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

July 26, 2024 **Sent Via Email**

Bradley Kramer
Orthocor Medical & New Options Sports
8611 W 35W Service Drive NE Suite 180
Minneapolis, Minnesota 55449

Facility Type: Home Medical Equipment

Dear Bradley Kramer:

It is my pleasure to inform you that your application for licensure of Orthocor Medical & New Options Sports located at 8611 W 35W Service Drive NE, Minneapolis, Minnesota 55449 has been initially approved for Out of State Home Medical Equipment Provider serving all counties in Tennessee; effective July 22, 2024 .The license number shall be 1381. 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 West Tennessee Regional Office phone number is 731-984-9684 .

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: West Tennessee Regional Administrator

HFC

APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HME License # (if applicable): #1381 County: Out of State Provider

Initial X Renovation _____ Satellite/Off Campus Location _____

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

Facility Name: Orthocor Medical & New Options Sports

Address: 8611 W. 35W Service Drive NE City: Blaine, MN Zip Code: 55449

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): Out of State Home Medical Equipment Provider serving 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: Celia Skelley RN PHNCI cs Date: 7/18/24

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: July 22, 2024 Licensure is recommended: Yes ✓ No ____
(Completed by Central Office Licensure Staff)

Kathy Zeigler, RA/DPM 7/22/2024
Regional Administrator/Facilities Construction Director or Designee Date

Niraj Soni 7/26/24
Licensure Program Unit Staff Date

RECEIVED
By Mary Louise Clark at 11:10 am, Mar 19, 2024

West/ITSD file #1381 App #22669

HFC

HOME MEDICAL EQUIPMENT

APPLICATION FOR INITIAL LICENSURE

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

Name of the Facility/Agency OrthoCor Medical, New Options Sports

Location of the Facility:

Street 8611 W 35W Service Drive NE Suite 180 City Blaine

County Anoka County State MN Zip 55449

Phone Number (651) 440-9345 Fax Number (866) 448-0293

Twenty-four (24) Hour Emergency Phone Number (651)270-8471 Fariborz Boor Boor-owner and CEO

Business Customer Service Phone Number with twenty-four (24) hour access/seven (7) days a week ( )N/A

E-Mail Address info@caeruscorp.com

Does your facility have a physical location in the state of Tennessee? Yes_____ No ✓

Administrator Information:

Administrator Bradley Kramer, CFO

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, or 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 Same

Street _____

City _____ State _____ Zip _____

Ownership of Building:

Name Artis Reit Phone Number (612) 843-9300

Street 120 S 6th St

City Minneapolis State MN Zip 55402

1. Are you a provider providing manufactured or distributing company-branded Insulin Infusion Pumps and related supplies? Yes_____ No ✓ *(If so, the following are requirements, which must be met).*

   a. *Do you have an employee presence within the state of Tennessee?* *Yes*_____ *No* ✓
   (Please describe the nature of the employee's physical presence in the state)_____

   b. *Provide Joint Commission Accreditation (JCAHO). (Please provide JCAHO letter and complete report in accordance with T.C.A. TCA 68-11-226(e))*

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

3. Number of branch offices: 2

   Address of each branch office: *(If additional space is needed, please use a separate page)*
   8611 W 35W Service Drive NE Suite 180, Blaine, MN 55449
   1850 Diplomat Dr Suite 100, Dallas, TX 75234

4. **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 Caerus Corp Phone Number (651) 440-9345

   Street 8611 W 35W Service Drive NE, Suite 180

   City Blaine State MN Zip 55449

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

   See Attached (we have numerous owners/shareholders)

   Name Street City, State, Zip

   Name Street City, State, Zip

   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 N/A

f. If no to e., who has said authority? N/A not a government/county-owned facility

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

Yes_____ No✓ Expiration Date _____

3. If you have a parent company, please provide the following information:

Name N/A Phone Number (____) _____

Address _____

4. 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_____

5. a. Are any owners of the disclosing entity or 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:

_____

_____

6. 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

7. 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 monitory penalties for a health care facility in Tennessee or in any other state? Yes_____ No✓

b. If yes, where?_____ When? _____

c. For whatreason? _____

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.

□ By checking this box, you acknowledge that you will ensure access to a secure online portal is available to Health Facilities Commission surveyors in order to conduct all necessary and required surveys related to licensure.

Applicant Signature | Chief Financial Officer (Title or Position) | 3-18-2024 (Date)

STATE OF ~~TENNESSEE~~ Minnesota

County of Anoka

The above named applicant (print name) Bradley Kramer, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing 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 18TH day of March (Month) 2024 (Year)

Notary Public: Theresea Ann Burros Reyes

My commission expires: 1/31/27

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

Theresea Ann Burros Reyes
Notary Public
Minnesota
My Commission Expires January 31, 2027

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

July 5, 2023 **Sent Via Email**

Bradley Kramer
Orthocor Medical & New Options Sports
8611 W 35W Service Drive NE, Suite 180
Minneapolis, Minnasota 55449

Dear Bradley Kramer:

This is to acknowledge receipt of your application and fee to apply for licensure of Orthocor Medical & New Options Sports. 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

CAERUS CORP

CAERUSCORP.COM
8611 W 35W SERVICE DRIVE NE, SUITE 180
BLAINE, MN 55449

Health Facilities Commission
665 Mainstream Drive, 2nd Floor.
Nashville, TN 37243

Attention: Mary Louise Clark, Board for Licensing Health Care Facilities

My name is Angie Berlin, and I am representing Caerus Corp dba OrthoCor Medical & New Options Sports. We would like to formally request an extension of one year to our previously submitted application for licensure in the state of Tennessee. Per the Policy Memorandum 94 changes in requirements, we are now eligible for licensure even without an in-state physical location. We will be submitting the necessary documents along with a new formal application, but if you can extend our previous application in the meantime, we would appreciate it very much. If you have any questions, feel free to reach out anytime, as I will be the contact person for Caerus Corp regarding state licensure applications. Thank you.

Sincerely,

CAERUS

Angie Berlin, Revenue Cycle Specialist,
State Licensure Coordinator
Caerus Corp www.caeruscorp.com
8611 W 35W Service Drive NE, Suite 180 | Blaine, MN 55449
Office: 651-440-9330 | Fax: 866-448-0293
Email: aberlin@caeruscorp.com

Servicing the following brands: OrthoCor NewOptions PEMFNOW REDFOX INNOVATIONS

CAERUS

Domain **5 - HEALTH CARE FACILITIES**

Logged in as: **af07048**

VR Home > Application Search > Transaction Check List > Work Fees > **Application Payment List**

Lic Type	**548**	Lic Type Desc	**Home Medical Equipment**	App #	**22669**
Fed Tax #		Name	**ORTHOCOR MEDICAL & NEW OPTIONS SPORTS**	Status	**Open**
File #	**1381**	Rank		App Date	**04/17/2023**
License #		Lic Status	**Appl in process**	Total Fee $	**1,404.00**
Trans Class	**I**	Class Desc	**Initial**	Paid $	**1,404.00**
Sec Class	**S**	Sec Class Desc	**Standard**	Pending $	**0.00**
Trans Code	**1010**	App Desc	**Initial Approval**	Due $	**0.00**

Fiscal Year	Receipt #	Remitted By	Received $	Assigned $	Warning	Actions
2023	1398	Applicant	1,404.00	1,404.00		

Make Pmt | Find Cash | Pmt Dtls | Back