



State of Tennessee
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

July 31, 2024

Sent Via Email

Aaron Mushell
Calmed Medical Supplies and Repair, Inc
24123 Greenfield Rd, Suite 100
Southfield, Michigan 48075

Facility Type: Home Medical Equipment

Dear Aaron Mushell:

It is my pleasure to inform you that your application for licensure of Calmed Medical Supplies and Repair, Inc located at 24123 Greenfield Rd, Suite 100 Southfield, Michigan 48075 has been initially approved for providing Home Medical Equipment services in all counties in Tennessee; effective June 25, 2024 .The license number shall be 1387. For this initial approval to become final and permanent, your application must be ratified by the commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for August 2024 . **You are hereby authorized to commence operation pending the final decision of the Commission** No further action is necessary on your part currently.

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

If the Commission **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 Commission final decision.

If the Commission **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.

Please contact me if I can be of further assistance.

Sincerely,

Niraj Soni

Niraj Soni, ASA 3
Phone: (615) 741-7539
Fax: (615) 253-8798
Email: Niraj.Soni@tn.gov

cc: East Tennessee Regional Administrator



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HME License # (if applicable): _____ County: _____

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

Facility Name: Calmed Medical Supplies and Repair Inc.

Address: 24123 Greenfield Road Suite 100 City: Southfield MI Zip Code: 48075

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): Provision of HME services to all counties in Tennessee. _____

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: Robert A. Anderson Date: 6-25-24

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: June 25, 2024 Licensure is recommended: Yes X No _____
(Completed by Central Office Licensure Staff)

Debra Verna / Tom Lane 6-25-24
Regional Administrator/Facilities Construction Director or Designee Date
Niraj Sen 7/3/24
Licensure Program Unit Staff Date

17SD/East file# 1387
App# 22730

Application Summary

7/11/23 10:30 AM

Page 1 of 4

Application Detail

License Type: Home Medical Equipment: Licensed
Application: Home Medical Equipment: Initial Application
Application Date: 07/11/2023 (mm/dd/yyyy)

Organization Detail

Organization Name: Calmed Medical Supplies and Repair, Inc

Organization Type: Corporation

Addresses

Main Address

Address: 24123 Greenfield Rd
Suite 100
OAKLAND
Southfield, MI
48075
US

Phone Number: 248-440-6069

Extension: 201

E-mail Address: Aharon@Calmed-medical.com

Legal Entity

Name: Calmed Medical Supply and Repair, Inc

Address: 24123 Greenfield Rd
Suite 100
OAKLAND
Southfield, MI
48075
US

Phone Number: 248-440-6069

Extension: 201

E-mail Address:

Aharon@Calmed-medical.com

Emergency Contact

Name:

Calmed Medical Supply and Repair, Inc

Address:

24123 Greenfield Rd

Suite 100

OAKLAND

Southfield, MI

48075

US

Phone Number:

248-440-6069

Extension:

201

E-mail Address:

Aharon@Calmed-medical.com

Administrative

Name:

Calmed Medical Supply and Repair, Inc

Address:

24123 Greenfield Rd

Suite 100

OAKLAND

Southfield, MI

48075

US

Phone Number:

248-440-6069

Extension:

201

E-mail Address:

Aharon@Calmed-medical.com

Ownership of Building

Name:

Calmed Medical Supply and Repair, Inc

Address:

24123 Greenfield Rd

Suite 100

OAKLAND

Southfield, MI

48075

US

Phone Number:

248-440-6069

Extension:

201

E-mail Address:

Aharon@calmed-medical.com

License Attributes Selected

Additional License Information

For Profit

Qualification/Certification

All Counties

Basic License Data

If your facility has branch offices provide the number. If none, enter 00

00

Provide Administrator's Name:

Esther Oseroff

Provide the Ownership's Name:

Calmed Medical Supplies and Repair, Inc

Is your facility accredited by a federally approved accrediting body? If yes, provide the accrediting body (i.e. JCAHO, CHAP, CARF, DNA, etc.):

Yes

If accredited, provide expiration date of accreditation:

03/03/2025 (mm/dd/yyyy)

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

Other

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

No

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

No

Do you have Other Licensed Facilities in the state of Tennessee and/or other states?

No

Provide a Yes or No, if your facility has a parent company:

No

Provide a Yes or No, if your facility has a Management Firm:

No

Provide a Yes or No, if your facility has a Management Firm:

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

Does your facility have a physical location in Tennessee?: **No**

File Attachments

Proof of Financ Abi.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 Medical Equipment 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 Medical Equipment 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:

Aharon Mushell
24123 Greenfield Rd
Southfield, MI 48075

Date: 07/11/2023

Transaction Identifier: 3854409498

Trace Number: 1691757

License Type	Licensee	Transaction	Application #	Account #	Amount
Home Medical Equipment	Calmed Medical Supplies and Repair, Inc	Home Medical Equipment: Initial Application	548-22730	*****9698	\$1404.00

July 31, 2024

Niraj Soni, ASA 3

Health Facilities Commission

665 Mainstream Drive, 2nd Floor,

Nashville, TN 37243

It is the intent of MedCentris Specialty Group to commence operations of DME in the state of Tennessee on July 31st, 2024. DME will be dispensed and shipped from our home office located at 16065 Lamonte Drive Hammond, Louisiana 70403 to client's homes in the state of Tennessee following all state, local, and federal DME guidelines as dictated by the state of Tennessee and CMS.

Sincerely,

Henry Hoffstadt, Ancillary Strategy Manager

16065 Lamonte Drive,

Hammond, LA 70403



24123 Greenfield Rd. Suite 100
Southfield, MI 48075
Phone: 248-440-6069
Fax: 248-499-1942
www.calmedmedical.com

June 26, 2024

State of Tennessee
HME Provider Licensing

To whom it may concern,

We applied for a Home Medical Equipment Initial license as an out of state provider in July of 2023. We are reaching out to request an extension for our application for one year until 7/11/2025.

If you have any questions, please contact me directly at 248-798-0901 or Aharon@calmed-medical.com

Thank you,
Aharon Mushell
CEO