _____ Phase: _____ of _____

Facility approved for (if satellite/off campus site include address): Skilled Nursing, Home Health Aide Services
EEOICPA-All Tennessee Counties

Sprinklered: N/A (Full 100%) Partial: N/A (%)

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

If secured unit, number of beds in unit: _____ If Alzheimer's unit, number of beds in unit: _____
(NOTE: If this is an increase in the number of beds in a secured Alzheimer's unit, indicate number of beds approved for the increase number only)

Health Surveyor: [Signature] Date: 7/18/2024

Fire Safety: _____ Date: _____

CD Approved: Yes X No _____ N/A _____ Health Survey Required: Yes X No _____

Facility's Letter of Notification received in Licensure: Yes X No _____
(Completed by Central Office Licensure Staff)

CMS Paperwork (855, etc) approved and received in regional office: Yes X No _____
(NOTE: With exception of Initial Licensure Approvals)

Effective date: 7/18/24
(Completed by Central Office Licensure Staff)

Licensure is recommended: Yes ✓ No _____

[Signature] Date: 7/18/2024
Regional Administrator/Facilities Construction Director or Designee

[Signature] Date: 7/19/24
Licensure Program Unit Staff



State of Tennessee

Health Facilities Commission

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

www.tn.gov/hfc

Phone: 615-741-7221

April 30, 2024

Sent Via Email

B&M Home Care Services LLC
110 Center Park Drive, Suite 103
Knoxville, Tennessee 37922

Dear B&M Home Care Services LLC:

This is to acknowledge receipt of your application and fee to apply for licensure of B&M Home Care Services LLC. Please review the instruction sheet that you received with the application to apply for licensure so that you are aware of the process for obtaining licensure of your facility. If a certificate of need is required to provide services, you will need to contact *Health Services and Developmental Agency* at (615) 741-2364.

Please remember that if you are applying for licensure of a facility that requires an architectural plans review contact Plans Review for complete and details and procedures at (615) 741-6998. You must submit those plans along with the plans review fee prior to scheduling a survey. **For Homes for the Aged facilities specifically; TCA-368-11-202 allows "schematics shall be submitted to the department for approval of plans and specifications, converting and existing single family dwelling" with six (6) or less beds.**

It is your responsibility to contact the East Tennessee Regional Office to request a survey of your facility. Please submit the request in writing to East Tennessee, Regional Administrator, 7175 Strawberry Plains Pike, Suite 103, Knoxville, Tennessee 37914. If you would like to fax the request to Debra Verna) the fax number is 865-594-5739.

Your application and fee will be held in a pending status until you are recommended by the Regional Office for licensure. Once the recommendation for licensure is received from the regional office, your facility will receive a letter for "Initial Approval." Admission of patients MAY NOT occur until the facility's receipt of the "Initial Approval" letter. Your application will be presented before the Board for Licensing Health Care Facilities for ratification and final approval at the next regularly scheduled board meeting. Your facility CAN operate once you receive the "Initial Approval."

This application will only be good for one (1) years from the date of receipt. If the initial licensure has not occurred within that one (1) year period you will be required to submit a new application and fee unless you have contacted our office in writing extending your application.

In the event that a certificate of need is required prior to obtaining a license for this facility the application file will be closed the day following the expiration date of the certificate of need.

A home health agency limited to the provision of home health services in the federal Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA) and/or to patients under eighteen (18) years of age is required within two (2) years of the initiation of services to obtain accreditation as identified in T.C.A. §68-11-1607(r)(1) & (s)(3). Proof of accreditation must be submitted to the Health Facilities Commission upon receipt.

Should you have any questions or if I can be of assistance to you please call me at (615) 741-7202 or you may email me at Mary.2.Clark@tn.gov.

Sincerely,

Office of Health Care Facilities
Licensure Section

ACKNLINT

Application Summary

4/30/24 9:23 AM

Page 1 of 9

Application Detail

License Type:	Home Health Services: Licensed
Application:	Home Health Services: Initial Application
Application Date:	04/30/2024 (mm/dd/yyyy)

Organization Detail

Organization Name:	B&M Home Care Services LLC
Organization Type:	Limited Liability Corporation

Addresses**Mailing Address**

Address:	110 Center Park Drive
	Suite 103
	KNOX
	Knoxville, TN
	37922
	US

Phone Number:	206-605-7983
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Extension:	
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E-mail Address:	bati_mid@hotmail.com
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Administrative

Name:	B&M Home Care Services LLC
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Address:	110 Center Park Drive
	Suite 103
	KNOX
	Knoxville, TN
	37922
	US

Phone Number:	206-605-7983
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Extension:

E-mail Address:

bati_mid@hotmail.com

Emergency Contact

Name:

B&M Home Care Services LLC

Address:

1030 N Center Pkwy

Suite 318

BENTON

Kennewick, WA

99336

US

Phone Number:

206-605-7983

Extension:

E-mail Address:

bati_mid@hotmail.com

Ownership of Building

Name:

Parker Shiflett & Company Inc

Address:

9217 Park West Blvd

Suite 1

KNOX

Knoxville , TN

37923

US

Phone Number:

865-693-1411

Extension:

E-mail Address:

John@parkershiflett.com

Legal Entity

Name:

B&M Home Care Services LLC

Address:

1030 N Center Pkwy

Suite 318

BENTON**Kennewick, WA****99336****US**

Phone Number:

206-605-7983

Extension:

E-mail Address:

bati_mid@hotmail.com**Holding Company**

Name:

B&M Home Care Services LLC

Address:

1030 N Center Pkwy**Suite 318****BENTON****Kennewick, WA****99336****US**

Phone Number:

206-605-7983

Extension:

E-mail Address:

bati_mid@hotmail.com**Parent Company**

Name:

B&M Home Care Services LLC

Address:

1030 N Center Pkwy**Suite 318****BENTON****Kennewick, WA****99336****US**

Phone Number:

206-605-7983

Extension:

E-mail Address:

bati_mid@hotmail.com

License Attributes Selected

Specialty

Home Health Agency

Home Health Aid Services

Limited to EEOICPA

Skilled Nursing

Qualification/Certification

EEOICPA -All Counties

~~EEOICPA-Anderson~~~~EEOICPA-Bedford~~~~EEOICPA-Benton~~~~EEOICPA-Bledsoe~~~~EEOICPA-Blount~~~~EEOICPA-Bradley~~~~EEOICPA-Campbell~~~~EEOICPA-Cannon~~~~EEOICPA-Carroll~~~~EEOICPA-Carter~~~~EEOICPA-Cheatham~~~~EEOICPA-Chester~~~~EEOICPA-Claiborn~~~~EEOICPA-Clay~~~~EEOICPA-Cocke~~~~EEOICPA-Coffee~~~~EEOICPA-Crockett~~~~EEOICPA-Cumberland~~~~EEOICPA-Davidson~~~~EEOICPA-DeKalb~~

~~EEOICPA-Decatur~~

~~EEOICPA-Dickson~~

~~EEOICPA-Dyer~~

~~EEOICPA-Fayette~~

~~EEOICPA-Fentress~~

~~EEOICPA-Franklin~~

~~EEOICPA-Gibson~~

~~EEOICPA-Giles~~

~~EEOICPA-Grainger~~

~~EEOICPA-Greene~~

~~EEOICPA-Grundy~~

~~EEOICPA-Hamilton~~

~~EEOICPA-Hamlen~~

~~EEOICPA-Hancock~~

~~EEOICPA-Hardenman~~

~~EEOICPA-Hardin~~

~~EEOICPA-Hawkins~~

~~EEOICPA-Haywood~~

~~EEOICPA-Henderson~~

~~EEOICPA-Henry~~

~~EEOICPA-Hickman~~

~~EEOICPA-Houston~~

~~EEOICPA-Humpreys~~

~~EEOICPA-Jackson~~

~~EEOICPA-Jefferson~~

~~EEOICPA-Johnson~~

~~EEOICPA-Knox~~

~~EEOICPA-Lake~~

~~EEOICPA-Lauderdale~~

~~EEOICPA-Lawrence~~

~~EEOICPA-Lewis~~

~~EEOICPA-Lincoln~~

~~EEOICPA-Loudon~~

~~EEOICPA-Macon~~

~~EEOICPA-Madison~~

~~EEOICPA-Marion~~

~~EEOICPA-Marshall~~

~~EEOICPA-Maury~~

~~EEOICPA-McMinn~~

~~EEOICPA-McNairy~~

~~EEOICPA-Meigs~~

~~EEOICPA-Monroe~~

~~EEOICPA-Montgomery~~

~~EEOICPA-Moore~~

~~EEOICPA-Morgan~~

~~EEOICPA-Obion~~

~~EEOICPA-Overten~~

~~EEOICPA-Perry~~

~~EEOICPA-Pickett~~

~~EEOICPA-Polk~~

~~EEOICPA-Putnam~~

~~EEOICPA-Rhea~~

~~EEOICPA-Roane~~

~~EEOICPA-Robertson~~

~~EEOICPA-Rutherford~~

~~EEOICPA-Scott~~

~~EEOICPA-Sequatchie~~~~EEOICPA-Sevier~~~~EEOICPA-Shelby~~~~EEOICPA-Smith~~~~EEOICPA-Stewart~~~~EEOICPA-Sullivan~~~~EEOICPA-Sumner~~~~EEOICPA-Tipton~~~~EEOICPA-Trousdale~~~~EEOICPA-Unicoi~~~~EEOICPA-Union~~~~EEOICPA-Van Buren~~~~EEOICPA-Warren~~~~EEOICPA-Washington~~~~EEOICPA-Wayne~~~~EEOICPA-Weakley~~~~EEOICPA-White~~~~EEOICPA-Williamson~~~~EEOICPA-Wilson~~

Basic License Data

Do you have Branch Offices? If yes, enter number(s) of branch(es).

0

Provide Administrator's Name:

Bati Tola

Provide the Ownership's Name:

B&M Home Care Services, LLC

Is your facility accredited by a federally approved accrediting body?

No

What type of Home Care Organization: Hospital Based or Nursing Home Based or Free Standing?

Free Standing

Provide a Yes or No, if your facility is Chain Affiliated **Yes**

Provide a Yes or No, if your facility has a Holding Company **Yes**

Provide a Yes or No, if your facility has a Parent Company **Yes**

Do you have Other Licensed Facilities in the state of Tennessee and/or other states? **No**

Do you have a contract with a management firm to operate this facility? **No**

Have any owners ever been denied a license, had a license suspended or revoke, had a suspension of admissions or paid any civil monetary penalties for a health care facility in Tennessee or in any other state? **No**

Provide a Yes or No, Do you provide services to a pediatric population? **No**

Provide a Yes or No, Is your agency a provider in the EEOICPA federal program? **Yes**

Administrator's Conviction Information

Administrator convicted of crime?: **No**

Individual Owners, Partners, Director or Head of Government Entity

The name of the individual owner, partner, director of the corporation or head of the government: **Bati Degefa Tola**

Street: **1443 Waggaman Circle**

City: **Mclean**

State: **Virginia**

Zip: **22101**

Owner Discipline Information

Have any of the owners of the disclosing entity ever been denied a license suspended or revoked?: **No**

Have any of owners of the disclosing entity had a suspension of admissions?: **No**

Have any of the owners of the disclosing entity paid any civil monetary penalties for a health care facility in Tennessee or any other **No**

state?:

File Attachments

Key Bank Statement April 24.pdf

Certificate of good standing.pdf

Fees

Initial License Fee	\$1404.00
Total Amount Due:	\$1404.00

Attestation

I, being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a Home Health Services facility in the State of Tennessee. I HEREBY: SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview. RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a Home Health Services facility. AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications. RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification. ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications. AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary. This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

Online Payment Receipt

Receipt Issued By:

Board for Licensing Health Care Facilities

Receipt Issued To:

B&M Home Care Services LLC

110 Center Park Drive

Knoxville, TN 37922

Date: 04/30/2024

Transaction Identifier: 3873108110

Trace Number: 1981988

License Type	Licensee	Transaction	Application #	Account #	Amount
Home Health Services	B&M Home Care Services LLC	Home Health Services: Initial Application	534-12810	*****0189	\$1404.00