STATE OF TENNESSEE
BEFORE THE HEALTH FACILITIES COMMISSION

In The Matter of:	)	
	)	
Heritage Pointe Senior Living,	)	
Assisted Care Living Facility,	)	
License No. 278,	)	**Case No. 2024040991**
	)	
Respondent.	)	
	)	
Cookeville, Tennessee	)	

CONSENT ORDER

This matter came to be heard before the Tennessee Health Facilities Commission ("Commission"), by and through the Office of Legal Services, and Heritage Pointe Senior Living ("Respondent") that the Commission adopt this Consent Order, the terms of which have been agreed upon by the parties, as signified by their signatures below.

I. JURISDICTION

1. The Commission is empowered 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, prescribed childcare centers, renal dialysis clinics, ambulatory surgical treatment centers, outpatient diagnostic centers, adult care homes, and traumatic brain injury residential homes. T.C.A. § 68-11-202(a)(1).

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 rules as promulgated by the Commission. T.C.A.§ 68-11-202(b)(1)(A).

3. "Assisted-care living facility" ("ACLF") means a facility, building, establishment, complex or distinct part thereof that accepts primarily aged persons for domiciliary care and services. T.C.A.§ 68-11-201(4)(A) and Tenn. Comp. R. & Regs. 0720-26-.02(7).

4. "Primarily aged" means that a minimum of fifty-one percent (51%) of the population of the facility is at least sixty-two (62) years of age. Tenn. Comp. R. & Regs. 0720-26-.02(34).

5. An assisted-care living facility shall provide on site to its residents room and board and non-medical living assistance services appropriate to each resident's needs, such as assistance with bathing, dressing, grooming, preparation of meals and other activities of daily living. T.C.A.§ 68-11-201(4)(B) and Tenn. Comp. R. & Regs. 0720-26-.02(2).

6. 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).

7. Upon a finding by the Commission that an ACLF 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.

II. STIPULATIONS OF FACT

8. At all times pertinent hereto, Respondent, Heritage Pointe Senior Living, 1030 S. Maple Ave Cookeville, Tennessee 38501, was licensed by the Commission as an ACLF, having been granted license number 278 on June 15, 2007, which currently has an expiration date of May 28, 2026.

9. On or about October 24, 2024, Commission surveyors conducted an annual and complaint survey at Respondent's facility.

10. Respondent failed to provide protection to residents by failing to review medication administration records and following Physician's orders for the residents.

11. Respondent's Medication Administration Record (MAR) dated October 2024, confirmed that Resident #2 required a refill on their medications.

12. Respondent was unable to provide documentation showing that nursing staff had requested refills for Resident #2 or had attempted contact with the Physician's office.

13. On or about October 21, 2024, Respondent's Director of Wellness confirmed that Resident #2 had not received their prescribed medications for approximately one (1) month.

14. Medical records confirmed Resident #9 was to receive prescribed medication for October 1, through October 5, 2024. Respondents' records contained no proof showing that the medication had been administered.

15. On or about October 21, 2024, Respondent's nursing staff, LPN "B" admitted she found unopened containers of medication for Resident #9.

16. On or about October 24, 2024, Respondent's Executive Director admitted that the facility failed to refill the residents' medication timely, note the MAR, and administer the medications as ordered by the treating Physician.

17. On or about October 24, 2024, Medical records confirmed that Respondent failed to complete the Initial Assessment for Resident #3 within seventy-two hours of admission.

18. On or about October 24, 2024, Respondent's Executive Director admitted that the Initial Assessment had not been completed as required.

19. On or about October 24, 2024, Medical records for Resident #7 confirmed that Respondent failed to complete a Plan of Care for the resident.

20. Medical records for Resident #9 confirmed that Respondent failed to complete a Plan of Care for the resident.

21. Respondent was unable to produce a Plan of Care that had been previously completed for Resident #9.

22. On or about October 24, 2024, Respondent's Executive Director admitted that the Plan of Care for Resident #7 or Resident #9 could not be located.

III. GROUNDS FOR DISCIPLINE

The facts in Section II, *supra*, are sufficient to establish that grounds exist for the discipline of Respondent's ACLF license. Specifically, Respondent has violated the following statutes and/or rules, for which disciplinary action by the Commission is authorized.

23. The facts in paragraphs ten (10) through sixteen (16) are sufficient to constitute a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(1) [Services Provided], the relevant portion of which reads as follows:

> (7) An ACLF shall provide personal services as follows:
>
> (a) Each ACLF shall provide each resident with at least the following personal services:
>
> 1. Protective care

24. The facts in paragraphs seventeen (17) and eighteen (18) are sufficient to constitute a violation of Tenn. Comp. R. and Regs. 0720-26-.12 (4) [Resident Records], the relevant portion of which reads as follows:

> (4) An ACLF shall complete a written assessment of the resident to be conducted by a direct care staff member within a time-period determined by the ACLF, but no later than seventy-two (72) hours after admission.

25. The facts in paragraphs nineteen (19) through twenty-two (22) are sufficient to constitute a violation of Tenn. Comp. R. and Regs. 0720-26-.12 (5)(a) [Resident Records], the relevant portion of which reads as follows:

(5) Plan of care.

(a) An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's I legal representative, treating physician, or other licensed health care professionals or entity delivering patient services within five (5) days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above-appropriate individuals.

IV. REPRESENTATIONS OF RESPONDENT

26. Respondent understands and admits the allegations, charges, and stipulations in this Order.

27. Respondent understands the rights found in the Code, Rules, and the Uniform Administrative Procedures Act, TENN. CODE ANN. §§ 4-5-101 thru 4-5-404, including the right to a hearing, the right to appear personally and by legal counsel, the right to confront and to cross-examine witnesses who would testify against Respondent, the right to testify and to present evidence on Respondent's own behalf, as well as to the issuance of subpoenas to compel the attendance of witnesses and the production of documents, as well as the right to appeal for judicial review. Respondent voluntarily waives these rights in order to avoid further administrative action.

28. Respondent agrees that presentation of this Order to the Commission and the Commission's consideration of it and all matters divulged during that process shall not

constitute unfair disclosure such that the Commission or any of its members become prejudiced requiring their disqualification from hearing this matter should this Order not be ratified. All matters, admissions, and statements disclosed during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

29. Respondent agrees that facsimile/PDF copies of this Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.

30. Respondent also agrees that the Commission may issue this Order without further process. If the Commission rejects this Order for any reason, it will be of no force or effect for either party.

31. Respondent agrees that the facility has not received any threats or promises of any kind by the State or any agent or representative thereof, except such as is detailed herein.

V. ORDER

NOW THEREFORE, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:

32. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **one thousand, five hundred dollars ($1,500.00)**. This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-. 07 (7)(a)(1) [Services Provided] for failure to provide protective care – medication administration.

33. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **one thousand dollars ($1,000.00)**. This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.12 (4) [Resident Records] for failure to complete a written assessment of the resident no later than seventy-two (72) hours after admission.

34. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **one thousand, five hundred dollars ($1,500.00)**. This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.12 (5)(a) [Resident Records] for failure to develop and update the Plan of Care as resident needs change.

35. **If Respondent has not already done so**, Respondent must submit proof to the Commission at the address below **within thirty (30) days** from the effective date of this Order of the following:

   a. An **acceptable Plan of Correction** has been submitted to the HFC ETRO which has been reviewed by HFC ETRO staff and found to be acceptable.

   b. Proof of **Inter-Disciplinary Team (IDT) reviews** for all residents currently housed in the memory care unit.

   c. Proof of **current Memory Care training** and the date thereof for all staff assigned to, or working in, the memory care unit.

36. The total assessed CMP amount is **four thousand dollars ($4,000.00)**.

37. Payment shall be submitted to the following address within **thirty (30) calendar days** of the effective date of this Order.

Tennessee Health Facilities Commission
Attention: Disciplinary Coordinator
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

PLEASE DO NOT REMIT PAYMENT UNTIL THE CONSENT ORDER HAS BEEN RATIFIED AND APPROVED BY THE COMMISSION

38. Each condition of discipline herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected.

Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

[THIS SECTION LEFT INTENTIONALLY BLANK]

APPROVED FOR ENTRY:

Diana Reich
Signature of Authorized Representative
Heritage Pointe Senior Living
License No. 278
Respondent

Diana Reich
Printed Name of Authorized Representative

Executive Director
Title of Authorized Representative

w/permission BPR 034233
Seth J. Colón (BPR # 037137)
Associate General Counsel
Health Facilities Commission
Office of Legal Services
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243
Office: (615) 741-2364
Fax: (615) 741-9884
Email: seth.colon@tn.gov

Approval by the Commission

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Health Facilities Commission at a public meeting of the Commission and signed this 25th day of March, 2026

ACCORDINGLY, IT IS ORDERED that the agreement of the parties does hereby become the Final Order of the Commission.

Chairperson
Health Facilities Commission

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon the Respondent, Heritage Pointe Senior Living, c/o Administrator, Diana Reich, 1030 S. Maple Ave Cookeville, Tennessee 38501, and Beacon Co LLC, c/o Diana Reich, Administrator, 1030 S Maple Avenue, Cookeville, Tennessee 38501 by delivering same in the United States regular mail and United States certified mail, numbers **7020 0640 0001 4807 8430** and **7020 0640 0001 4807 8447,** return receipts requested, with sufficient postage thereon to reach its destination. A copy was sent via electronic mail to: diana.reich@oslcares.com.

This 25 day of March, 2026

w/permission BPR 034233

Seth J. Colón
Associate General Counsel