



State of Tennessee

Health Facilities Commission

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

www.tn.gov/hfc

Phone: 615-741-7221

July 9, 2024

Sent Via Email

Savannah Wesley, RN
Continuum Pediatric Nursing Services
8230 Leesburg Pike, Suite 740
Vienna, Virginia 22182

Facility Type: Home Health Agencies

Dear Administrator:

It is my pleasure to inform you that your application for licensure of Continuum Pediatric Nursing Services located at 220 Great Circle Road, Suite. 138, Nashville, Tennessee 37228 has been initially approved for Home Health agency services serving the pediatric counties of Davidson, Robertson, Sumner, Wilson, Rutherford, Williamson, and Cheatham providing Skilled Nursing; effective June 28, 2024. The license number shall be 659. 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 July 29, 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 West Regional Office phone number is 731-984-9684.

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



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HHA License # (if applicable): _____ County: Davidson

Initial X Renovation _____ Satellite/Off Campus Location _____

Physical Plant/Services/New Addition _____ Relocation/Replacement Facility _____
(Circle One) (Circle One)

Facility Name: Continuum Pediatric Nursing Services

Address: 220 Great Circle Rd, Suite 138 City: Nashville Zip Code: 37228

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

Project #: _____ Phase: _____ of _____

Facility approved for (if satellite/off campus site include address): Pediatric home health services serving the following counties: Davidson, Robertson, Sumner, Wilson, Rutherford, Williamson, and Cheatham. Providing Skilled Nursing Services.

Sprinklered: _____ (Full 100%) Partial: _____ (%)

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

If secured unit, number of beds in unit: _____ If Alzheimer's unit, number of beds in unit: _____

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

Health Surveyor: Donald Milam, ACC Supervisor Date: 6/26/2024

Fire Safety: _____ Date: _____

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

Facility's Letter of Notification received in Licensure: Yes _____ No _____

(Completed by Central Office Licensure Staff)

CMS Paperwork (855, etc) approved and received in regional office: Yes _____ No _____

(NOTE: With exception of Initial Licensure Approvals)

Effective date: 6/28/24

(Completed by Central Office Licensure Staff)

Licensure is recommended: Yes ☒ No _____

Kathy Zeigler, RA/DPM 6/28/2024
Regional Administrator/Facilities Construction Director or Designee Date

Mary Louise Clark 7/8/24
Licensure Program Unit Staff Date



State of Tennessee

Health Facilities Commission

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

www.tn.gov/hsda Phone: 615-741-7221

March 27, 2023

Sent Via Email

Katherine Mitchell, RN
Continuum Pediatric Nursing Services
1426 B Stainback Ave.
Nashville, Tennessee 37207

Dear Katherine Mitchell, RN:

This is to acknowledge receipt of your application and fee to apply for licensure of Continuum Pediatric Nursing Services. 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 West Tennessee Regional Office to request a survey of your facility. Please submit the request in writing to West Tennessee, Regional Administrator, 295 Summar Drive, Floor 2, Jackson, Tennessee 38301. If you would like to fax the request to Kathy Zeigler) the fax number is 731-427-0407.

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.

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,

Mary Louise Clark

Mary Louise Clark, ASA 2
665 Mainstream Drive, Floor 2
Nashville, Tennessee 37228

RECEIVED APR 01 2024



HOME HEALTH SERVICES APPLICATION FOR INITIAL LICENSURE

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <https://www.tn.gov/life/division-of-licensure-and-regulation/hic-licensure-licensure-applications.html>. Please check this website periodically for updates.

Name of the Facility/Agency

Continuum Pediatric Nursing Services

Location of the Facility:

Street 220 Great Circle Rd. Ste 138 city Nashville,

County Davidson State TN Zip 37228

Phone Number (615) 823-1030 ext. 280 Fax Number (615) 823-5899

Twenty-four (24) Hour Emergency Phone Number (800) 828-5659

E-Mail Address savannah.wesley@continuum-nursing.com

Administrator Information:

Administrator Savannah Wesley, RN

Have you (Administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement, fraud)? Yes ☐ No ☒

If yes, what charge(s)? _____

Location of Conviction _____ Date _____
(City) (County) (State)

Mailing address if different from the Facility location address:

Name Continuum Pediatric Nursing Services Attn: Joe Green

Street 8230 Leesburg Pike Ste. 740

City Vienna State VA Zip 22182

Ownership of Building:

HHA ☒

Name BPaz Holding Co, LLC Phone Number (415) 295-8080

Street 1 Sansome St.

City San Francisco State CA Zip 94104

1. Check type: Hospital Based ☐ Nursing Home Based ☐ Free Standing ☒

2. Check type: Licensed only Agency ☐ Licensed/Medicaid Certified ☒

3. Geographic area served by Agency: (list county or counties) If additional space is needed, please use a separate page.

Davison, Robertson, Sumner, Wilson, Butherford,
Williamson, Cheatham

4. Check type of services provided:

- | | | | |
|----------------------------|-------------------------------------|------------------------------------|--------------------------|
| a. Skilled Nursing | ☒ | f. Home Health Aid Services | ☐ |
| b. Physical Therapy | ☐ | g. Medical Supplies and Appliances | ☐ |
| c. Occupational Therapy | ☐ | h. Homemaker Services | ☐ |
| d. Speech Therapy | ☐ | i. Other (please specify) | ☐ |
| e. Medical Social Services | ☐ | | |

5. Do you provide services to a pediatric population? Yes ☒ No ☐

If yes, what counties? Davison, Robertson, Sumner, Wilson, Butherford, Williamson,

6. Is your agency a provider in the EEOICPA federal program? Yes ☐ No ☒

If yes, what counties? Cheatham

7. Provide proof of the ability to meet the financial needs of the facility.

OWNERSHIP OF BUSINESS:

1. a. Check the type of Legal Entity:

Individual ☐ Partnership ☐ Corporation ☒ Limited Liability Company ☐

Church Related ☐ Government/County ☐ Other ☐

- b. Check one: For Profit ☐ Non-profit ☒

- c. Legal Entity checked in 1.a:

Name MPS Healthcare Inc. Phone Number (703) 506-0123

Address 8230 Leesburg Pk. Ste 740 Vienna, VA 22182

- d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:

Joe Green, President 8230 Leesburg Pk. Ste. 740 Vienna, VA 22182
Name Street City, State, Zip

Chris Walker, CFO 8230 Leesburg Pk. Ste. 740 Vienna, VA 22182
Name Street City, State, Zip

(If additional space is needed, please use a separate sheet)

- e. If a government/county owned facility, does the administrator have authority to act on behalf of the government/county as it relates to the operation of this facility? Yes ☐ No ☐

- f. If no to e., who has said authority? _____

2. a. Is your facility/organization accredited by a **federally approved** accrediting body including but not limited to JCAHO, CARF, etc.? **Provide proof of accreditation.**

Yes ☒ No ☐ Expiration Date 2/5/2025

3. Is this facility chain affiliated? Yes ☒ No ☐
4. If you have a parent company please provide the following information:
Name Continuum Affiliates LLC Phone Number (703) 506-0123
Address 8230 Leesburg Pk. Ste. 740 Vienna, VA 22182
5. a. If a corporation, is there a holding company? Yes ☐ No ☒
b. If yes, list the name, address and phone number of the holding company:
Name _____ Phone Number () _____
Street _____
City _____ State _____ Zip _____
6. a. Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states? Yes ☒ No ☐
b. If yes, list names and addresses of all such facilities:
Attached
7. a. Do you have a contract with a management firm to operate this facility? Yes ☐ No ☒
If yes, specify dates: From _____ To _____
b. If yes, please specify name of firm: _____
Phone Number () _____
Street _____ City, State, Zip _____
8. a. Have any owners of the disclosing entity 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? Yes ☐ No ☒
If yes, where? _____ When? _____
For what reason? _____

VERIFICATION BY NOTARY PUBLIC:

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

Savannah Wesley Director of Nursing, RN 3/26/2024
Applicant Signature Title or Position Date

STATE OF TENNESSEE

County of Davidson

The above named applicant (print name) Savannah Wesley being
by me duly sworn on his/her oath, deposes and says that he/she has read the foregoing application and knows the contents

thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 26 day of March 2024
(Month) (Year)

Notary Public: Landon Earps

My commission expires: 3-9-27

FEE SCHEDULE: (FEES ARE NON-REFUNDABLE) \$1,404



Mary 2. Clark

From: edison.erp@tn.gov
Sent: Monday, March 27, 2023 10:47 AM
To: Mary 2. Clark
Attachments: iNovah Receipt.pdf

file # 659

Continuum Pediatric
Nursing Services

*** PLEASE DO NOT REPLY ***



STATE OF TENNESSEE
Health Services and Dev Agency
Office: Andrew Jackson, 8th
3/27/2023 10:44 AM

Cashier: MARYL1011002
Batch #: 1500366
Trans #: 4

=====

Health Care Facilities

Receipt #:	35378468	
HA15 HCF		\$1,404.00
Payment Total:		\$1,404.00
=====		
Transaction Total:		\$1,404.00
Check 21		\$1,404.00

Thank you for your payment.
Have a nice day!

Continuum Pediatric Nursing Services

Mc Lean, VA

has been Accredited by

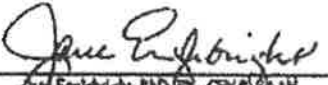


The Joint Commission

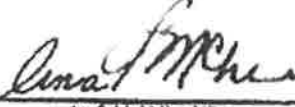
Which has surveyed this organization and found it to meet the requirements for the
Home Care Accreditation Program

February 5, 2022

Accreditation is customarily valid for up to 36 months.


Julie English, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID 0303655
Print Reprint Date: 02/07/2022


Ann Fajans McKee, MD
Executive President & CEO

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



AMA



This organization is of the opinion that the information contained herein is true and correct as far as it goes and is not responsible for any errors or omissions. The Joint Commission is not responsible for the accuracy of the information contained herein. The Joint Commission is not responsible for the accuracy of the information contained herein. The Joint Commission is not responsible for the accuracy of the information contained herein.