



Received 2/18/26
App # 22883
WTRO/ITSD/PR
Eic # 266

NURSING HOME
APPLICATION FOR CHANGE OF OWNERSHIP

All applicable law, rules, policies, and guidelines affecting your practice are available for viewing at <https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html>. Please check this website periodically for updates.

Name of the Facility/Agency Hickory Grove Post Acute LLC

Location of the Facility:

Street 555 E Bledsoe St City Gallatin

County Sumner County State TN Zip 37066-3003

Phone Number (615) 452-7132 Fax Number (615) 452 - 5396 (NS)

Twenty-four (24) Hour Emergency Phone Number (615) 452-7132

E-Mail Address administrator@watersofgallatin.com (NS)

Total Bed Capacity 124

Does the facility have a Secure Unit? Yes No Number of Secured Beds 24

Does the facility have an Alzheimer's Unit? Yes No Number of Alzheimer's Beds

Does the facility have a Ventilator Unit? Yes No Number of Ventilators Beds

Does this facility offer dialysis services? Yes No

If yes, is it bedside dialysis? Yes No (NS) Number of Beds

Administrator Information

Administrator Tyler Muse Nursing Home Administrator License Number 4125

Have you (administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g. assault, battery, robbery, embezzlement, or fraud)? Yes No

If yes, what charge(s)?

Location of Conviction (City) (County) (State) (Zip)

Mailing Address if different from the Facility location address:

Name Sweetwater Care Resource LLC

Street 1000 Aviara Parkway, Suite 220

City Carlsbad State CA Zip 92011

Ownership of Building:

Name GPH Gallatin Brandywood LLC Phone Number (833) 534-1586

Street Address 2601 Network Blvd, Ste 102

City Frisco State TX Zip 75034

FEE SCHEDULE: (FEES ARE NON-REFUNDABLE)

<u>Bed Capacity</u>	<u>Fee</u>	<u>Bed Capacity</u>	<u>Fee</u>
Less than 25	\$1,040	<input checked="" type="checkbox"/> 100 thru 124	\$2,080
25 thru 49	\$1,300	125 thru 149	\$2,340
50 thru 74	\$1,560	150 thru 174	\$2,600
75 thru 99	\$1,820	175 thru 199	\$2,860

Facilities with 200 beds or more shall pay a flat rate of \$2,860 + \$200 for each additional 25 beds or fraction thereof (i.e., 200-224 pays \$3,060; 225-249 pays \$3,260)

OWNERSHIP OF BUSINESS:

1. a. Check the type of Legal Entity:

Individual _____ Partnership _____ Corporation _____ Limited Liability Company

Church Related _____ Government/County _____ Other _____

b. Check one: For Profit Non-profit _____

c. Legal Entity checked in 1.a:

Name Blue Ridge HC LLC Phone Number (760) 652-6354

Address 1000 Aviara Parkway, Suite 220, Carlsbad, CA 92011

d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:

Aaron Chesley 1000 Aviara Parkway, Suite 220 Carlsbad, CA 92011

Name Street City, State, Zip

James Gamett 1000 Aviara Parkway, Suite 220 Carlsbad, CA 92011

Name Street City, State, Zip

Name Street City, State, Zip

(If additional space is needed, please use a separate sheet)

e. If a government/county owned facility, does the administrator have authority to act on behalf of the government/county as it relates to the operation of this facility? Yes _____ No _____ CNAJ

f. If no to e., who has said authority? _____

2. a. In accordance with Rule 0720-14-.02, is this CHOW a lease of operations? Yes No CNSJ

b. If yes, please provide the lessor's information below:

Name _____ Phone Number (_____) _____

Address _____

3. a. Is your facility/organization accredited by a **federally approved** accrediting body including but not limited to JCAHO, CARF, etc? **Provide proof of accreditation.**

Yes _____ No Expiration Date _____

4. Is this facility chain affiliated? Yes _____ No

5. If you have a parent company, please provide the following information:

Name N/A Phone Number () _____

Address _____

6. a. If a corporation is there a holding company? Yes _____ No _____

- b. If yes, list the name, address, and phone number of the holding company:

Name N/A Phone Number () _____

Street _____

City _____ State _____ Zip _____

7. a. Are any owners of the disclosing entity or also owners of other health care facilities in Tennessee and/or other states? Yes No (N/S)

- b. If yes, list names and addresses of all such facilities. (If additional space is needed, please use a separate sheet)

See attached "7b. Shared Ownership Facility Summary 4.1.2026"

8. a. Do you have a contract with a management firm to operate this facility? Yes _____ No
If yes, specify dates: From _____ To _____

- b. If yes, specify name of firm: N/A

Phone number () _____

Address _____

9. For any item in (9) a-h below, please identify, explain and provide documentation of the item(s) noted if response is "Yes". Have either the licensed entity for any of the other health care facilities in Tennessee and/or other states on the list in question (7.b.), above, OR the management firm listed in question (8.) above; been subjected to any of the following within the last (5) years:

a. Licensure

i) denied a license? Yes _____ No

ii) had a license suspended or revoked by any state licensure agency? Yes _____ No

iii) been subject to a final order or judgment in a state licensure action? Yes _____ No

b. Convictions

- i) convicted of a criminal offense related to that person's involvement in any program under any state or Federal health care program (including Medicare, Medicaid, and Tricare)?

Yes _____ No X

c. Exclusion

- i) excluded from participation in Federal health care programs (Medicare, Medicaid, CHIP, or Tricare) in the past?

Yes _____ No X

(Note: "Excluded" is defined as a provider or entity has been told by the Department of Health and Human Services, Office Of the Inspector General (HHS-OIG) that they may no longer be a provider for any federally funded healthcare program).

d. Termination/Suspension

- i) suspended or terminated from participation in Medicare or Medicaid/TennCare programs?

Yes _____ No X

(Note: This would include involuntary termination of a nursing facility or skilled nursing facility by the Centers for Medicare and Medicaid Services (CMS) or state Medicaid agency).

e. Fraud and Abuse

- i) paid through settlement, or civil or criminal fines, any monies to the federal government or any state as a result of any administrative or judicial proceeding based on allegations of fraud or abuse involving claims related to the provision of health care items and services? Yes _____ No X

f. Corporate Integrity Agreement

- i) Is presently an entity covered by and subject the terms of a corporate integrity agreement?

(Note: If yes, provide a copy of CIA)

Yes _____ No X

g. Bankruptcy

- i) filed bankruptcy under any provision of the United States Bankruptcy Code? Yes _____ No X

h. Civil Monetary Penalty (CMP)

- i) paid to the Centers for Medicare and Medicaid Services or any state Medicaid agency a civil money penalty equal to or greater than \$250,000.00 as a result of an enforcement action during a survey?

Yes _____ No X

Failure to provide true and correct copies of any documents related to the items list in 9(a - h) listed above may be grounds for referral of the application for special consideration, and/or may be grounds for disciplines.

If the applicant answered "Yes" to any of the questions (a) - (h) above, please provide copies of any documentation associated with the event and/or sanction. The documentation should provide the Health Facilities Commission with sufficient information regarding the nature of the event and/or sanction, the current status of the issue, as well as details regarding what corrective actions have been implemented (as applicable).

VERIFICATION BY NOTARY PUBLIC:

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under T.C.A. §71-6-103 to report incidents of abuse or neglect.

Signee acknowledges that the State of Tennessee may share information regarding the activities and compliance of the licensee, if the submitted CHOW application is a lessor and/or lessee transaction as described in the above Ownership of Business section of this application.

[Signature] Applicant Signature Regional Director of ds Title or Position 2/11/20 Date

STATE OF ~~TENNESSEE~~ Colorado

County of Douglas

The above-named applicant (print name) Emily Lynch, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 11th day of February 2026
Month Year

LAURA STIEHL
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20164041941
MY COMMISSION EXPIRES NOVEMBER 4, 2028

Notary Public: [Signature]
My commission expires: November 4, 2028



State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

March 19, 2026

Sent Via Email

Rachel Silver
C/O Hickory Grove Post Acute, LLC
1000 Aviara Parkway, Suite 220
Carlsbad, California 92011

Dear Rachel Silver

License number 266 has been initially approved due to the change of ownership for The Waters of Gallatin pending completion and submission of the Bill of Sale; effective March 19, 2026. The previous owner of the facility was The Waters of Gallatin, LLC d/b/a **The Waters of Gallatin** . The owner of the facility is Blue Ridge HC, LLC d/b/a Hickory Grove Post Acute, LLC The new owner of the facility is d/b/a Hickory Grove Post Acute, LLC .

For certification purposes, please be advised that it is your responsibility to contact your Health Facilities Commission regional office to make changes to your Medicare/Medicaid participation including a name change of the facility. The West Tennessee Regional Office phone number is 731-984-9684 .

Please contact me if I can be of further assistance.

Sincerely,

Niraj Soni

Niraj Soni, ASA 3
Phone: (615) 741-7539
Fax: (615) 253-8798
Email: Niraj.Soni@tn.gov



State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

March 31, 2026

Sent Via Email

Jack Soriano
Sweetwater Care
C/O Hickory Grove Post Acute, LLC
1000 Aviara Parkway, Suite 220
Carlsbad, California 92011

Facility Type: Nursing Home
License Number: 266

Dear Jack Soriano:

It is my pleasure to inform you that your application for change of ownership of Hickory Grove Post Acute located at 555 East Bledsoe Street, Gallatin, Tennessee 37066 has been initially approved effective April 1, 2026. The license number shall be 266. For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for May 27, 2026 . **You are hereby authorized to commence operation pending the final decision of the Commission.** No further action is necessary on your part at this time.

If the Commission **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days; notifying you of the Commission's final decision.

If the Commission **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,

Niraj Soni

Niraj Soni, ASA 3
Phone: (615) 741-7539
Fax: (615) 253-8798
Email: Niraj.Soni@tn.gov



**CHANGE OF OWNERSHIP (CHOW) APPROVAL/DENIAL FORM
(For Health Facilities Commission USE ONLY)**

Instructions: This form is to be completed upon receipt of a CHOW application for all facility types. The effective date of a change of ownership will be the date the closing documents are signed & dated by seller/buyer or lessee; or the date recommended by the Regional Office if occurring after the date of the signed closing documents.

Facility Type: LTC County: Sumner

Facility Name (Current D/B/A): The Waters of Gallatin

Facility Name (New D/B/A if applicable): Hickory Grove Post Acute LLC

Street Address: 555 East Bledsoe Street

City/State/Zip Code: Gallatin, TN 37066

Health Licensure Last Survey Date: 1/17/25 Annual or Complaint (circle one) Survey
**Review of three (3) year survey history including both annual and/or complaint surveys

Outstanding Complaint(s): Y or N (circle one; if yes, proceed to next question)

Number of Outstanding Complaint(s): 14

Date(s) of Outstanding Complaint(s): 1/28/25 - 11/21/25

Life Safety Licensure Last Survey Date: 3/8/23 Annual or Complaint (circle one) Survey
**Review of three (3) year survey history including both annual and/or complaint surveys

Outstanding Complaint(s): Y or N (circle one; if yes, proceed to next question)

Number of Outstanding Complaint(s): 0

Date(s) of Outstanding Complaint(s): _____

Approved: 4/1/2026 Denied: _____

Reason for denial: _____

Recommended CHOW Approval Date: April 1, 2026

Shaunda Snider Deputy Regional Administrator
Regional Administrator Signature

2/26/2026
Date

BILL OF SALE

THIS **BILL OF SALE**, effective as of April 1, 2026 (the “Commencement Date”), is furnished by **THE WATERS OF GALLATIN, LLC**, a Tennessee limited liability company (“Old Operator”), and **HICKORY GROVE POST ACUTE LLC**, a Tennessee limited liability company (“New Operator”), pursuant to that certain Operations Transfer Agreement dated as of March 30, 2026, by and between Old Operator and New Operator. All capitalized terms used herein and not otherwise defined shall have the respective meanings ascribed to them in the OTA.

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Old Operator hereby conveys to New Operator all of Old Operator’s right, title and interest in and to those certain items of personal property included in the Transferred Assets (collectively, the “Personal Property”) relating to certain real property commonly known as **THE WATERS OF GALLATIN**, located at 555 East Bledsoe Street, Gallatin, TN 37066-3003 .

This Bill of Sale is given by Old Operator and accepted by New Operator with no warranties, express or implied, except as set forth herein and in the OTA.


Old Operator hereby represents and warrants to New Operator that Old Operator is the absolute owner of said Personal Property, that said Personal Property is free and clear of all liens, charges and encumbrances arising out of acts and/or omissions of Old Operator, and that Old Operator has full right, power and authority to sell the Personal Property and to make this Bill of Sale. Except as set forth herein, Old Operator has not made and does not make any express or implied warranty or representation of any kind whatsoever with respect to the Personal Property, including but not limited to: merchantability of the Personal Property or its fitness for any particular purpose; the design or condition of the Personal Property; the quality or capacity of the Personal Property; workmanship or compliance of the Personal Property with the requirements of any law, rule, specification or contract pertaining thereto; patent infringement or latent defects. New Operator accepts the Personal Property on an “AS IS, WHERE IS” basis.

Signature Page Follows

IN WITNESS WHEREOF, the undersigned have caused this Bill of Sale to be executed effective as of 12:01 a.m. Central Daylight Time on the Closing Date.

OLD OPERATOR:

THE WATERS OF GALLATIN, LLC, a Tennessee limited liability company

By:  _____
Michael Blisko (Mar 30, 2026 09:12:46 EDT)

Name: Michael Blisko

Title: Manager

NEW OPERATOR:

HICKORY GROVE POST ACUTE LLC, a Tennessee limited liability company

By:  _____

Name: Brett Cook

Its: Manager



February 16, 2026

VIA EMAIL

Nicholas Finn
Cuarzo Healthcare Capital

Re: Those certain skilled nursing and assisted living facilities located in the State of Tennessee, as more fully described in Exhibit A attached hereto (the “**Facilities**”) collectively marketed as **Project Volunteer**

Dear Mr. Finn:

We are pleased to present this letter of intent (“**Letter of Intent**”) to set forth the following primary business terms and conditions under which we are interested in leasing the business assets relating to the above captioned Facilities.

Lessor	GPH Clinton LLC, GPH Winchester LLC, GPH Union City LLC, and GPH Gallatin Brandwood LLC and/or their affiliates, collectively, shall be referred to herein as the “ Lessor ”.
Lessee	Sweetwater Care Resource, a California limited liability company (“Sweetwater”) (or affiliate assignees of Sweetwater to be formed), shall be referred to herein as the “ Lessee ”.
Term	Lease will be for a ten (10) year period.
Extension Options	Two options each option consisting of a five (5) year term with rent subject to a fair market value adjustment at the start of the second option term.
Year One Base Rent	\$425,000 per month base rent.
Annual Escalator	Beginning with the first day of the second (2 nd) Lease Year and the first day of each Lease Year thereafter during the Term, the Annual Base Rent shall increase by 3.0% (the “Annual Escalator”).

Security Deposit

Lessee shall pay Lessor an amount equal to three (3) months base rent (the “**Security Deposit**”) payable as follows:

1. Upon the commencement of the lease: Lessee shall pay two months base rent to Lessor (\$850,000) towards this obligation.
2. The remaining month deposit (\$425,000) will be paid in four equal quarterly installment payments.

Lessor shall use the Security Deposit as security towards Lessee’s Lease obligations.

Required Annual Per Bed Capital Expenditure Spend Amount

Lessee will be required to make capital expenditures at the facilities each Lease Year, in an amount equal to \$400 per licensed bed.

The Per Bed amounts will be increased each year by 3.0%.

Capital Expenditure Upgrade Allowance

Lessor will provide Lessee a Capital Expenditure Upgrade Allowance of \$300,000 for each of the first two Lease Years (\$600,000 in total). This allowance will be utilized for mutually agreed upon, large-scale capital expenditure projects.

Lessee will still be required to meet its Annual Per Bed Capital Expenditure Spend Requirement, and Capital Expenditure Upgrade Allowance funds may not be utilized to satisfy this requirement.

Corporate and Personal Guaranty

Sweetwater Care Opco LLC shall provide a corporate guaranty that is effective as of the Closing and that shall remain in place throughout the Term and any Extension Option for all lease obligations, including, but not limited to: Base Rent, Additional Rent, Impositions, Provider Taxes, and all other monetary obligations.

Aaron Chesley and James Gamett shall each provide a personal guaranty that is effective as of the Closing and that expires upon final resolution of the pending litigation (i.e. satisfaction of all monetary obligations, compliance with any court ordered monitoring and dismissal of the lawsuit) brought by the California Attorney General’s office against affiliated California skilled nursing facilities. The personal guaranties shall include all lease obligations, including, but not limited to: Base Rent, Additional Rent, Impositions, Provider Taxes, and all other monetary obligations.

Guarantor will be subject to financial covenants related to tangible net worth and liquidity, with sufficient cushion.

Tenant Covenants

Tenant will be subject to financial and reporting covenants, to include, but not limited to:

- Minimum Lease Coverage Covenant: Threshold is

TBD

- Maximum Debt Coverage: TBD
- Minimum Occupancy: TBD

Tenant Impositions Lessor will have the right to impound real estate taxes, provider taxes, and insurance premiums in the event that Lessee is delinquent in payment for any of the forementioned items or in the event of default on financial covenants.

Due Diligence Period Limited to Thirty (30) days which may be extended by mutual consent of the Parties, which consent will not be unreasonably withheld.

Fifteen (15) days after the end of the Due Diligence Period, Lessee must execute an Operations Transfer Agreement with the exiting operator.

Landlord, and Existing Licensee will provide Sweetwater access to such information, documents, records, reports and all other materials typically reviewed in the acquisition of the operations of skilled nursing facilities. Upon the mutual execution of this LOI, Landlord, and Existing Licensee will provide Sweetwater access to such information, documents, records, reports and all other materials typically reviewed in the acquisition of the operations of skilled nursing facilities. Tours and/or inspection of the Facility will be coordinated with Sweetwater. During the Due Diligence Period, Sweetwater shall be provided such information as Sweetwater reasonably requests, to the extent reasonably available to Landlord and Existing Licensee. Landlord agrees to cause the Existing Licensee to comply with Sweetwater's reasonable requests (with at least twenty-four (24) hours' notice for access to the Facility) for access to the Facility for physical inspections, provided however, Sweetwater shall not perform any invasive testing (i.e. core sampling, drilling, etc.) without prior written consent, which shall not be unreasonably withheld, conditioned or delayed. Sweetwater and its agents shall not interfere with the Existing Licensee's operations nor interact with, or engage with, patients or employees at the Facility.

No later than 5:00 pm CST on the last day of the Due Diligence Period, or before, Sweetwater may, in its sole discretion, and without penalty or obligation, choose to terminate the transactions contemplated under this LOI by giving written notice of such decision to Landlord (the "Termination Notice"). If Sweetwater does not timely deliver the Termination Notice, it shall be deemed to have elected to proceed with the Transaction.

Due Diligence Request List	Lessee to send over a list of diligence items needed for evaluation during the Due Diligence Period.
Change of Ownership	Lessor and Lessee acknowledge and agree that all required regulatory filings and notifications related to the transaction shall be timely prepared and submitted in accordance with applicable laws and regulations. Lessee shall file for all required authorizations (Change of Ownership) five (5) days after the end of the Due Diligence Period.
Operations Transfer Agreement	Lessee shall facilitate and execute an Operations Transfer Agreement between the exiting operator and Lessee on market terms within fifteen (15) days of expiration of the Due Diligence Period.
Closing	Closing shall occur on the earlier of April 1, 2026 or on the first day of the month following the date the Tennessee Department of Health issues the Lessee its license to operate the facilities detailed in Exhibit A.
Competing Facility	Lessee agrees that during the Term of the Lease and for a period of one (1) year afterward, Lessee shall not own, develop, lease, manage, control, or invest in a Competing Facility (defined as a skilled nursing, assisted living, memory care, independent living, or other health care facility) that competes in any way to the subject Facilities and is located within a 5-mile radius of any Facility.
Purchase Option	No purchase option will be available.
Expenses	Each party shall be responsible for its own expenses associated with this transaction.
Brokerage/ Advisory	Lessor and Lessee each represent and warrant that neither party has dealt with any broker which is entitled to a commission as a result of this transaction other than Evans Senior Investments and any such fees are the responsibility of Lessor. Lessor and Lessee shall each indemnify the other from any loss, liability, cost and expense, including reasonable attorney fees, arising from its breach of the foregoing representation.
Governing Law	This Letter of Intent shall be governed by and construed in accordance with Delaware state laws.

This Letter of Intent summarizes some of the business points relating to the transaction described above, it being understood that other material terms of the proposed transaction are not yet agreed upon and still must be agreed upon to the mutual satisfaction of the parties. Therefore, except for the Brokerage/Advisory and Exclusivity provisions hereof (which are binding), it is understood that (i) no liabilities or obligations are intended to be created by this Letter of Intent or the consent by the parties hereto; (ii) this Letter of Intent is not intended to constitute a legally binding

agreement to consummate the transaction contemplated hereby or to enter into a legally binding agreement; and (iii) no binding obligation will be created unless and until a written agreement evidencing such obligation is duly executed and delivered by the parties.

This Letter of Intent supersedes and cancels all prior understandings between the parties, if any, and may be executed in two or more counterparts, each of which shall constitute an original, but when taken together all such counterparts shall constitute but one Letter of Intent, and either party may execute this Letter of Intent by executing any one or more of such counterparts.

If the foregoing terms are acceptable, please direct Lessee to countersign this Letter of Intent and return a fully executed copy to our attention.

The Rest of This Page Intentionally Left Blank. Signature Page Follows.

Sincerely,

LESSEE:

SWEETWATER CARE RESOURCE LLC,
or affiliate assignees thereof to be formed



Aaron Chesley, on behalf of Lessee

AGREED TO AND ACCEPTED BY LESSOR AS OF Feb 16, 2026

Nicholas R. Finn

box SIGN 4LJJXY58-4YQPYPQL

Nicholas R. Finn , on behalf of Lessor



State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
 502 Deaderick Street, 9th Floor, Nashville, TN 37243
 www.tn.gov/hfc Phone: 615-741-7221

TennCare Change of Ownership (CHOW) Nursing Facility Assessment

DATE: February 25, 2026

TO: Samantha Rummage, Fiscal Chief of Staff; Phillip Lester; Cindy Rittenberry; Michelle Williams

FROM: Niraj Soni

SUBJECT: Change of Ownership (CHOW)

A change of ownership is to occur on April 1, 2026 for Hickory Grove Post Acute LLC located at 555 E Bledsoe St. Gallatin, Tennessee 37066. This facility is currently owned by The Waters of Gallatin, LLC dba The Waters of Gallatin. The change of ownership applicant is Blue Ridge HC, LLC doing business as Hickory Grove Post Acute LLC .

Please review your files to determine if there are any delinquent/outstanding nursing facility assessments and/or corresponding penalties & interest for the current licensed facility/owner.

If a nursing facility assessment is outstanding, please indicate the amount/ quarters in which payment is outstanding and has not been made.

If a facility is currently on a payment plan, please indicate whether the facility has maintained compliance with their payment plan and the current status.

To complete the recommendation for change of ownership, please indicate below approval or denial and provide additional detail, as indicated above, along with rationale for any denial.

Approval: X_____

Denial: _____

TennCare Representative Signature: *Michelle Williams*

Date: 2.25.2026

If you have any questions, please call the Division of Licensure and Regulation, Health Facilities Commission at (615)741-7539 or via email Niraj.soni@tn.gov .



State of Tennessee
 Health Facilities Commission
 Andrew Jackson State Building
 502 Deaderick Street, 9th Floor, Nashville, TN 37243
 www.tn.gov/hfc Phone: 615-741-7221

OFFICE OF LEGAL SERVICES MEMORANDUM

DATE: February 25, 2026 NH# 266
 TO: Nathaniel Flinchbaugh and Lisa Williams
 FROM: Niraj Soni
 SUBJECT: CHOW


A change of ownership is to occur on April 1, 2026 for Hickory Grove Post Acute LLC located at 555 E Bledsoe St, Gallatin, Tennessee 37066. This facility is currently owned by The Waters of Gallatin, LLC d/b/a The Waters of Gallatin. The change of ownership applicant is Blue Ridge HC, LLC d/b/a Hickory Grove Post Acute LLC Please review your files to determine if there have been any disciplinary action(s) rendered or open cases in the Office of Legal Services for the current licensed facility/owner.

To complete the recommendation for change of ownership, please indicate below approval or denial with rationale for denial.

Approval: X

Denial: _____

Denial Rationale: _____

OLS Representative Signature:  Digitally signed by Nathaniel Flinchbaugh, Esq. Date: 2026.02.25 08:21:51 -0600

Date: February 25, 2026

If you have any questions, please call me at (615-741-7539).