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

July 30, 2024 **Sent Via Email**

Erica Sexton Steele
Steele Equipment
3614 Sumter Avenue
Chattanooga, Tennessee 37406

Facility Type: Home Medical Equipment

Dear Eric Steele:

It is my pleasure to inform you that your application for licensure of Steele Equipment located at 5704 Brainard Road Ste 106, Chattanooga, Tennessee 37411 has been initially approved for HME services that is servicing Hamilton, Knox, Sequatchie, Marion, Bledsoe, Bradley, and Meigs County; effective June 25, 2024 . The license number shall be 1447. 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 Commission 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

HFC

# APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

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

Initial X Renovation _____ Satellite/Off Campus Location _____

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

Facility Name: Steele Equipment

Address: 5704 Brainerd Rd Suite 106 City: Chattanooga Zip Code: 37411

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 in Hamilton, Rhea, Sequatchie, Marion, Bledsoe, Bradley, and Meigs Counties

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: Roberta L. 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 Verne/Tom Lane 6-25-24

Regional Administrator/Facilities Construction Director or Designee Date

Nicoy Sea 9/30/24

Licensure Program Unit Staff Date

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

April 25, 2024

**Sent Via Email**

Steele Equipment
5704 Brainard Road
Chattanooga, Tennessee 37411

Dear Steele Equipment:

This is to acknowledge receipt of your application and fee to apply for licensure of Steele Equipment. 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 II**

ITSD/East file #1447 app #23109

HFC

**RECEIVED**
**By Mary Louise Clark at 2:43 pm, Apr 25, 2024**

## 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 Steele Equipment

**Location of the Facility:**

Street 5704 Brainerd Road Ste 104 City Chattanooga

County Hamilton State Tennessee Zip 37411

Phone Number (423) 883-6557 Fax Number (423) 498-3014

Twenty-four (24) Hour Emergency Phone Number (423) 883-6557

Business Customer Service Phone Number with twenty-four (24) hour access/seven (7) days a week (423) 883-6557

E-Mail Address admin@steelexp.com

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

**Administrator Information:**

Administrator Erica Sexton Steele

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)? N/A

Location of Conviction N/A Date ____
(City) (County) (State)

**Mailing address if different from the Facility location address:**

Name Steele Equipment

Street 3614 Sumter AVE

City Chattanooga State TN Zip 37406

**Ownership of Building:**

Name Erica Sexton Steele Phone Number (423) 414-5694

Street 5704 Brainerd Road

City Chattanooga State TN Zip 37411

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)**
   N/A

   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.*
   Hamilton, Rhea, Sequatchie, Marion, Bledsoe, Bradley, Meigs

3. Number of branch offices: 0

   Address of each branch office: *(If additional space is needed, please use a separate page)*
   N/A
   N/A

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 Steele Property LLC Phone Number (423) 414-5694
   Street 5704 Brainerd Rd
   City Chattanooga State TN Zip 37411

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

   Mark Harrelson 4968 Montcrest Dr. Harrison, TN 37416 Director
   Name Street City, State, Zip

   Erica Secto Steele 102 Cathy LN Ringgold GA 30736 Owner
   Name Street City, State, Zip

   N/A
   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 N/A No _____

f. If no to e., who has said authority? N/A

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 Processing

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

Name Steele Property LLC. Phone Number (423) 414-5694

Address 5704 Brainerd Road, Chattanooga, TN 37411

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 N/A Phone Number (___) N/A

Street N/A

City N/A State N/A Zip N/A

5. a. Are any owners of the disclosing entity or also owners of other health care facilities in Tennessee and/or other states? Yes N/A No _____

b. If yes, list names and addresses of all such facilities:

N/A

6. a. Do you have a contract with a management firm to operate this facility? Yes____ No ✓

If yes, specify dates: From N/A To_____

b. If yes, please specify name of firm: N/A

Phone Number ( N/A

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? N/A When? _____

c. For what reason? N/A

## 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.

Erica Sexton Steele — Applicant Signature
Owner — Title or Position
4/25/24 — Date

**STATE OF TENNESSEE**

County of Hamilton

The above named applicant (print name) Erica Sexton Steele, 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 25 day of April (Month) 2024 (Year)

YIENG FOWLER
STATE OF TENNESSEE NOTARY PUBLIC
HAMILTON COUNTY
MY COMM. EXPIRES APRIL 25, 2027

Notary Public: Yieng Fowler

My commission expires: 4/25/27

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

STATE OF TENNESSEE
Health
Office:Bureau of Licensin
4/23/2024 1:27 PM

Cashier: KOURL0412001
Batch #: 1596591
Trans #: 20

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**Pharmacy**

Cust Name: Steele Property Dba Steele Equ
Receipt #: 37610665

| | |
|---|---|
| HL164 Pharm Board Fee | $1,394.00 |
| HL167 Pharm Reg Fee | $10.00 |
| **Payment Total:** | **$1,404.00** |

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| | |
|---|---|
| **Transaction Total:** | **$1,404.00** |
| Check 21 | $1,404 00 |

Thank you for your payment.
Have a nice day!