## NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seg., and the Rules of the Health Facilities Commission, that KYNGDOM INSPIRATIONS, LLC, a proposed Home Care Organization owned by Shalon Tooley

with an ownership type of Limited Liability Company (LLC) and to be managed internally by KYNG-

ministration and management. The project involves initiating home health services for patients requiring skilled care, rehabilitation, and support to maintain health and independence in their

DOM INSPIRATIONS, LLC, intends to file an application for a Certificate of Need for the establishment of a Home Care Organization to provide licensed Home Health Services in Tennessee. including skilled nursing, physical therapy, occupational therapy, speech therapy, medical social work, wound care, chronic disease management, IV therapy, pain management, and medication ad-

residence. The total estimated project cost is \$69.035. The anticipated date of filing the application is December 9, 2025.

email at hsda.staff@tn.gov

SPIRATIONS, LLC - 105 Park Street, Athens, TN 37303 - 423-662-7021. (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly sched-

The contact person for this project is Shalon Tooley, CEO, who may be reached at KYNGDOM IN-

uled Health Facilities Commission meeting at which the application is originally scheduled; and (B)

Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or

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