



File # 151  
WTRO/HTSO/PR  
App # 22721

Received November 10, 2025

**NURSING HOME  
APPLICATION FOR CHANGE OF OWNERSHIP**

All applicable laws, 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 Reelfoot Manor Health and Rehab

**Location of the Facility:**

Street 1034 Reelfoot St City Tiptonville

County Lake State TN Zip 38079

Phone Number ( 731 ) 253-6681 Fax Number ( 615 ) 446-7082

Twenty-four (24) Hour Emergency Phone Number ( 732 ) 619-3822

E-Mail Address Admin@reelfoothc.com

Total Bed Capacity 116

Does the facility have a Secure Unit? Yes  No  Number of Secured Beds N/A

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

Does this facility have a Ventilator Unit? Yes  No  Number of Ventilator Beds N/A

Does this facility offer dialysis services? Yes  No

If yes, is it bedside dialysis? Yes  No  Number of Beds N/A

**Administrator Information:**

Administrator Jada McLeod Nursing Home Administrator License Number 4165

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)? N/A

Location of Conviction N/A Date N/A  
(City) (County) (State)

**Mailing address if different from the Facility location address:**

Name Same as facility

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Ownership of Building:**

Name 1034 Reelfoot Drive LLC Phone (718) 338-2999

Street Address 2071 Flatbush Ave, Ste 22

City Brooklyn State NY Zip 11234

**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	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 Reelfoot Healthcare and Rehab Phone Number (731) 253-6681

Street 1034 Reelfoot St

City Tiptonville State TN Zip 38079

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

Samuel Goldsmith 69 Piccadilly Dr Jackson, NJ 08527  
Name Street City, State, Zip

\_\_\_\_\_  
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  N/A

f. If no to e., who has said authority? N/A

2. a. In accordance with Rule 0720-18-.02, is this CHOW a lease of operation? Yes  No

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

Name N/A Phone Number (      ) N/A

Address N/A

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 TN Opco Holdings LLC Phone Number ( 845 ) 595-2444

Address 400 Rella Boulevard, Ste 200, Montebello, NY 10901

6. a. If a corporation, is there a holding company? Yes  No  N/A

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

Name N/A Phone Number (    ) N/A

Street N/A

City N/A State N/A Zip N/A

7. a. Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states?

Yes  No

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

See Attachment

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 (    ) N/A

Address N/A

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 action? Yes  No   
iii) been subject to a final order or judgement 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

c. Exclusion

- i) excluded from participation in Federal health care programs (Medicare, Medicaid, CHIP, or Tricare) in the past? Yes  No

(Note: "Excluded" is defined as a provider or entity has been told by the Department of Health and Human Services, Office 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 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? Yes \_\_\_ No X

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

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.

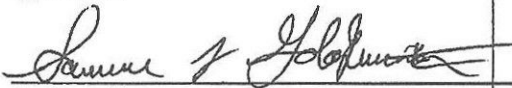
If the applicant answered "Yes" to any of the questions (a)-(h) above, please provide copies of any documentation associated with the event and/or sanction. The documentation should provide the Health Facilities Commission with sufficient information regarding the nature of the event and/or sanction,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

  
Applicant Signature

\_\_\_\_\_  
Authorized Signatory  
Title or Position

11/06/2025  
Date

STATE OF <sup>New Jersey</sup> ~~TENNESSEE~~

County of Ocean

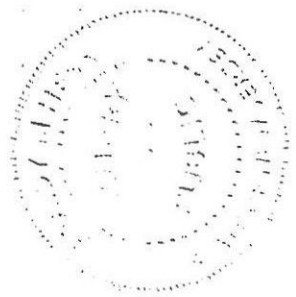
The above-named applicant (print name) Samuel A.J. Goldsmith, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above-named facility or agency, therein contained, are correct and true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

Subscribed to and sworn to me before this 6<sup>th</sup> day of November 2025  
(Month) (Year)

Notary Public: Fraidy M. Hess

My commission expires: \_\_\_\_\_

FRAIDY M HESS  
Notary Public, State of New Jersey  
Comm. # 50204090  
My Commission Expires 10/27/2027





State of Tennessee  
Health Facilities Commission  
Andrew Jackson State Building  
502 Deaderick Street, 9<sup>th</sup> Floor, Nashville, TN 37243  
[www.tn.gov/hfc](http://www.tn.gov/hfc) Phone: 615-741-7221

March 12, 2026

Sent Via Email

Brandie Lambert  
C/O Reelfoot Manor Health and Rehab  
915 Main Street, Suite C  
Perry, Georgia 31069

Facility Type: Nursing Home  
License Number: 151

Dear Brandie Lambert:

It is my pleasure to inform you that your application for change of ownership of Reelfoot Manor Health and Rehab located at 1034 Reelfoot Street, Tiptonville, Tennessee 38079 has been initially approved effective February 1, 2026 . The license number shall be 151. 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 April 22, 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](mailto:Niraj.Soni@tn.gov)



State of Tennessee

Health Facilities Commission

665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243

[www.tn.gov/hfc](http://www.tn.gov/hfc) Phone: 615-741-7221

March 12, 2026

Sent Via Email

Brandie Lambert  
New Legacy Professional Services  
C/O Reelfoot Manor Health and Rehab  
915 Main Street, Suite C  
Perry, Georgia 31069

Dear Brandie Lambert:

License number 151 has been initially approved due to the change of ownership for Reelfoot Manor Health and Rehab pending completion and submission of the Bill of Sale; effective November 13, 2025. The previous owner of the facility was Reelfoot Operator, LLC **d/b/a** Reelfoot Manor Health and Rehab. The owner of the facility is Reelfoot Healthcare and Rehab, LLC **d/b/a** Reelfoot Manor Health and Rehab. The new owner of the facility is d/b/a Reelfoot Healthcare and Rehab, LLC d/b/a Reelfoot Manor Health and Rehab.

**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 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](mailto:Niraj.Soni@tn.gov)



**State of Tennessee  
Health Facilities Commission**

665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243  
www.tn.gov/hsda Phone: 615-741-7221

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**Attorney/Work Product - Privileged and Confidential**

**OFFICE OF LEGAL SERVICES MEMORANDUM**

DATE: November 10, 2025 NH# 151  
TO: Nathaniel Flinchbaugh and Lisa Williams  
FROM: Niraj Soni  
SUBJECT: CHOW

A change of ownership is to occur on January 1, 2026 for Reelfoot Manor Health and Rehab located at 1034 Reelfoot Street Tiptonville, Tennessee 38079. This facility is currently owned by Reelfoot Operator, LLC d/b/a Reelfoot Manor Health and Rehab. The change of ownership applicant is Reelfoot Healthcare and Rehab LLC d/b/a Reelfoot Manor Health and Rehab. 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:  Nathaniel E Flinchbaugh, Esq

Date:  November 13, 2025

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



**State of Tennessee**  
**Health Facilities Commission**

665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243  
www.tn.gov/hsda Phone: 615-741-7221

**TennCare Change of Ownership (CHOW) Nursing Facility Assessment**

DATE: November 10, 2025

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 January 1, 2026 for Reelfoot Manor Health and Rehab located at 1034 Reelfoot St, Tiptonville, Tennessee 38079. This facility is currently owned by Reelfoot Operator, LLC dba Reelfoot Manor Health and Rehab. The change of ownership applicant is Reelfoot Healthcare and Rehab, LLC dba Reelfoot Manor Health and Rehab.

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: 11.10.2025

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](mailto: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: Lake

Facility Name (Current D/B/A): Reelfoot Manor Health and Rehab

Facility Name (New D/B/A if applicable): Reelfoot Manor Health and Rehab

Street Address: 1034 Reelfoot St.

City/State/Zip Code: Tiptonville, TN 38079

Health Licensure Last Survey Date: 8/1/2022 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): 85

Date(s) of Outstanding Complaint(s): 8/18/22 - 11/6/25

Life Safety Licensure Last Survey Date: 7/25/22 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:  Denied: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Recommended CHOW Approval Date: February 1, 2026

Kathy Zeigler  
Regional Administrator Signature

11.11.25  
Date



**State of Tennessee**  
**Health Facilities Commission**  
**Andrew Jackson State Building**  
502 Deaderick Street, 9<sup>th</sup> Floor, Nashville, TN 37243  
[www.tn.gov/hfc](http://www.tn.gov/hfc) Phone: 615-741-7221

**DIVISION OF LICENSURE AND REGULATION MEMORANDUM**

DATE: April 22, 2026

TO: HEALTH FACILITIES COMMISSION

SUBJECT: CHOW OUT OF STATE VERIFICATION SUMMARY

To streamline the Change of Ownership Package(s) for Reelfoot Manor Health and Rehab for the Commission's ratification, the following out of state verifications summary of results are listed below:

Pennsylvania-In Compliance  
District of Columbia-In Compliance  
Delaware- In Compliance  
Florida-In Compliance  
Georgia-In Compliance  
Nebraska-In Compliance  
New Jersey- In Compliance  
North Carolina- In Compliance  
Pennsylvania-In Compliance  
Virginia- In Compliance

8/21/2024

**BILL OF SALE**  
[To Operator]

KNOW ALL MEN BY THESE PRESENTS THAT, **REELFOOT OPERATOR, LLC**, a Florida limited liability company (the “**Current Operator**”), for the sum of \$10.00 and other good and valuable consideration to it in hand paid, does by these presents, sell, assign, transfer and convey unto **REELFOOT HEALTHCARE AND REHAB LLC**, a Nevada limited liability company (the “**New Operator**”), the “**Transferred Assets**” located at that certain skilled nursing facility located in the State of Tennessee, as more particularly described on Exhibit A attached hereto and made a part hereof (the “**Facility**”), as defined in that certain Operations Transfer Agreement dated as of October 1, 2025, as assigned, between Current Operator and New Operator.

Current Operator hereby covenants that it will, at any time and from time to time upon written request therefor, execute and deliver to New Operator, its nominees, successors and/or assigns, any new or confirmatory instruments which New Operator, its nominees, successors and/or assigns, may reasonably request in order to assign and transfer to New Operator its rights, title and interest in, the Transferred Asset.

Current Operator makes no warranties of any kind or nature whatsoever, express or implied, of suitability, merchantability or fitness for a particular purpose, any and all such warranties being hereby expressly disclaimed and on as “AS-IS” “WHERE-IS” basis, with all faults, as of the Effective Time; provided, however that Current Operator does warrant as to its ownership of the Transferred Assets free and clear of all liens.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the undersigned, being duly authorized, has executed and delivered this instrument effective as of February 1, 2026.

**REELFOOT OPERATOR, LLC,**  
a Florida limited liability company

By: 

Name: Stuart Lindeman

Title: President and Chief Executive Officer



January 20, 2025

Tennessee Health Facilities Commission  
Attn: Niraj Soni  
665 Mainstream Drive  
Second Floor  
Nashville, TN 37243

**Re: Nursing Home Change of Ownership Notification**  
**Reelfoot Manor Health and Rehab Nursing Home – License # 151**  
**Change of Ownership Effective date UPDATE: February 1, 2026**

Dear Mr. Soni:

We are notifying the Tennessee Health Facilities Commission that the facility currently known as Reelfoot Manor Health and Rehab located at 1034 Reelfoot St, Tiptonville, TN 38079 is expected to change ownership effective on **February 1, 2026**. Previously, the anticipated change of ownership effective date was January 1, 2026. Enclosed are the change of ownership acknowledgement letters received to date from the Commission for your reference.

If you have any questions or concerns, please contact me at (478) 396-4777 or [blamberth@newlegacypro.com](mailto:blamberth@newlegacypro.com).

Sincerely,

A handwritten signature in black ink that reads "Brandie P. Lamberth".

Brandie P. Lamberth, CPA  
President, New Legacy Professional Services

Enclosures



November 7, 2025

Tennessee Health Facilities Commission  
Attn: Niraj Soni  
665 Mainstream Drive  
Second Floor  
Nashville, TN 37243

**Re: Reelfoot Healthcare and Rehab LLC d/b/a Reelfoot Manor Health and Rehab  
1034 Reelfoot St, Tiptonville, TN 38079-1607  
EIN: 39-4921946  
Facility License #: 00000151  
Nursing Home Application for Change of Ownership  
Change of Ownership Effective Date: January 1, 2026**

Dear Mr. Soni:

We have enclosed the Nursing Home Application for Change of Ownership along with the required license fee for the above-referenced facility.

If you have any questions or need any additional information, please contact me at (478) 396-4777 or [blamberth@newlegacypro.com](mailto:blamberth@newlegacypro.com).

Sincerely,

Brandie P. Lamberth, CPA  
President, New Legacy Professional Services

Enclosures