



State of Tennessee

Health Facilities Commission

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

www.tn.gov/hfc

Phone: 615-741-7221

July 19, 2024

Sent Via Email

Stephen Drog
Atomic Workers Alliance, LLC.
79 St. Thomas Way
Bel Tiburon, California 94920

Facility Type: Home Health Agencies

Dear Administrator:

It is my pleasure to inform you that your application for licensure of Atomic Workers Alliance, LLC located at 9111 Cross Park Drive, Suite D-205, Knoxville, Tennessee 37923 has been initially approved for Home Health Agency providing Skilled Nursing, Home Health Aid Services, and Medical Supplies and Appliances to all EEIOCPA counties in Tennessee; effective July 18, 2024. The license number shall be 672. 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 August 28, 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.

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: EEOICPA Home Health License # (if applicable): _____ County: Knox

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

Facility Name: Atomic Workers Alliance LLC

Address: 9111 Cross Park Drive Suite D-205 City: Knoxville Zip Code: 37923

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): Skilled Nursing, Home Health Aide Services
Medical Supplies and Appliances in all Tennessee EEOICPA counties

Sprinklered: N/A (Full 100%) Partial: N/A (%)
Licensed bed count from: _____ to _____ Number of beds increased/decreased: _____

If secured unit, number of beds in unit: N/A 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: [Signature]

Date: 7/18/2024

Fire Safety: _____

Date: _____

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

Facility's Letter of Notification received in Licensure: Yes X 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: 7/18/24
(Completed by Central Office Licensure Staff)

Licensure is recommended: Yes ✓ No _____

[Signature]
Regional Administrator/Facilities Construction Director or Designee

7/18/2024
Date

[Signature]
Licensure Program Unit Staff

7/19/24
Date



State of Tennessee

Health Facilities Commission

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

www.tn.gov/hsda

Phone: 615-741-7221

December 1, 2023

Sent Via Email

Stephen Drog
Atomic Workers Alliance, LLC
9111 Cross Park Drive, Suite D-205
Knoxville, Tennessee 37923

Dear Stephen Drog:

This is to acknowledge receipt of your application and fee to apply for licensure of Atomic Workers Alliance, LLC. 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.

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.

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



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/hsda/health-care-facilities/hcf-main/licensure.html>. Please check this website periodically for updates.

Name of the Facility/Agency Atomic Workers Alliance, LLC.

Location of the Facility:

Street 9111 Cross Park Dr., Ste. D-205 City Knox ville

County Knox State TN Zip 37923

Phone Number (855) 292-8326 Fax Number () N/A

Twenty-four (24) Hour Emergency Phone Number (865) 219-3535

E-Mail Address sdhawan@awacares.com

Administrator Information:

Administrator Stephen Drog

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 X

If yes, what charge(s)? N/A

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

Mailing address if different from the Facility location address:

Name Atomic Workers Alliance, LLC.

Street 79 St. Thomas Way

City Tiburon State CA Zip 94920

Ownership of Building:

Name TKO 7 Inc. AKA: TKO Suites Phone Number (865) 674-9362

Street 9111 Cross Park Dr. Suite D-200

City Kno xville State TN Zip 37923

1. Check type: Hospital Based Nursing Home Based Free Standing X

2. Check type: Licensed only Agency X Licensed/Medicaid Certified

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

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

4. Check type of services provided:

a. Skilled Nursing	<u>X</u>	f. Home Health Aid Services	<u>X</u>
b. Physical Therapy	<u> </u>	g. Medical Supplies and Appliances	<u>X</u>
c. Occupational Therapy	<u> </u>	h. Homemaker Services	<u> </u>
d. Speech Therapy	<u> </u>	i. Other (please specify)	<u> </u>
e. Medical Social Services	<u> </u>		

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

If yes, what counties? N/A

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

If yes, what counties? All EEOICPA counties

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 X

Church Related Government/County Other

- b. Check one: For Profit X Non-profit

- c. Legal Entity checked in 1.a:

Name Atomic Workers Alliance, LLC Phone Number (855-292-8326)

Address 9111 Cross Park Dr., Ste. D-205, Knoxville, TN 37923

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

<u>Sanjiv Dhawan</u>	<u>79 St. Thomas Way</u>	<u>Tiburon, CA 94920</u>
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Name	Street	City, State, Zip
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N/A

Name	Street	City, State, Zip
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(If additional space is needed, please use a separate sheet)

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 X Expiration Date In Progress

3. Is this facility chain affiliated? Yes No X

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

Name N/A Phone Number () N/A

Address N/A

5. a. If a corporation, is there a holding company? Yes X No
b. If yes, list the name, address and phone number of the holding company:
Name SSD MedVentures LLC. Phone Number (866) 475-5258
Street 1000 N. Point St. Unit 1502
City San Francisco State CA Zip 94109
6. a. Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states? Yes No X
b. If yes, list names and addresses of all such facilities:
N/A
7. a. Do you have a contract with a management firm to operate this facility? Yes No X
If yes, specify dates: From N/A To
b. If yes, please specify name of firm: N/A
Phone Number () N/A
N/A N/A
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 X
If yes, where? N/A When? N/A
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.

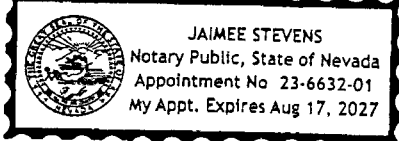
[Signature] CEO 12/1/2023
Applicant Signature Title or Position Date

STATE OF ~~tennessee~~ Nevada

County of Clark

The above named applicant (print name) Sanjiv Dhanwan, 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 1 day of December 2023
(Month) (Year)



Notary Public: [Signature]

My commission expires: August 17, 2027

Online Payment Receipt

Receipt Issued By:

Board for Licensing Health Care Facilities

Receipt Issued To:

Jaimee Stevens

3022 W. Post Rd

Las Vegas, NV 89118

Date: 12/01/2023

Transaction Identifier: 3863158958

Trace Number: 1823679

License Type	Licensee	Transaction	Application #	Account #	Amount
Home Health Services	Atomic Workers Alliance, LLC	Home Health Services: Initial Application	534-12661	*****2069	\$1404.00