STATE OF TENNESSEE
BEFORE THE HEALTH FACILITIES COMMISSION

In The Matter of:	)	
	)	
ALTERNATIVE CARE	)	
OF TENNESSEE, INC.	)	
Home for the Aged	)	**Docket No. 25.05-245182A**
License No. 507,	)	
	)	
Respondent.	)	
	)	
Nashville, Tennessee	)	

FINAL ORDER

This cause came to be heard on the 27th day of August, 2025, before the Tennessee Health Facilities Commission ("Commission"), upon the application of the Commission's Office of Legal Services ("State"), for the revocation of Respondents' license pursuant to Tennessee Code Annotated Section ("T.C.A. §") 4-5-320(c).

I. JURISDICTION

1. The Commission has the power to license and regulate hospitals, recuperation centers, nursing homes, homes for the aged, residential HIV supportive living facilities, assisted care living facilities, home care organizations, residential hospices, birthing centers, prescribe childcare centers, renal dialysis clinics, ambulatory surgical treatment centers, outpatient diagnostic centers, adult care homes, and traumatic brain injury residential home. T.C.A. § 68-11-202.

2. The Commission has the authority to conduct reviews of all facilities licensed under this part in order to determine compliance with fire and life safety code regulations promulgated by the Commission. T.C.A.§ 68-11-202(b)(1)(A).

3. A residential home for the aged ("RHA") is a home represented and held out to the general public as a home which accepts primarily aged persons for relatively permanent, domiciliary care. "Primarily aged persons" means at least 51% or more of the census of the home for the aged is primarily aged. The RHA provides room, board, and personal services to at least four (4) or more non-related persons. The term "home" includes any building or part thereof which provides services as defined in the Commission's rules. Tenn. Comp. R. & Regs. 0720-21-.01(27).

4. The Commission shall conduct on-site inspections and investigations as may be necessary to safeguard and ensure at all times, the public's health, safety, and welfare. T.C.A. § 68-11-210(c).

5. Upon a finding by the Commission that an RHA has violated any provision of Tenn. Code Ann. §§ 68-11- 201, et seq., or the rules promulgated pursuant thereto, action may be taken, upon proper notice to the licensee, to impose a civil penalty, deny, suspend, or revoke its license. T.C.A.§ 68-11-207. Tenn. Comp. R. & Regs. 0720-21-.03 et seq.

6. The Commission has the authority to suspend or revoke the license of any facility licensed under T.C.A. § 68-11-201(18).

II. FINDINGS OF FACT

7. At all times pertinent hereto, Respondent, Alternative Care of Tennessee, Inc., 525 Galesberg Court, Nashville, Tennessee 37217, was licensed by the Commission as a residential home for the aged, having been granted license 507 on March 15, 2007, which currently has an expiration date of June 30, 2026.

8. On or about May 22, 2024, Health and Life Safety surveys of the facility were completed resulting in multiple deficiencies being cited, including failure to properly assess and monitor residents with dementia to determine whether the residents were appropriately

admitted and/or retained, failure to maintain signed admission agreements for residents, failure to ensure that residents could administer their own medications or that resident medications were administered by a licensed or registered nurse, failure to maintain the facility's physical environment in a safe manner, and failure to obtain written approval from the Commission prior to conducting major alterations to the structure and failure to conduct required fire drills.

HEALTH DEFICIENCIES

9. Resident #1 (as identified in the May 2024 survey) was admitted to the facility with a diagnosis of Mental Retardation.

   a. The resident's file contained no admission agreement signed by Resident #1 or the person who was responsible for the resident's finances.

   b. The resident's file contained no documentation showing Resident #1 was able to self-administer medications and, in fact, the resident was unable to administer their own medication.

10. Resident #2 (as identified in the May 2024 survey) was admitted to the facility with a diagnosis of Dementia.

   a. The resident's file contained no admission agreement signed by Resident #2 or the person who was responsible for the resident's finances.

   b. The facility failed to have an initial Interdisciplinary Team ("IDT") meeting to review whether Resident #2 was appropriate for placement in the facility. The facility also failed to hold required quarterly IDT meetings for continued review of the resident's condition.

c. The resident's file contained no documentation showing Resident #2 was able to self-administer medications and, in fact, the resident was unable to administer their own medication.

11. Resident #3 (as identified in the May 2024 survey) was admitted to the facility with a diagnosis of Prostate Cancer.

a. The resident's file contained no admission agreement signed by Resident #3 or the person who was responsible for the resident's finances.

b. The resident's file contained no documentation showing Resident #3 was able to self-administer medications and, in fact, the resident was unable to administer their own medication.

12. Resident #4 (as identified in the May 2024 survey) was admitted to the facility with a diagnosis of Dementia.

a. The resident's file contained no admission agreement signed by Resident #4 or the person who was responsible for the resident's finances.

b. The facility failed to have an initial IDT meeting to review whether Resident #4 was appropriate for placement in the facility. The facility also failed to hold required quarterly IDT meetings for continued review of the resident's condition.

c. The resident's file contained no physician order showing Resident #4 was able to self-administer medications and, in fact, the resident was unable to administer their own medication.

13. Resident #5 (as identified in the May 2024 survey) was admitted to the facility with a diagnosis of Dementia.

a. The resident's file contained no admission agreement signed by Resident #5 or the person who was responsible for the resident's finances.

b. The facility failed to have an initial IDT meeting to review whether Resident #5 was appropriate for placement in the facility. The facility also failed to hold required quarterly IDT meetings for continued review of the resident's condition.

c. The resident's file contained no documentation showing Resident #5 was able to self-administer medications and, in fact, the resident was unable to administer their own medication.

14. The facility administrator, who was not a licensed nurse, placed medications in daily planners for the five (5) aforementioned residents.

LIFE SAFETY DEFICIENCIES

15. The bedroom doors were not self-closing throughout the facility.

16. The rear deck, which contains the facility's accessible wheelchair ramp, was unstable and contained uneven boards and soft areas. The accessible wheelchair ramp also lacked handrails or edge protection.

17. The facility failed to replace an electrical outlet equipped with an expiring Ground Fault Circuit Interrupter in one bathroom.

18. The facility was conducting extensive renovations, including replacement of the front exit door with a window, relocation of an interior wall, relocation and replacement of plumbing and electrical, and substantial renovations to two (2) of three (3) bathrooms in the facility, one of which is the designated Americans with Disabilities Act accommodated bathroom per the facility's original approved plans. None of these renovations had been submitted to or approved by the Commission.

19. The facility failed to conduct fire drills during sleeping hours during 2023 and the first four (4) months of 2024.

20. The facility failed to conduct fire drills of any kind during February, June, July, September, October, November and December of 2023. The facility also failed to conduct fire drills of any kind during February and March of 2024.

21. The facility failed to maintain clear paths of egress from the living room to the rear exit doors. The paths were obstructed by furniture and construction materials/debris.

22. The facility failed to maintain fire safety equipment in safe operating condition. Two manual fire alarm boxes and one smoke detector were disconnected from the alarm panel and had "NOT USED" written on them.

23. As a result of these survey findings, the facility was required to provide a Plan of Correction ("POC") to the Commission, outlining the facility's plan to come into compliance. The facility had not submitted a POC of any kind to the Commission in response to the May 2024 survey.

FOLLOW-UP SURVEY

24. On or about September 5, 2024, a Health survey and a Life Safety survey of the facility were completed resulting in multiple deficiencies being re-cited. Specifically, the facility still had unapproved renovations in progress, improperly installed smoke alarms, no documentation of required fire drills, resident medications were still being administered by the unlicensed owner/administrator of the facility, and residents with Dementia were still residing in the facility with no IDT review.

25. One bathroom and the rear deck of the facility were renovated (still without obtaining approval from the Commission), however the new shower was not ADA compliant, and the new accessible wheelchair ramp still lacked handrails, edge protection, was not properly sloped and did not contain non-slip surfacing.

26. The follow-up survey also resulted in the citing of new deficiencies, including failure to identify residents who should be transferred to a higher level of care, and the facility owner/administrator acting as a court-appointed guardian, trustee, or conservator for Resident #5 (as identified in the September 2024 survey).

27. Resident #1 (as identified in the September 2024 survey) was regularly left alone outside the facility, in a completely unsecured area, despite the fact that the facility was aware of the resident's frequent exit-seeking behavior and a psychiatric in-patient hospital note from August of 2024, described Resident #1 as an elopement risk.

28. Resident #1 had a prescription for Depakote (among other medications), which was administered by the facility's owner/administrator. The facility provided no lab work or other documentation to show Depakote levels were monitored to ensure a therapeutic drug level was maintained.

29. Resident #5's rent was paid monthly by the owner/administrator of the facility by transferring money from the resident's checking account to the owner/administrator's checking account. The owner/administrator was unable to provide documentation showing the bank transfers for the resident's rental payments. The owner/administrator represented herself as an appointee over the resident's monthly federal beneficiary funds but was unable to provide documentation of being appointed as a representative/trustee/conservator for Resident #5.

SUMMARY SUSPENSION

30. On September 25, 2024, pursuant to an emergency action of the Commission, the Respondent's license was Summarily Suspended.

31. As of the date of this contested case hearing, the facility submitted at least four (4) Plans of Correction ("POCs") for review, based on the September 2024 survey. All four (4) POCs were determined to be unacceptable by Commission staff.

32. As of the date of this contested case hearing, the facility submitted multiple Plans Review proposals. All of those submittals were determined to be unacceptable by Commission staff.

III. CONCLUSIONS OF LAW

The facts listed above are sufficient to establish that the Respondent has violated the following statutes or rules for which disciplinary action, including summary suspension, by the Commission is authorized:

33. The facts in paragraphs ten (10), twelve (12) and thirteen (13) are sufficient to constitute a violation of Tenn. Comp. R. and Reg. 0720-21-.05(7) [formerly cited as 1200-08-11-.05(7)], the relevant portion of which reads as follows:

> A home for the aged shall not admit or retain residents who pose a clearly documented danger to themselves or to other residents in the home. Persons in the early stages of Alzheimer's Disease and Related Disorders may be admitted only after it has been determined by an interdisciplinary team that care can appropriately and safely be given in the facility. The interdisciplinary team must review such persons at least quarterly as to the appropriateness of placement in the facility. The interdisciplinary team shall consist of, at a minimum, a physician experienced in the treatment of Alzheimer's Disease and Related Disorders, a social worker, a registered nurse, and a family member (or patient care advocate).

34. The facts in paragraphs nine (9) through fourteen (14) are sufficient to constitute a violation of Tenn. Comp. R. and Reg. 0720-21-.06(2) [formerly cited as 1200-08-11-.06(2)], the relevant portion of which reads as follows:

> Medications shall be self-administered. If the home chooses to employ a currently licensed nurse, medications may be administered by the nurse.

35. The facts in paragraphs nine (9) through thirteen (13) are sufficient to constitute a violation of Tenn. Comp. R. and Reg. 0720-21-.10(1)(h) [formerly cited as 1200-08-11-.10(1)(h)], the relevant portion of which reads as follows:

> An individual resident file shall be maintained for each resident in the home. Personal information shall be confidential and shall not be disclosed, except to the resident, the department and others with written authorization from the resident. These files shall be retained for one (1) year after the resident is transferred or discharged. The resident file shall include:
> . . .

(h) A copy of the admission agreement signed and dated by the resident.

36. The facts in paragraphs fifteen (15) through eighteen (18), as well as paragraph twenty-one (21), are sufficient to constitute a violation of Tenn. Comp. R. and Reg. 0720-21-.07(1) [formerly cited as 1200-08-11-.07(1)], the relevant portion of which reads as follows:

> An RHA shall construct, arrange, and maintain the condition of the physical plant and the overall RHA environment in such a manner that the safety and well-being of the patients are assured.

37. The facts in paragraphs eighteen (18) and twenty-five (25) are sufficient to constitute a violation of Tenn. Comp. R. and Reg. 0720-21-.07(5) [formerly cited as 1200-08-11-.07(5)], the relevant portion of which reads as follows:

> No new RHA shall be constructed, nor shall major alterations be made to an existing RHA without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new RHA is licensed or before any alteration or expansion of a licensed RHA can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.

38. The facts in paragraphs nineteen (19) through twenty (20) are sufficient to constitute a violation of Tenn. Comp. R. and Reg. 0720-21-.08(2) [formerly cited as 1200-08-11-.08(2)], the relevant portion of which reads as follows:

> The residential home for the aged shall provide fire protection by the elimination of fire hazards, by the installation of necessary fire fighting equipment and by the adoption of a written fire control plan. Fire drills shall be held at least quarterly for each work shift for residential home for the aged personnel in each separate building. There shall be one fire drill per quarter during sleeping hours. There shall be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years.

39. The facts in paragraph twenty-one (21) are sufficient to constitute a violation of Tenn. Comp. R. and Reg. 0720-21-.08(8) [formerly cited as 1200-08-11-.08(8)], the relevant portion of which reads as follows:

> Corridors and exit doors shall be kept clear of equipment, furniture and other obstacles at all times. There shall be a clear passage at all times from the exit doors to a safe area.

40. The facts in paragraph twenty-two (22) are sufficient to constitute a violation of Tenn. Comp. R. and Reg. 0720-21-.08(21) [formerly cited as 1200-08-11-.08(21)], the relevant portion of which reads as follows:

> All safety equipment shall be maintained in good repair and in a safe operating condition.

41. The facts in paragraphs twenty-seven (27) and twenty-eight (28) are sufficient to constitute a violation of Tenn. Comp. R. and Reg. 0720-21-.05(3)(a), the relevant portion of which reads as follows:

(3) The home shall:

(a) Be able to identify at the time of admission and during continued stay those residents whose needs for services are consistent with these rules and those residents who should be transferred to a higher level of care.

42. The facts in paragraph twenty-nine (29) are sufficient to constitute a violation of Tenn. Comp. R. and Reg. 0720-21-.04(6)(h) [formerly cited as 1200-08-11-.04(6)(h)], the relevant portion of which reads as follows:

> Each home for the aged shall:
> ...
> (h) Not allow an owner, responsible attendant, employee or representative thereof to act as a court-appointed guardian, trustee, or conservator for any resident of the facility or any of such resident's property or funds, except as provided by rule 0720-21-.10.

43. The facts in paragraph thirty-one (31) are sufficient to constitute a violation of T.C.A. 68-11-213(k), the relevant portion of which reads as follows:

> (1) After notification of deficiencies following a licensure or complaint survey, any facility licensed under this part has ten (10) days from the date of notification to submit an acceptable plan of correction. Should the facility submit a plan of correction that is deemed unacceptable by the commission, then the facility has an additional ten (10) days from the date of notification that the plan of correction is unacceptable to submit an acceptable plan of correction. The commission shall provide a facility with no less than three (3) opportunities to submit an acceptable plan of correction and provide clear guidelines so that the facility understands what a plan of correction must include to be deemed acceptable.
>
> (2) If a facility is not able to submit an acceptable plan of correction after three (3) attempts, then a representative from the facility shall appear before the commission and submit a plan of correction for the commission's approval.

IV. POLICY STATEMENT

It is the responsibility of the Health Facilities Commission to protect the health and safety of the residents of the State of Tennessee, specifically those served by facilities such as the Respondent in this case. Therefore, we deem the action ordered below to be appropriate.

V. ORDER

In consideration of the evidence presented, and pursuant to the authority granted under T.C.A. § 4-5-320(c), T.C.A. §§ 68-11-207(a), the Commission hereby finds that the deficiencies of Respondent, **Alternative Care of Tennessee, Inc.**, merit revocation of the facility's RHA license.

44. It is therefore **ORDERED** that Respondent's license as a Residential Home for the Aged, License No. 507, is hereby **REVOKED,** effective immediately.

SO ORDERED, this 27th day of August, 2025.

Chairperson
Health Facilities Commission

RECONSIDERATION, ADMINISTRATIVE RELIEF AND JUDICIAL REVIEW

Within fifteen (15) days after the entry of an initial or final order, a party may file a petition to the Commission for reconsideration of the Final Order. If no action is taken within twenty (20) days of filing of the petition with the Commission, it is deemed denied. TENN. CODE ANN. § 4-5-317.

In addition, a party may petition the Commission for a stay of the Final Order within seven (7) days after the effective date of the Final Order. TENN. CODE ANN. § 4-5-316.

Finally, a party may seek judicial review by filing a petition for review in a Chancery Court with appropriate jurisdiction within sixty (60) days after the effective date of the Final Order. No agency decision pursuant to a hearing in a contested case shall be reversed, remanded or modified by the reviewing court unless for errors that affect the merits of such decision. TENN. CODE ANN. § 4-5-322.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon the Respondent, Alternative Care, Inc., c/o John Ben Iwu, Esq. 845 Bell Road, Suite 120, Antioch, Tennessee 37013, by delivering same via email to: johniwulaw@yahoo.com.

This 27th day of August, 2025.

Vishan J. Ramcharan
Associate General Counsel