

2021

**Knox/East Tennessee Healthcare
Coalition**

Memorandum of Understanding



I. Purpose

The purpose of this Memorandum of Understanding (MOU) is to help participating healthcare organizations and affiliated partners coordinate before, during, and after an emergency to ensure an effective response in the coalition's community. This MOU helps participating healthcare organizations quickly obtain emergency assistance in the form of personnel, equipment, materials, information, and other associated services during disasters. Furthermore, this MOU may help participating healthcare organizations meet requirements for having mutual aid agreements (See Attachment B).

This MOU describes a voluntary coalition between the participating healthcare organizations located in the following counties in East Tennessee: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier, and Union. This document is not intended to replace each organization's disaster plan. The terms of this MOU are to be incorporated into each healthcare organization's disaster plan.

II. Background

The Hospital Preparedness Program (HPP) grant requires that each coalition participating hospital, clinic, provider, and affiliated organization enter into voluntary memorandum of understanding for the sharing of personnel, resources, and information during and after a medical/health disaster or other event. MOU participants agree to voluntarily share resources only when resources are available, with the receiving organization agreeing to replace or pay the cost of the resource. An MOU participant is not required to share resources which it believes are needed to maintain its own operations.

Further, the HPP grant requires that each participating organization enter into a voluntary MOU stating their roles and responsibilities during the planning, response, and recover phases of medical/health disasters or other events. The Knox/East TN Healthcare Coalition (KET HC) is designed to outline the roles and responsibilities of participating healthcare agencies and affiliated organizations and establish a process for resource sharing among the KET HC members.

The KET HC MOU augments the government authorized mutual aid process used during times of a declared or actual disaster or emergency.

III. Definitions

Receiving organization: Organization receiving mutual aid resources. Resources received may include personnel, equipment, supplies, pharmaceuticals, and/or information.

Providing organization: Organization providing mutual aid resources to meet the needs of a receiving organization (defined above). Resources provided may include personnel, equipment, supplies, pharmaceuticals, and/or information.

IV. Participating Healthcare Coalition Member Roles and Responsibilities

a. Planning

During the planning phase, each KET HC member organization participating in this MOU agrees to do the following to the best of their ability:

- Establish and maintain relationships with coalition partners and local emergency response partners.
- Regularly share information with other KET HC members as it pertains to emergency planning efforts.
- Participate in KET HC meetings.
- Review plans, policies, and procedures that are developed by KET HC members and provide feedback.
- Participate in training, drills, and exercises.
- Maintain emergency supplies for disaster response.
- Develop organization disaster response, recovery, and continuity of operations plans.

b. Response

During the response phase, each KET HC member organization participating in this MOU agrees to share the following available resources to the best of its ability:

- Personnel
 - Equipment
 - Supplies
 - Pharmaceuticals
 - Information
1. Reimbursement: The default process for reimbursement of utilized resources is located in Attachment A. Any deviation from the default process must be agreed upon between the receiving and providing organizations in writing.
 2. Implementation: Only the Incident Commander within each KETH HC member organization has the authority to activate the process of sharing

of mutual aid resources (excluding standard operating procedures for information sharing through the Healthcare Resource Tracking System and Tennessee Health Alert Network).

3. Resource Request Process: The process for requesting medical and health mutual aid resources will be coordinated by the Tennessee Department of Health (TDH) Regional Hospital Coordinators (RHC) for East Tennessee and Knox County, TDH Emergency Medical Services (EMS) Consultant, and the Region II Regional Medical Communications Center (RMCC). These resources are available 24/7 by contacting the RMCC at 865-305-8500.

c. Recovery

During the recovery phase, each KET HC member organization participating in this MOU agrees to do the following to the best of their ability:

- Begin recovery planning as soon as the response phase begins.
- Return facility/organization to pre-event status in terms of staffing, supplies and equipment, communications, facility use, records management, standards of care, and finance.
- Resume day-to-day functions as soon as possible.
- Monitor staff, patients, residents, and volunteers for signs of stress, illness, or needed intervention.

V. Administration

The Tennessee Department of Health and Knox County Health Department Regional Hospital Coordinators will maintain the original MOU documents and provide copies to all participating KET HC member organizations. The RHCs will also maintain correspondence, notices, modifications, and other documents related to this MOU.

All correspondence with the RHCs should be sent to:

- a. East TN Regional Health Office
Regional Hospital Coordinator
2101 Medical Center Way
Knoxville, TN 37920
Etrhc.health@tn.gov
- b. Knox County Health Department
Regional Hospital Coordinator
140 Dameron Ave
Knoxville, TN 37917
John.brinkley@knoxcounty.org

VI. Term and Termination

The terms of this MOU will commence on the date this MOU is signed by KET HC member organizations and will continue in full force and effect until modified or terminated as provided herein. The MOU may be modified by mutual written agreement by all KET HC member organizations participating in the MOU at the time of modification. An individual organization may terminate its participation in this MOU by providing thirty (30) days written notice to the member organization's jurisdictional Regional Hospital Coordinator of its intent to terminate.

Signature Pages Following End of Document

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Coalition Member	Signee	Title	Date
All Care Plus - Quality Home Health	Thomas Mills	Administrator	3/26/2021
Amedisys Home Health - Jefferson	Divine Bowlin	Director of Operations	3/9/2021
Amedisys Home Health - Newport	Sharon Delton	Director of Operations	3/24/2021
Amedisys Home Health-Knoxville	Kimberly Messer	Administrator	3/8/2021
Amedisys Home Health-Maryville	Brandi Waldroup	Director of Operations	3/8/2021
Amedisys Home Health-Morristown	Julie Wilder	RN DOO	3/9/2021
Amedisys Home Health-Sevierville	Sara Parrott	Director of Office Operations	3/8/2021
Amedisys Hospice - Sweetwater	Randy Lawson	Director of Operations	3/22/2021
Amedisys-Home Health-Tazewell	Penny Brashears	Program Safety Officer	3/24/2021
Amedisys-Hospice - Morristown	Amy Jones/Susan Walker	Area Operations Director/DOO	3/24/2021
Amedisys-Hospice-Knoxville	Haylea Bates	RN DOO	3/26/2021
AMR Blount County EMS	Johnathon Rodgers	Operations Manager	3/9/2021
Arbor Terrace of Knoxville	Karen Emerson	Executive Director	3/22/2021
Avalon Hospice-Morristown	Christine Williams	Executive Director	3/24/2021
Avenir Senior Living	Laurah Branam	Executive Director	3/25/2021

Knox/East TN Healthcare Coalition
Memorandum of Understanding Revised 2021

Beech Tree Manor	Jon Bowers	Administrator	3/10/2021
Behavioral Health of Rocky Top	Leigh Munyun	RN	3/26/2021
Ben Atchley State Veteran's Home	Doug Ottinger	Administrator	3/10/2021
Beverly Park Place	Susette Williamson	Administrator	3/24/2021
Big South Fork Medical Center	Hal Leftwich	CEO	3/31/2021
Blount Memorial Home Services	Rachel Overton	Administrator	4/20/2021
Blount Memorial Hospital	Marcus Sheppard	Administrator	3/11/2021
Blount Memorial Transitional Care Center	Tesa L. Brown	Administrator	3/20/2021
Caris Healthcare	Sylvia Singleton	Compliance Officer	3/8/2021
Children's West Surgery Center, LLC	Michael Powers	Administrator	3/8/2021
CHOTA Community Health Services	Laura Harris	CEO	3/25/2021
Claiborne County Hospital	Patricia Kettermann	Administrator	3/25/2021
Claiborne Health and Rehabilitation Center	Thelma Vinson	LNHA	3/25/2021
Clearview Healthcare Management	Marty Jones	POD	3/16/2021
Clinch River Home Health	Vicki Vogt	Administrator	3/9/2021
Clover Hill Senior Living	Fred Wheeler	Owner/Operator	3/26/2021
Communications Center Supervisor UT LIFESTAR	Tim Taylor	Supervisor	3/16/2021

Knox/East TN Healthcare Coalition
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Community Health of East Tennessee	Teresa Dabney	CEO	3/8/2021
Covenant Home Care	John Huskey	President	3/25/2021
Cumberland Village	Robert Flowers	Executive Director	3/9/2021
Davita Dialysis - Appalachian	Jessica Byrge	Administrator	3/31/2021
Davita Dialysis- Campbell Station	Margaret Golden	Facility Administrator	3/17/2021
Davita Dialysis- Clinch River	Jessica Byrge	Administrator	3/31/2021
Davita Dialysis- Knoxville Central	Margaret Golden	Facility Administrator	3/17/2021
Davita Dialysis- Knoxville - Home Health	Margaret Golden	Facility Administrator	3/17/2021
Davita Dialysis- Morristown	Dawn Cunningham	Administrator	3/8/2021
Davita Dialysis- Rocky Top	Margaret Golden	Facility Administrator	4/9/2021
Dialysis Clinic, Inc.- Caryville	Rhonda Wallace	Nurse Manager	3/25/2021
Dialysis Clinic, Inc.- Holston River	Angela Miracle	Nurse Manager	3/25/2021
Dialysis Clinic, Inc.- Knoxville	Crystal Helpingstine	Nurse Manager	3/10/2021
Dialysis Clinic, Inc.- Kingsport	Mary Barnum	Clinic Manager	3/10/2021
Dialysis Clinic, Inc.- Maryville	Cheryl Wallace	Nurse Manager	3/22/2021
Diversicare of Oak Ridge	Cassidy Hawkins	Administrator	3/19/2021
East Tennessee Children's Hospital Association	Ron Phillips	VPPCS/CNO	4/20/2021

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Memorandum of Understanding Revised 2021

Encompass Health Home Health DBA Camellia	Amy Boles	Administrator	3/24/2021
Fort Loudoun Medical Center	Elvira Keeble	President/CAO	3/19/2021
Fort Sanders Regional Medical Center	Keith Altshuler	CAO	3/11/2021
Fresenius Kidney Care- East Knoxville	Margaret Maddox	Clinical Manager	3/24/2021
Fresenius Kidney Care- Fort Sanders	Sandy Ferguson	Clinical Manager	3/22/2021
Fresenius Kidney Care- LaFollette	Lisa Jefferson	Clinical Manager	3/9/2021
Fresenius Kidney Care- Loudon	Brenda Lee	Clinical Manager	3/24/2021
Fresenius Kidney Care- Newport	Lea Lasher	Clinical Manager	3/25/2021
Fresenius Kidney Care- Roane County	Amy McLarty	Clinical Manager	3/24/2021
Fresenius Kidney Care- West	Margaret Maddox	Clinical Manager	3/12/2021
Fresenius Knoxville- Home Dialysis	Deborah Stephens	Program Manager	3/22/2021
Gastrointestinal Associates of Knoxville- The Endoscopy Center Main	Terri Camp	LED	3/11/2021
Healthcare Associated Infection and Antimicrobial Resistance Program	Kelley Tobey	Specialist	3/8/2021
Heritage Center	Scott Hunt	Executive Director	3/23/2021
Holston Health and Rehab Center	Bill Fox	Administrator	3/8/2021
Home Care Solutions- Lenoir City	Melinda Farmer	Executive Director	3/9/2021
Huntsville Post-Acute Care and Rehab Center	Adam Linton	Administrator	3/9/2021

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Jefferson City Health and Rehab Center	Keith Mandrell	Administrator	3/9/2021
Jefferson County Nursing Home	Roger Mynatt	Administrator	3/8/2021
Jefferson Memorial Hospital	Jasox Fox	President/CAO	3/31/2021
Kindred at Home - Knoxville	Bethany Runions	Executive Director	3/18/2021
Kingston Family Practice	Rhonda Flanagan	Office Manager	3/24/2021
Knox County Regional Forensic Center	Chris Thomas	Chief Administrative Officer	3/10/2021
Knoxville Center for Reproductive Health	Karolina Ogorek	Administrator	3/9/2021
Knoxville- Knox County Emergency Management Agency	Colin Ickes	Director	3/31/2021
Knoxville - Orthopedic Surgery Center	James Finch	Clinical Improvement Manager	4/23/2021
LeConte Medical Center	Brennen Mitchel	Safety and ER Preparedness Officer	3/9/2021
Life Care Center at Blount County	Tammy Bates	Director of HR	3/23/2021
Life Care Center at Jefferson County	Robert Breeden	Executive Director	3/23/2021
Medic Regional Blood Center	James Decker	CEO	3/26/2021
Methodist Medical Center	Jeremy Biggs	President and CAO	3/19/2021
Monroe County EMS	Randy White	EMS Director	3/8/2021
Morristown Hamblen Healthcare	Brennen Mitchel	Safety and ER Preparedness Officer	3/9/2021
Newport Medical Center	Scott Williams	CEO	3/31/2021

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Memorandum of Understanding Revised 2021

NHC Healthcare- Fort Sanders	Tim Wrather	Administrator	4/6/2021
NHC Healthcare- Knoxville	Brad Shuford	Administrator	3/8/2021
NHC Healthcare- Oak Ridge	Jeff Tambornini	Administrator	3/26/2021
NHC Home Health - Knoxville	Crystal Williamon	Administrator	3/23/2021
NHC Place- Farragut	Tony Dalton	Facility Administrator	3/8/2021
Norris Health and Rehabilitation Center	Jeffery Scott	Administrator	3/24/2021
Oneida Nursing and Rehab Center	Jessica Shepard	Administrator	3/25/2021
Open Arms Care Corporation	Nikki Byrd	Quality Service Director	3/10/2021
Pain Consultants of East TN Surgery Center	Amy Linkes	Administrator	3/10/2021
Parkwest Medical Center	Neil Heatherly	President/CAO	3/10/2021
Parkwest Surgery Center, LP	Judy VanDyke	Administrator	3/15/2021
Peninsula Psychiatric Hospital (With Parkwest Form)	Neil Heatherly	President/CAO	3/10/2021
Radiation Emergency Assistance Center/Training Site (REACTS)	Carol Iddins	Director	3/9/2021
Region II EMS Directors Association	Brad Phillips	Director	3/24/2021
Renaissance Terrace	Tammy Howell	Managing Member	3/28/2021
Ridgeview Behavioral Health Services	Brian Buuck	CEO	3/8/2021
Roane Medical Center	Sandra Monday	Infection Preventionist	3/30/2021

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Rural Medical Services	Lindsay Shultz	Administrator	3/24/2021
Serene Manor Medical Center	Rita Griffin	Administrator	3/10/2021
Sevierville Health and Rehab Center	Melissa Hanson	Administrator	3/30/2021
Smoky Mountain Home Health and Hospice	Tammy Francis	CEO	3/16/2021
Southeast Eye Surgery Center	Amy Terry	Clinical Nurse Manager	3/10/2021
Suncrest Home Health, Hospice and Private Care	Teresa Walker	Executive Director	3/8/2021
Sweetwater Hospital Association	Beverley Holley	CEO	3/31/2021
Sweetwater Hospital Home Health	Jennifer Tackett	Director	3/8/2021
Tennessee Endoscopy Center	Terri Camp	Director	3/24/2021
Tennessee Federation of Fire Chaplains	Paul Trumpore	Executive Director	3/8/2021
Tennova Healthcare Home Health	Debbie Hammontree	Executive Director	3/9/2021
Tennova Healthcare - North Knoxville Medical Center	Joseph Lowe	A-CNO	4/20/2021
Tennova Hospice Knoxville	Trenton Harrell	Administrator	3/25/2021
Tennova- LaFollette Medical Center, MC-South, MC Clinic, Health ad Rehab, Primary Care- Caryville, Primary Care - Clinton	Missy Turner	Facility Compliance Officer	3/17/2021
Tennova Newport Convalescent Center	Lisa Hartzog	NHA	3/11/2021
Tennova Turkey Creek Medical Center	Tonya Shott	EMC	3/9/2021

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Knoxville Eye Surgery Center, LLC (Tennessee Valley Eye Center)	Melanie Burgess	Administrator	3/9/2021
The Eye Surgery Center of Lenoir City	Letitia Montes	Administrator	3/10/2021
The Eye Surgery Center of Oak Ridge	Patti Patterson	Director of Nursing	3/25/2021
The Eye Surgery Center of East Tennessee	Ashley Archer	Surgery Center Administrator	3/8/2021
Tri-State Health Rehabilitation	Charles Wheeler	Administrator	3/9/2021
University Health Systems, Inc. (University of Tennessee Medical Center)	Joe Landsman	President and CEO	3/15/2021
Urologic Surgery Center of Knoxville	Annette Hartman	Director of Nursing	3/24/2021
UT Home Health Care - Knoxville	Molly Barbour	Executive Director	3/24/2021
UT Hospice of Morristown	Traci Saunders	Executive Director	3/10/2021
UT Primary Care-Heartland - Rural Health Clinic	Kimberly Yovella	Administrator	3/25/2021
Westmoreland Health and Rehabilitation Center	Brent Fair	Administrator	4/20/2021
West Hills Health and Rehabilitation	Roger Parker	Administrator	3/9/2021
Willow Ridge Center	Thomas Brown	Center Executive Center	3/20/2021

Submit this original signature page to: Taylor.gamache@tn.gov

Attachment A

DEFAULT PROCESS FOR REIMBURSEMENT

REIMBURSEMENT:

The process for reimbursement during times of disaster will be conducted as outlined below.

LOANED EQUIPMENT:

The receiving healthcare organization shall return to the providing organization any and all equipment borrowed during the time of a disaster. Equipment shall be returned to the providing organization in the same condition in which it was received in a timely manner. The receiving member organization shall bear all the costs associated with shipping and receiving the borrowed equipment.

LOANED SUPPLIES, MATERIALS, OR PHARMACEUTICALS (CONSUMABLES):

The receiving member organization shall return to the providing organization as soon as feasibly possible an exact replacement inventory of borrowed consumables. It shall be the receiving healthcare organization's responsibility to pay for any costs related to shipping the consumables back to the providing organization.

LOANED PERSONNEL:

The receiving member organization shall reimburse the providing organization compensation for all borrowed personnel during times of disasters. Reimbursement rates shall be based on the current compensation rate for personnel as provided by the providing organization. The receiving member organization is only responsible to reimburse the providing organization for the cost of wages for personnel that are specifically requested. Responding personnel who have not been specifically requested shall be considered volunteers.

Attachment B

REFERENCES

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

Homeland Security Presidential Directive (HSPD) 5 Management of Domestic Incidents called for the establishment of a single, comprehensive national incident management system. As a result, the US Department of Homeland Security released the National Incident Management System (NIMS) in March 2004. NIMS provides a systematic, proactive approach guiding departments and agencies at all levels of government, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and

mitigate the effects of incidents, regardless of cause, size, location, or complexity in order to reduce the loss of life, property, and harm to the environment.

US DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Healthcare coalitions are required to ensure a Memorandum of Understanding occurs between coalition partners per the HHS Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program capability requirements.

JOINT COMMISSION

Healthcare organizations that are accredited through the Joint Commission are required to have mutual aid agreements to comply with Cooperative Planning Emergency Management Standards EM.01.01.01, EM.02.02.03

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

CMS Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule, published on September 16, 2016 requires 17 provider and supplier types serving Medicaid and Medicare patients to demonstrate agreements to accept patients, share general condition and location of patients, and share facilities' occupancy needs and ability to provide assistance.

Attachment C

Participating Organization Signature Page

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

All Care Plus, Inc. d/b/a Quality Home Health

Knox/East TN Healthcare Coalition Member Organization

By: 

Thomas S. Mills
Authorized Signature

3/26/2021

Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Amedisys Home Health of Jefferson City

Knox/East TN Healthcare Coalition Member Organization

By: Divine Bowls, RN DOO 03/08/21

Authorized Signature

Date

RN Director of Operations

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Amedisys Home Health Newport

Knox/East TN Healthcare Coalition Member Organization

By: Sharon Sexton RN 3-24-21
Authorized Signature Date

Director of Operations

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Amedisys Home Health- Knoxville, TN

Knox/East TN Healthcare Coalition Member Organization

By:  RN DOO 3-8-21

Authorized Signature

Date

Director of Operations / Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Amedisys Home Health Maryville

Knox/East TN Healthcare Coalition Member Organization

By: Bianchi Waldroup 3/8/2021

Authorized Signature

Date

Director of Operations, RN

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Amedisys hospice - Morristown, TN

Knox/East TN Healthcare Coalition Member Organization

By: Sarah Walker, RN 3/25/21
Authorized Signature **Date**

Director of Operations - Amedisys hospice Morristown, TN
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874


Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Amerisys Home Health - Sevierville, TN

Knox/East TN Healthcare Coalition Member Organization

By:  03/08/2021

Authorized Signature

Date

Director of Operations

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

AMEDISYS Hospice of SWEETWATER

Knox/East TN Healthcare Coalition Member Organization

By:

[Signature]
Authorized Signature

3/22/21
Date

DIRECTOR OF OPERATIONS

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Amedisys Home Health of Tazewell TN

Knox/East TN Healthcare Coalition Member Organization

By: Tony Bisheas 3/24/21
Authorized Signature **Date**

Director of Operations
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Amedisys Hospice Mariontown #5523

Knox/East TN Healthcare Coalition Member Organization

By Amey Jones RN 3.24.2021
Authorized Signature Date

Area Director of Operations
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Amedisys Hospice Knoxville

Knox/East TN Healthcare Coalition Member Organization

By: hayleabates 3/26/2021
Authorized Signature Date

RN/Director of Operations
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

AMR Blount County EMS

Knox/East TN Healthcare Coalition Member Organization

By: 

Authorized Signature

3/09/2021

Date

Operations Manager

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Arbor Terrace of Knoxville

Knox/East TN Healthcare Coalition Member Organization

By: Karen Emerson 3/22/2021
Authorized Signature Date

Executive Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Avalon Hospice Morristown, TN,

Knox/East TN Healthcare Coalition Member Organization

By: Christine Williams 3-24-21

Authorized Signature

Date

Executive Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Avenir Senior living

Knox/East TN Healthcare Coalition Member Organization

By: Tamara Braman 3/25/2021
Authorized Signature Date

Executive Director
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
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P. 423.493.3874

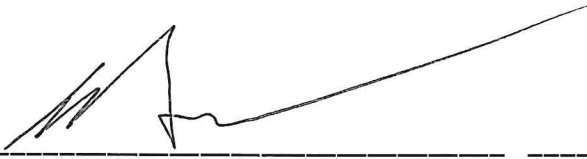
Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Beech Tree Manor

Knox/East TN Healthcare Coalition Member Organization

By:  3/9/21

Authorized Signature

Date

Jon Bowers, Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Behavioral Health of Rocky Top

Knox/East TN Healthcare Coalition Member Organization

By: Rhugh Nuyyan 3-26-21
Authorized Signature Date

RN-TP
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Summit View of Rocky Top

Knox/East TN Healthcare Coalition Member Organization

By: Hugh Nungesser 3/26/21
Authorized Signature Date

RN - IP

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Summit View of Farragut

Knox/East TN Healthcare Coalition Member Organization

By: Leigh Nungesser RN 3-26-21

Authorized Signature

Date

RN-IP

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Ben Atchley State Veterans Home

Knox/East TN Healthcare Coalition Member Organization

By: *Rita Bollinger* 3/10/2021
Authorized Signature Date

TSVHB Chair
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Beverly Park Place Health + Rehab

Knox/East TN Healthcare Coalition Member Organization

By: Debbie Williamson 3-24-21

Authorized Signature

Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov


P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Scott County Community Hospital d/b/a Big South Fork Medical Center
Knox/East TN Healthcare Coalition Member Organization

By:  03/31/2021
Authorized Signature Date

CEO
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Blount Memorial Home Services (Home Health, Hospice, DME)

Knox/East TN Healthcare Coalition Member Organization

By: Rachel Owen 3/20/2021

Authorized Signature

Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Blount Memorial Transitional Care Center

Knox/East TN Healthcare Coalition Member Organization

By: Len D. Brown 3/20/21

Authorized Signature

Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Caris Healthcare

Knox/East TN Healthcare Coalition Member Organization

<i>Sylvia Singleton</i>	
By: Sylvia L. Singleton, RN, CHC	03/08/2021
Authorized Signature	Date

Caris Healthcare Corporate Compliance Officer

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Children's West Surgery Center

Knox/East TN Healthcare Coalition Member Organization

By: Michael Powers 3/8/2021

Authorized Signature

Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Chota Community Health Services

Knox/East TN Healthcare Coalition Member Organization

By: Luma Harris 3-25-21
Authorized Signature Date

CEO

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Clarkson Medical Center

Knox/East TN Healthcare Coalition Member Organization

By: Patricia Ketterer 03-25-2021

Authorized Signature

Date

Chief Administrative Officer

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding
on behalf of:

Clear View Healthcare Management
Knox/East TN Healthcare Coalition Member Organization

By: [Signature] 3/16/21
Authorized Signature Date
Plant Operations Director
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3574

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Clinch River Home Healthcare

Knox/East TN Healthcare Coalition Member Organization

By: Trish C. Zapp 3/8/2021
Authorized Signature Date

Administrator
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

CLOVER HILL SENIOR LIVING

Knox/East TN Healthcare Coalition Member Organization

By: Jos S. Welch 3/26/21

Authorized Signature

Date

OWNER/OPERATOR

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Community Health of East Tennessee, Inc.

~~Knox/East TN Healthcare Coalition Member Organization~~ gs

By: Lisa DeBruin 3/8/2021
Authorized Signature Date

CEO

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of;

COVENANT HOME CARE

Knox/East TN Healthcare Coalition Member Organization

By: [Signature] 3/25/2021
Authorized Signature Date

PRESIDENT

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Cumberland Village

Knox/East TN Healthcare Coalition Member Organization

By: Robert Howard 03/09/2021

Authorized Signature

Date

Center Executive Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition
Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding
on behalf of:

Darita Campbell Station

Knox/East TN Healthcare Coalition Member Organization

By: G. M. Alden 3/17/21
Authorized Signature Date

Facility Administrator
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition
Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Davita Clinch River and Davita Appalachian Dialysis

Knox/East TN Healthcare Coalition Member Organization

By: JESSICA BYRGE RN FA

3/31/21

Authorized Signature

Date

Facility Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Davita Knoxville Central + Davita Knoxville Central@Home

Knox/East TN Healthcare Coalition Member Organization

By: G. M. Allen RN 3/17/2021

Authorized Signature

Date

Facility Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knox/East TN Healthcare Coalition Member Organization

By: *Dawn Cunningham* 3/8/2021
Authorized Signature Date

Facility Administrator - Knoxville and Morristown DaVita Clinic

Title

Submit this original signature page to (Email):

**Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874**

Knox/East TN Healthcare Coalition
Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding
on behalf of:

Darita Rocky Top Dralys

Knox/East TN Healthcare Coalition Member Organization

By:

G. M. M. R. N.

4/9/21

Authorized Signature

Date

Facility Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Dialysis Clinic Inc. - Caryville

Knox/East TN Healthcare Coalition Member Organization

By: Rhonda Waller RN 3/25/2021

Authorized Signature

Date

Nurse Manager

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

DCI - Holston River

Knox/East TN Healthcare Coalition Member Organization

By: Angela Miracle RN

Authorized Signature

3/25/21

Date

Nurse Manager

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Dialysis Clinic Incorporated Knoxville 007

Knox/East TN Healthcare Coalition Member Organization

By: Cryptal Heipungstone 3-10-2021
Authorized Signature Date

Nurse Manager Registered Nurse
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

DCI - Kingsport Kidney Center

Knox/East TN Healthcare Coalition Member Organization

By: Mary Alice Barnum 3-10-21
Authorized Signature Date

Clinic Manager
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

DCI Maryville

Knox/East TN Healthcare Coalition Member Organization

By: Cheryl Wallace 3-24-21
Authorized Signature Date

Nurse Manager
Title

Submit this original signature page to (Email):

**Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874**

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Diversicare of Oak Ridge

Knox/East TN Healthcare Coalition Member Organization

By: Cassidy Hawkins

Authorized Signature

3/19/2021

Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

East Tennessee Children's Hospital Association, Inc.

Knox/East TN Healthcare Coalition Member Organization

DocuSigned by:	
By: <u>Phillips, Ron</u>	4/20/2021
Authorized Signature	Date

V.P.P.C.S./CNO

Phillips, Ron

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Encompass Health Home Health DBA Camellia Home Health

Knox/East TN Healthcare Coalition Member Organization

By: Amy Boles RN ADM 3/24/2021
Authorized Signature Date

RN ADMINISTRATOR

Title

Submit this original signature page to (Email):

**Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874**

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knox/East TN Healthcare Coalition Member Organization

By: _____

Authorized Signature

Date

3/19/2021

PRESIDENT/CAO
FORT LOUDON MEDICAL CENTER

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding
on behalf of: FORT SANDERS REGIONAL MEDICAL CENTER

Knox/East TN Healthcare Coalition Member Organization

By: Kent D. Gamache 11 Mar 21

Authorized Signature

Date

CAO

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knox/East TN Healthcare Coalition Member Organization

By: Margaret Modder 3/12/2021
Authorized Signature Date

Clinical Manager
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Fresenius FORT Sanders Dialysis Center

Knox/East TN Healthcare Coalition Member Organization

By: Sandra Ferguson 3/22/2021
Authorized Signature Date

Clinical Manager
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition
Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Shirley Yafell

Knox/East TN Healthcare Coalition Member Organization

By: *Shirley Yafell*

3/8/2021

Authorized Signature

Date

clinical manager

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Fresenius London Dialysis

Knox/East TN Healthcare Coalition Member Organization

By: Brenda Lee R 3-24-21

Authorized Signature

Date

Clinical Manager

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knox/East TN Healthcare Coalition Member Organization

By: Alea Ashburn 3-25-21
Authorized Signature Date

Clinical manager
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

FMC Roane County dialysis

Knox/East TN Healthcare Coalition Member Organization

By: Cathy McIlroy 3/24/2021

Authorized Signature

Date

Clinical Manager

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Fresenius Kidney Care West

Knox/East TN Healthcare Coalition Member Organization

By: Margaret Modder 3/12/2021

Authorized Signature

Date

Clinical Manager

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

FMC Knoxville Home Dialysis

Knox/East TN Healthcare Coalition Member Organization

By: A. Louis 3/22/21

Authorized Signature

Date

Home Therapy Program Manager

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Fresenius London Dialysis

Knox/East TN Healthcare Coalition Member Organization

By: Brenda Lee R 3-24-21

Authorized Signature

Date

Clinical Manager

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

The Endoscopy Center Main, North, + West

Knox/East TN Healthcare Coalition Member Organization

By:


Authorized Signature

3/11/2021

Date

LED

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennessee Department of Health, Healthcare Associated Infections and Antimicrobial Resistance Programs

Knox/East TN Healthcare Coalition Member Organization

By: Kelley Tobey 3/8/2021
Authorized Signature Date

Kelley Tobey, Infection Prevention Specialist 2

Title

Submit this original signature page to (Email):

**Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874**

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knox/East TN Healthcare Coalition Member Organization

By: B. H. A. A. _____
Authorized Signature Date

Executive Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Holston Health and Rehabilitation Center

Knox/East TN Healthcare Coalition Member Organization

By:  3-8-2021

Authorized Signature

Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Home Health Solutions - Lenoir

Knox/East TN Healthcare Coalition Member Organization

By: Melinda Farmer 03/08/2021
Authorized Signature Date

Executive Director
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

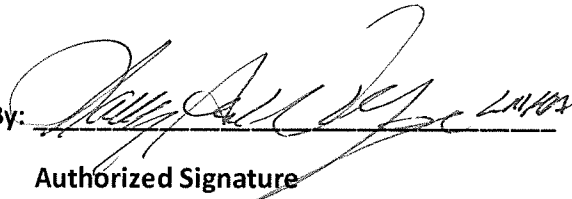
Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

HUNTSVILLE POST-ACUTE CARE & REHABILITATION CENTER

Knox/East TN Healthcare Coalition Member Organization

By:  3/12/21
Authorized Signature Date

ADMINISTRATOR

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding
on behalf of:

Jefferson Operator, LLC d/b/a: Jefferson City Health & Rehab

Knox/East TN Healthcare Coalition Member Organization

By: Kent M. Gamache 3/9/2021
Authorized Signature Date

Admission

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Jefferson County Nursing Home

Knox/East TN Healthcare Coalition Member Organization

By: Rex L. [Signature] 03-08-21
Authorized Signature Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov


P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knox/East TN Healthcare Coalition Member Organization

By:  _____

Authorized Signature Date

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Kindred at Home - Knoxville

Knox/East TN Healthcare Coalition Member Organization

By: Bernamy Runner 3/18/21
Authorized Signature Date

Executive Director
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

KINGSTON Family Practice

Knox/East TN Healthcare Coalition Member Organization

By: Rhonda Hanagan 3/24/2021
Authorized Signature Date

Office Manager
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition
Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knox/East TN Healthcare Coalition Member Organization

By: 

March 8, 2021

Authorized Signature

Date

Chief Administrative Officer

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knoxville Orthopedic Surgery Center

Knox/East TN Healthcare Coalition Member Organization

By: James Fureh 4/23/2021

Authorized Signature

Date

Clinical Improvement Manager

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knoxville Center for Reproductive Health

Knox/East TN Healthcare Coalition Member Organization

By: Hevaline A. Ogank

Authorized Signature

3-9-2021

Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knoxville-Knox County Emergency Management Agency

Knox/East TN Healthcare Coalition Member Organization

By: Colin Ickes

March 31, 2021

Authorized Signature

Date

Colin Ickes, Director, Knoxville-Knox County Emergency Management Agency

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

LeConte Medical Center

Knox/East TN Healthcare Coalition Member Organization

By: Bryan Mitchell 3-8-21
Authorized Signature Date

Safety & Emergency Preparedness Officer
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Life Care Center of Blount County

Knox/East TN Healthcare Coalition Member Organization

By: [Signature]

Authorized Signature

03/23/2021

Date

Executive Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Life Care Center of Jefferson City
Knox/East TN Healthcare Coalition Member Organization

By: Robert Breeden 03/23/2021
Authorized Signature Date

Executive Director
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

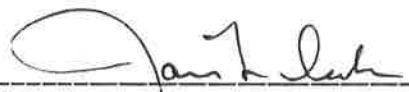
Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

MEDIC Regional Blood Center

Knox/East TN Healthcare Coalition Member Organization

By:  3-26-21
Authorized Signature Date

Chief Executive Officer
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874


Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Medthodist Medical Center of Oak Ridge

Knox/East TN Healthcare Coalition Member Organization

By:  3/19/21
Authorized Signature Date

President / CAO

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Monroe County Ambulance Service

Knox/East TN Healthcare Coalition Member Organization

By: Randy White 3-8-21
Authorized Signature Date

Director
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Morristown-Hamblen Healthcare System

Knox/East TN Healthcare Coalition Member Organization

By: Brunna Mitchell 3-8-21

Authorized Signature

Date

Safety & Emergency Preparedness Officer

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knox/East TN Healthcare Coalition Member Organization

By: Scott Williams CEO 3/31/2021
Authorized Signature Date

SCOTT WILLIAMS CEO Newport Medical Center

Title

Submit this original signature page to (Email):

**Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874**

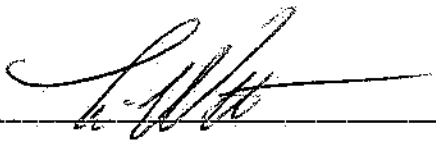
Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

NHC Healthcare, Fort SANDERS (Knoxville, TN)

Knox/East TN Healthcare Coalition Member Organization

By:  4/6/2021
Authorized Signature Date

Administrator
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

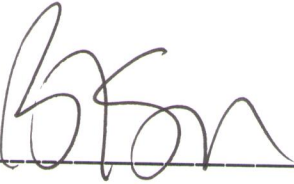
Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

NHC Health Care Knoxville

Knox/East TN Healthcare Coalition Member Organization

By:



Authorized Signature

3/8/2021

Date

BRAD SHIFORD, ADMINISTRATOR

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

NHC Healthcare Oak Ridge

Knox/East TN Healthcare Coalition Member Organization

By: [Signature] 3-26-21
Authorized Signature Date

Administration
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

NHC Home Care Knoxville

Knox/East TN Healthcare Coalition Member Organization

By: [Signature] 8-24-2021

Authorized Signature

Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

NHC of Farragut

Knox/East TN Healthcare Coalition Member Organization

By: _____



3/8/21

Authorized Signature

Date

Director Plant Operations

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Norris Health & Rehabilitation Center
Knox/East TN Healthcare Coalition Member Organization

By: Jeffrey Scott 3/24/2021
Authorized Signature Date

Administrator
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Oneida Nursing & Rehab Center

Knox/East TN Healthcare Coalition Member Organization

By: Jessica Shepherd 3-25-2021
Authorized Signature Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Open Arms Care Corporation

Knox/East TN Healthcare Coalition Member Organization

By: Jillie Byrd 3/8/2021
Authorized Signature Date

Quality Services Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

PCET Surgery Center, LLC

Knox/East TN Healthcare Coalition Member Organization

By: Amel Linkas 3/8/2021
Authorized Signature Date

Administrator
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding
on behalf of:

Peninsula and Parkwest Medical Center

Knox/East TN Healthcare Coalition Member Organization

By: *Lee D* 3/8/21
Authorized Signature Date

 President & CAO

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Parkwest Surgery Center LP

Knox/East TN Healthcare Coalition Member Organization

By:

Taylor Gamache

5/15/21

Authorized Signature

Date

Vice President

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding
on behalf of:

Radiation Emergency Assistants Center

Knox/East TN Healthcare Coalition Member Organization

By: Carol J. Indino, MD
Carol Indino, MD (302 EST)

08 March 2021

Authorized Signature

Date

Director, REAC/TS

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Region II EMS Directors Association

Knox/East TN Healthcare Coalition Member Organization

By: Buc Phillips 3-25-2021

Authorized Signature

Date

President

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

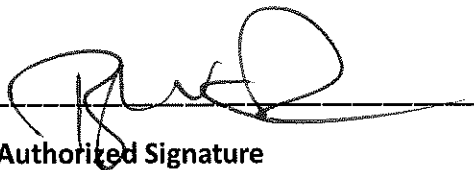
Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

CLC of Harriman, LLC dba Renaissance Terrace

Knox/East TN Healthcare Coalition Member Organization

By:  March 28, 2021
Authorized Signature Date

Managing Member CLC of Harriman, LLC dba
Title Renaissance Terrace

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874


Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Ridgeview Behavioral Health Services

Knox/East TN Healthcare Coalition Member Organization

By:  CEO 3/8/21
Authorized Signature Date

Chief Executive Officer, Ridgeview Behavioral Health Services

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Roane Medical Center

Knox/East TN Healthcare Coalition Member Organization

By: Jam Pelt 3/30/2021
Authorized Signature Date

President / CAO

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

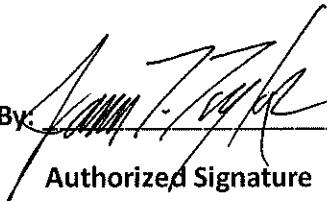
Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding
on behalf of:

RMCC-Comm

Knox/East TN Healthcare Coalition Member Organization

By:  March 16, 2021
Authorized Signature Date

Region 2 RMCC Manager
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874


Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Rural Medical Services Inc

Knox/East TN Healthcare Coalition Member Organization

By:  3-24-2021
Authorized Signature Date

CEO
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Serene Manor Medical Center Rita Griffin, Administrator

Knox/East TN Healthcare Coalition Member Organization

By: Rita Griffin, Administrator 3/8/2021
Authorized Signature Date

Administrator
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition
Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding
on behalf of:

Sevierville Health and Rehabilitation Center
Knox/East TN Healthcare Coalition Member Organization

By: Melissa Hansen 3/31/2021
Authorized Signature Date

Administrator
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition


Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Smoky Mt Home Health & Hospice Inc.

Knox/East TN Healthcare Coalition Member Organization

By:  3/16/21
Authorized Signature Date


Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Southeast Eye Surgery Center

Knox/East TN Healthcare Coalition Member Organization

By: Amy Terry, RN, BSN 03/09/2021
Authorized Signature Date

Clinical Nurse Manager
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

SunCrest Health Care

Knox/East TN Healthcare Coalition Member Organization

By: Teresa Walker 3/8/2021
Authorized Signature Date

RN, Executive Director
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Sweetwater Hospital Home Health

Knox/East TN Healthcare Coalition Member Organization

By: Jennifer Tackett 03-08-21
Authorized Signature Date

Director
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Sweetwater Hospital Association

Knox/East TN Healthcare Coalition Member Organization

By: Jan E. McCall 3/31/21

Authorized Signature

Date

CEO

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennessee Endoscopy Center

Knox/East TN Healthcare Coalition Member Organization

By:

Joni Camp, BSN

3/24/2021

Authorized Signature

Date

Center Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennessee Federation of Fire Chaplains

Knox/East TN Healthcare Coalition Member Organization

By: Paul N. Trumbore 08 MARCH 2021

Authorized Signature

Date

PAUL N. TRUMBORE, Executive Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennova Healthcare Home Health

Knox/East TN Healthcare Coalition Member Organization

By: Debbie Hammonthe 3/8/21

Authorized Signature

Date

Executive Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennova Hospice Knoxville

Knox/East TN Healthcare Coalition Member Organization

By:  3/24/2021

Authorized Signature

Date

AN Executive Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874


Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennessee LaFollette Medical Center

Knox/East TN Healthcare Coalition Member Organization

By:  3/17/21
Authorized Signature Date

CEO
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

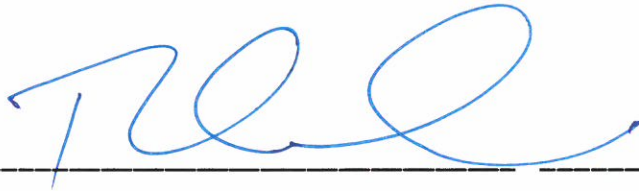
Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennova LaFayette Medical Center Clinic - South

Knox/East TN Healthcare Coalition Member Organization

By:  3/17/24
Authorized Signature Date

CEO
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874


Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennova LaFollette Medical Center Clinic

Knox/East TN Healthcare Coalition Member Organization

By:  3/17/21
Authorized Signature Date

CEO

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennova La Follette Health and Rehab Center

Knox/East TN Healthcare Coalition Member Organization

By:  3/17/21
Authorized Signature Date

CEO
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874


Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennova Primary Care-Caryville

Knox/East TN Healthcare Coalition Member Organization

By:  3/17/21
Authorized Signature Date

CEO
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874


Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennessee Primary Care - Clinton

Knox/East TN Healthcare Coalition Member Organization

By:  3/17/21
Authorized Signature Date

CEO
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennova Newport Convalescent Center

Knox/East TN Healthcare Coalition Member Organization

By: Lisa Huntzger 3.11.21
Authorized Signature Date

RHA
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tennova Healthcare - North Knoxville Medical Center

Knox/East TN Healthcare Coalition Member Organization

By: Joseph Lowe 4/20/21
Authorized Signature Date

Emergency Management Coordinator/A-CNO
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Knox/East TN Healthcare Coalition Member Organization

By:

Tonye Shatt

Authorized Signature

3-8-21

Date

Emergency management Coor.

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

The Eye Surgery Center of Lenoir City

Knox/East TN Healthcare Coalition Member Organization

By: Leiticia Monteo 3/10/21
Authorized Signature Date

RNBSN, Administrator Eye Surgery Center Lenoir City
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

The Eye Surgery Center of Oak Ridge LLC

Knox/East TN Healthcare Coalition Member Organization

By: Patti Patterson 3/25/2021

Authorized Signature

Date

Director of Nursing

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Eye Surgery Center of East Tennessee

Knox/East TN Healthcare Coalition Member Organization

By: Ashley Archer, RN, BSN, NIAW 3-8-21

Authorized Signature

Date

Surgery Center Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Tri State Health & Rehabilitation Center

Knox/East TN Healthcare Coalition Member Organization

By: Charles W. Wheeler, LPHA March 8, 2021

Authorized Signature

Date

Administrator

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding
on behalf of:

UTMC

Knox/East TN Healthcare Coalition Member Organization

By:


Authorized Signature

3/15/21

Date

President/CEO

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Urologic Surgery Center Knoxville
Knox/East TN Healthcare Coalition Member Organization

By: Janette Hauthaus RN, DON 3/24/21
Authorized Signature Date

Director of Nursing
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

UT Home Health Care - Knoxville TN

Knox/East TN Healthcare Coalition Member Organization

By: Melly Barbour 3/24/2021

Authorized Signature

Date

Executive Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

UT Hospice Morristown

Knox/East TN Healthcare Coalition Member Organization

By: Traci Saunders, RN 3/10/2021

Authorized Signature

Date

Executive Director

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

UT Primary Care Heartland (UHS, Inc. - Rural Health Clinic)
Knox/East TN Healthcare Coalition Member Organization

By: [Signature] 3/25/2021
Authorized Signature Date

Practice Administrator
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

West Hills Health and Rehabilitation

Knox/East TN Healthcare Coalition Member Organization

By: Roger A. Smith 03/08/2021
Authorized Signature Date

Administrator
Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Westmoreland Health and Rehabilitation Center

Knox/East TN Healthcare Coalition Member Organization

By: _____

Authorized Signature

Date

4/20/21

ADMINISTRATOR

Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator

Emergency Preparedness Program

taylor.gamache@tn.gov

P. 423.493.3874

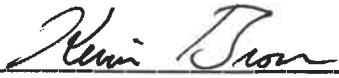
Knox/East TN Healthcare Coalition

Memorandum of Understanding

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Understanding on behalf of:

Willow Ridge Center

Knox/East TN Healthcare Coalition Member Organization

By:  09-09-21
Authorized Signature Date


Title

Submit this original signature page to (Email):

Taylor Gamache, Vulnerable Populations Coordinator
Emergency Preparedness Program
taylor.gamache@tn.gov
P. 423.493.3874