STATE OF TENNESSEE
BEFORE THE HEALTH FACILITIES COMMISSION

In The Matter of:	)	
	)	
Dominion Senior Living of Bristol,	)	
Assisted Care Living Facility,	)	
License No. 437,	)	**Case No. 2024016161**
	)	2025009551
Respondent.	)	
	)	
Bristol, 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 Dominion Senior Living of Bristol ("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, Dominion Senior Living of Bristol, 425 Shelby Lane Bristol, Tennessee 37620, was licensed by the Commission as an ACLF, having been granted license number 437 on May 9, 2017, which currently has an expiration date of May 8, 2026.

SURVEY 1

9. On or about April 12, 2024, a survey of the facility was completed resulting in deficiencies being cited for failure to provide appropriate non-medical living assistance, failure to obtain physician certification statements before initiating hospice care, failure to conduct appropriate Interdisciplinary Team reviews, and failure to document nurses' assessment notes.

10. On or about October 28, 2023, the facility created a service plan for Resident #7 (as identified in Survey 1). This service plan provided that Resident #7 needed total assistance for bathing, including shampooing hair. The facility's daily assignment sheets for December of 2023 showed no showers were documented for Resident #7 that month.

11. On or about January 2, 2024, the facility created another service plan for Resident #7. This service plan provided that Resident #7 needed total assistance for bathing, including shampooing hair, and that the resident would be given two (2) baths per week via handheld shower. The only dates that the facility documented showers for Resident #7 were January 7 and January 20, 2024.

12. Between May 14, 2023, and January 13, 2024, Residents #1, #4, #5, and #6 (as identified in Survey 1), were admitted to the facility's hospice care without physician statements certifying their care could be appropriately provided in the facility.

13. Between May 20, 2022, and September 28, 2023, Residents #1, #2, #3, #4, #5, #6, and #8 (as identified in Survey 1), were admitted to the facility's secured unit without conducting required quarterly Interdisciplinary Team ("IDT") reviews of the appropriateness of their placements in the secured unit.

14. Between March 30, 2023, and January 3, 2024, Residents #1, #2, and #5 (as identified in Survey 1), suffered various changes of condition that required health care services. These services were not appropriately documented by the facility.

SURVEY 2

15. On or about February 26, 2025, a survey of the facility was completed resulting in deficiencies being cited for failure to provide safety to one (1) resident and failure to properly review/revise the care plan for one (1) resident.

16. On or about May 2, 2024, Resident #1 (as identified in SURVEY 2) suffered a fall onto his left hip. On or about May 3, 2024, Resident #1 complained to facility staff of pain in his left hip and ribs. A mobile X-ray revealed a fractured rib. The facility did not review/revise the resident's plan of care following this incident.

17. On or about May 28, 2024, Resident #1 suffered a fall in the facility courtyard resulting in a skin tear on his hand. The facility did not review/revise the resident's plan of care following this incident.

18. On or about June 8, 2024, Resident #1 suffered an apparent fall in the facility's day room. The facility did not review/revise the resident's plan of care following this incident.

19. On or about June 26, 2024, the facility completed a fall assessment for Resident #1, which indicated that he was at a high risk for falls.

20. On or about July 1, 2024, the facility completed a care plan for Resident #1. This care plan did not contain documentation of the resident's high fall risk and did not contain documentation of interventions to prevent further falls.

21. Between July 1, 2024, and September 21, 2024, Resident #1 suffered sixteen (16) additional falls at the facility. The facility did not review/revise the resident's plan of care following these incidents.

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.

22. The facts in paragraphs ten (10) and eleven (11) are sufficient to constitute a violation of Tenn. Comp. R. and Regs. 0720-26-.07(a)(6), the relevant portion of which reads as follows:

> (a) Each ACLF shall provide each resident with at least the following personal services:
>
> . . .
>
> 6. Non-medical living assistance with activities of daily living

23. The facts in paragraph twelve (12) are sufficient to constitute violations of Tenn. Comp. R. and Regs. 0720-26-.08(5)(a), the relevant portion of which reads as follows:

> (5) An ACLF resident qualifying for hospice care shall be able to receive hospice care services and continue as a resident if the resident's treating physician certifies that such care can be appropriately provided in the ACLF.
>
> (a) In the event that the resident is able to receive hospice services in an ACLF, the resident ' s hospice provider and the ACLF shall be jointly responsible for a plan of care that is prepared pursuant to current hospice guidelines promulgated by the Centers for Medicaid and Medicare and ensures both the safety and well-being of the resident's living environment and provision of the resident's health care needs.

24. The facts in paragraph thirteen (13) are sufficient to constitute violations of Tenn. Comp. R. and Regs. 0720-26-.08(9)(b), the relevant portion of which reads as follows:

(9) An ACLF utilizing secured units shall provide survey staff with twelve (12) months of the following performance information specific to the secured unit and its residents at its annual survey:

. . .

(b) Ongoing and up-to-date documentation that each resident's interdisciplinary team has performed a quarterly review as to the appropriateness of placement in the secured unit.

25. The facts in paragraph fourteen (14) are sufficient to constitute violations of Tenn. Comp. R. and Regs. 0720-26-.12(3)(g), the relevant portion of which reads as follows:

(3) Medical record. An ACLF shall ensure that its employees develop and maintain a medical record for each resident who requires health care services at the ACLF regardless of whether such services are rendered by the ACLF or by arrangement with an outside source, which shall include at a minimum:

. . .

(g) Notes, including, but not limited to, observation notes, progress notes, and nursing notes.

26. The facts in paragraphs sixteen (16) through twenty-one (21) are sufficient to constitute violations of Tenn. Comp. R. and Regs. 0720-26-.07(7)(a)(2), the relevant portion of which reads as follows:

(a) Each ACLF shall provide each resident with at least the following personal services:

. . .

(2) Safety when in the ACLF.

27. The facts in paragraphs sixteen (16) through twenty-one (21) are sufficient to constitute violations of Tenn. Comp. R. and Regs. 0720-26-.12(5)(b)(1), the relevant portion of which reads as follows:

(b) The plan of care shall describe:

1. The needs of the resident, including the activities of daily living and medical services for which the resident requires assistance, i.e., what assistance/care, how much, who will provide the assistance/care, how often, and when.

IV. REPRESENTATIONS OF RESPONDENT

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

29. 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.

30. Respondent voluntarily waives these rights in order to avoid further administrative action.

31. 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.

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

33. 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.

34. 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:

35. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **one thousand dollars ($1,000.00)** for the violation(s) identified in paragraph twenty-two (22) above.

36. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **one thousand, five hundred dollars ($1,500.00)** for the violation(s) identified in paragraph twenty-three (23) above.

37. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **three thousand dollars ($3,000.00)** for the violation(s) identified in paragraph twenty-four (24) above.

38. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **one thousand, five hundred dollars ($1,500.00)** for the violation(s) identified in paragraph twenty-five (25) above.

39. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **three thousand dollars ($3,000.00)** for the violation(s) identified in paragraph twenty-six (26) above.

40. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **one thousand, five hundred dollars ($1,500.00)** for the violation(s) identified in paragraph twenty-seven (27) above.

41. The total assessed CMP amount is **eleven thousand, five thousand dollars ($11,500.00).**

42. 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
665 Mainstream Drive, Second Floor
Nashville, Tennessee 37243

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

43. Respondent shall be **placed on probation for a period not to exceed six (6) months** from the effective date of this Order.

a. Respondent shall submit **monthly reports to the Commission's East Tennessee Regional Office on or before the 15th of each month**, regarding corrective measures taken by the facility to maintain compliance.

b. If specifically requested by the Commission during the probationary period, Respondent shall appear in person at a regularly scheduled Commission meeting to discuss any issues of noncompliance.

c. Pursuant to T.C.A. § 68-11-207(e)(6), the Commission is authorized at any time during the probation to remove the probational status of the facility's license, based on information presented to it showing that the conditions identified by the Commission have been corrected and are reasonably likely to remain corrected.

d. The facility shall request an Order of Compliance from Commission staff at the end of its probationary period. If the facility is in compliance at that time, the Order of Compliance will be prepared by Commission staff and presented at the next

regularly scheduled Commission meeting. The Commission shall make the final determination of whether to terminate the facility's probation.

44. 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.

APPROVED FOR ENTRY:

Lori A Goodman
Signature of Authorized Representative
Dominion Senior Living of Bristol
License No. 437
Respondent

Lori J. Goodman
Printed Name of Authorized Representative

Executive Director
Title of Authorized Representative

w/ permission BPR 034233

Vishan J. Ramcharan (BPR # 034403)
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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 27th day of August, 2025.

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, Dominion Senior Living of Bristol, c/o Administrator, Ava Elnita Foster, 425 Shelby Lane Bristol, Tennessee 37620, and Dominion Senior Living of Bristol, Dominion Bristol, LLC, PO Box 50123, Knoxville, Tennessee 37950 by delivering same in the United States regular mail and United States certified mail, numbers **7020 0640 0001 4807 5323** and **7020 0640 0001 4807 7419,** return receipts requested, with sufficient postage thereon to reach its destination. A copy was sent via electronic mail to: stevec@dominionseniorliving.com.

This 27th day of August, 2025.

w/ permission

BPR 034233

Vishan J. Ramcharan
Associate General Counsel