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

June 6, 2024 **Sent Via Email**

Niki Shiffbauer
Providence Home Medical, LP
451 Valley Brook Road, Suite 204
Mcmurray, Pennsylvania 15317

Facility Type: Home Medical Equipment

Dear Administrator:

It is my pleasure to inform you that your application for licensure of Providence Home Medical, LP located at 451 Valley Brook Road, Suite 204, Canonsburg, Pennsylvania 15317 has been initially approved Home Medical Equipment Services to all Tennessee Counties; effective June 6, 2024. The license number shall be 1404. 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 31, 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.

Please contact me if I can be of further assistance.

Sincerely,

Mary Louise Clark

Mary Louise Clark, ASA II

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

September 13, 2023 **Sent Via Email**

Niki Schiffbauer
Providence Home Medical, LP
451 Valley Brook Road, Suite 204
Canonsburg, Pennsylvania 15317

Dear Niki Schiffbauer:

This is to acknowledge receipt of your application and fee to apply for licensure of Providence Home Medical, LP. 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.

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

ITSD/East file# 1404
App#22800

Application Summary

Application Detail

License Type:	**Home Medical Equipment: Licensed**
Application:	**Home Medical Equipment: Initial Application**
Application Date:	**09/13/2023 (mm/dd/yyyy)**

Organization Detail

Organization Name:	**Providence Home Medical, LP**
Organization Type:	**Corporation**

Addresses

Main Address

Address:	**451 Valley Brook Road** **Suite 204** **WASHINGTON** **Canonsburg, PA** **15317** **US**
Phone Number:	**866-854-7436**
Extension:	**305**
E-mail Address:	**nschiffbauer@phmlp.com**

Administrative

Name:	**Providence Home Medical, LP**
Address:	**451 Valley Brook Road** **Suite 204** **WASHINGTON** **McMurray, PA** **15317** **US**
Phone Number:	**866-854-7436**

Extension:	**305**
E-mail Address:	**nschiffbauer@phmlp.com**

Emergency Contact

Name:	**Providence Home Medical, LP**
Address:	**451 Valley Brook Road** **Suite 204** **WASHINGTON** **Canonsburg, PA** **15317** **US**
Phone Number:	**866-854-7436**
Extension:	**305**
E-mail Address:	**nschiffbauer@phmlp.com**

Ownership of Building

Name:	**Mark Mortland**
Address:	**451 Valley Brook Road** **Suite 204** **WASHINGTON** **Canonsburg, PA** **15317** **US**
Phone Number:	**724-942-8990**
Extension:	
E-mail Address:	**mortlandpt@gmail.com**

Legal Entity

Name:	**Providence Home Medical, LP**
Address:	**451 Valley Brook Road** **Suite 204**

	WASHINGTON
	Canonsburg, PA
	15317
	US
Phone Number:	**866-854-7436**
Extension:	**305**
E-mail Address:	**nschiffbauer@phmlp.com**

License Attributes Selected

Qualification/Certification	**All Counties**
Additional License Information	**For Profit**

Basic License Data

If your facility has branch offices provide the number. If none, enter 00	**00**
Provide Administrator's Name:	**Niki Schiffbauer**
Provide the Ownership's Name:	~~**Daniel Pettigrew**~~ Providence Home Medical, LP
Ownership Name Continued:	~~**Daniel Pettigrew**~~
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:	**04/25/2024 (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	**No**

parent company:

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

Pennsylvania Subsistence.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.

TN Department of Health

Online Payment Receipt

Receipt Issued By:
Board for Licensing Health Care Facilities

Receipt Issued To:
Providence Home Medical, LP
451 Valley Brook Road
Canonsburg, PA 15317

Date: 09/13/2023
Transaction Identifier: 3858000785
Trace Number: 1751611

License Type	Licensee	Transaction	Application #	Account #	Amount
Home Medical Equipment	Providence Home Medical, LP	Home Medical Equipment: Initial Application	548-22800	**********4092	$1404.00

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding:	Providence Home Medical, L.P.		
Request Type:	Subsistence Certificate	**Issuance Date:**	September 13, 2023
Request No.:	022114421	**File No.:**	0004048930
Receipt No.:	000685903		
Filing Type:	Domestic Limited Partnership (LP/LLLP)		
Filing Subtype:	Limited Partnership		
Initial Filing Date:	August 10, 2011		
Status:	Active		

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Providence Home Medical, L.P.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov