



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

July 22, 2025

Sent Via Email

Chavi Kresch  
C/O Smoky Mountain Healthcare and Rehabilitation Center  
15 American Avenue, Suite 304  
Lakewood, New Jersey 08701

Facility Type: Nursing Home  
License Number: 288

Dear Chavi Kresch:

It is my pleasure to inform you that your application for change of ownership of Smoky Mountain Healthcare and Rehabilitation Center located at 415 Cole Drive Pigeon Forge, Tennessee 37863 has been initially approved effective June 1, 2025. The license number shall be 288. 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 September 24, 2025. **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)

cc: East Tennessee Regional Administrator



Received 4/1/25  
APP# 22543  
ETRO/ETSD/PR  
File - 228

**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 SM Healthcare OP LLC DBA Smoky Mountain Healthcare and Rehabilitation Center

**Location of the Facility:**

Street 415 Cole Drive City Pigeon Forge

County Sevier County State TN Zip 37863

Phone Number (865) 428-5454 Fax Number (865) 429-5616

Twenty-four(24) Hour Emergency Phone Number (865) 428-5454

E-Mail Address jstern@cchhealthcare.com

Total Bed Capacity 120

Does the facility have a Secure Unit? Yes \_\_\_ No ☒ Number of Secured Beds \_\_\_

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

Does this facility have a Ventilator Unit? Yes \_\_\_ No ☒ Number of Ventilator Beds \_\_\_

Does this facility offer dialysis services? Yes \_\_\_ No ☒

If yes, is it bedside dialysis? Yes \_\_\_ No ☒ Number of Beds \_\_\_

**Administrator Information:**

Administrator Richard Lawrence Nursing Home Administrator License Number 3065

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 \_\_\_\_\_ Date \_\_\_\_\_  
(City) (County) (State)

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

Name Smoky – CCH Healthcare

Street 338 Whitesville Road

City Jackson State N.J Zip 08527

**Ownership of Building:**

Name SM Healthcare PC LLC Phone (732)659-1353

Street 338 Whitesville Road

City Jackson State NJ Zip 08527

**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 SM Healthcare OP LLC Phone (732) 659-1353

Street 338 Whitesville Road Suite 501

City Jackson State NJ Zip 08527

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

Barry Jeremias 920 East county Line Road Lakewood NJ 08701  
Name Street City, State, Zip

Jacob Stern 338 Whitesville Road, Suite 501 Jackson NJ 08527  
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? n/a Yes\_\_\_No\_\_\_
- f. If no to e., who has said authority? \_\_\_\_\_
2. a. In accordance with Rule 0720-18-.02, is this CHOW a lease of operation? Yes\_\_\_ No X (NBS)

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

Nam \_\_\_\_\_ Phone Number \_\_\_\_\_

Addre. \_\_\_\_\_

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 X Expiration Date \_\_\_\_\_

4. Is this facility chain affiliated? Yes \_\_\_ No X

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

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

6. a. If a corporation, is there a holding company? Yes \_\_\_ No X

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

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_

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

7. a. Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states?
- b. If yes, list names and addresses of all such facilities. *(If additional space is needed, please use a separate sheet)*

Weakley Healthcare, LLC 700 WC Nursing Home Rd Dresden, TN 38225  
Please see attached!

8. a. Do you have a contract with a management firm to operate this facility? Yes No
- b. If yes, specify name of firm: CCH Healthcare NC LLC

Phone Number (732) 659-1353

Address 338 Whitesville Road. Jackson NJ 08527

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 <u>    </u> | No <u>x</u> <u>    </u> |
| ii) had a license suspended or revoked by any state licensure action?        | Yes <u>    </u> | No <u>x</u> <u>    </u> |
| iii) been subject to a final order or judgement in a state licensure action? | Yes <u>    </u> | No <u>x</u> <u>    </u> |

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 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/TermCare 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.

[Signature] Manager 3/31/25  
Applicant Signature Title or Position Date  
STATE OF ~~TENNESSEE~~ New Jersey  
County of Ocean

The above-named applicant (print name) Jacob Stern, 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 31 day of March 2025  
(Month) (Year)

Notary Public: [Signature]

My commission expires: 6-2-2026





Tennessee Department of Health  
Cash Listing Report

Client: 5 - Board for Licensing Health Care Facilities

Batch #: 435

Total \$ Entered: \$ 2,080.00

# Receipt: 1

Receipts Entered: 1

Origin: Deposit

Fiscal Year: 2025

Deposit #: 04012025

Deposit Date: 2025-04-02

Total: \$ 2,080.00

Status: Deposited

| Receipt # | DLN      | Received    | Disp | Pmt | Bad Check? | Unassigned  | Prof | Remitted By / Beneficiary                    | File # | License # | Assigned |
|-----------|----------|-------------|------|-----|------------|-------------|------|--|--------|-----------|----------|
| 1488      | 39994769 | \$ 2,080.00 | DEP  | CHK |            | \$ 2,080.00 | 532  | SMOKY MOUNTAIN POST-<br>ACUTE AND REHABILITA | 228    | 228       |          |
| Total:    |          | \$ 2,080.00 |      |     |            | \$ 2,080.00 |      |  |        |           |          |





**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: April 2, 2025

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

FROM: Niraj Soni, ASA 3 Licensure

SUBJECT: Change of Ownership (CHOW)

A change of ownership is to occur on June 1, 2025 for Smoky Mountain Post Acute Rehabilitation Center, 415 Cole Drive, Pigeon Forge, Tennessee 37863. This facility is currently owned by Pigeon Forge TN OPCO, LLC d/b/a Smoky Mountain Post- Acute Rehabilitation Center. The change of ownership applicant is SM Healthcare Op, LLC dba Smoky Mountain Healthcare and Rehabilitation Center.

Please review your files to determine if there are any delinquent/outstanding nursing facility assessments 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: 7.21.2025

If you have any questions, please call the Division of Licensure and Regulation, Health Facilities Commission at (615)741-7539.



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

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

**OFFICE OF LEGAL SERVICES MEMORANDUM**

DATE: April 2, 2025 NH# 228  
TO: Nathaniel Flinchbaugh and Lisa Williams  
FROM: Niraj Soni  
SUBJECT: CHOW

A change of ownership is to occur on June 1, 2025 for Smoky Mountain Post-Acute Rehabilitation Center located at 415 Cole Drive, Pigeon Forge, Tennessee 37863. This facility is currently owned by Pigeon Forge, TN OPCO, LLC d/b/a Smoky Mountain Post-Acute Rehabilitation Center. The change of ownership applicant is Pigeon Forge TN OPCO, LLC d/b/a Smoky Mountain Healthcare and Rehabilitation Center. 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: April 2, 2025

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



## 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: Sevier

Facility Name (Current D/B/A): Smoky Mountain Post Acute and Rehabilitation Center

Facility Name (New D/B/A if applicable): Smoky Mountain Healthcare and Rehabilitation Center

Street Address: 415 Cole Drive

City/State/Zip Code: Pigeon Forge, TN 37863

Health Licensure Last Survey Date: 4/5/24 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): 17

Date(s) of Outstanding Complaint(s): 6/24/24, 6/25/24, 6/28/24, 7/22/24, 9/16/24, 9/16/24, 9/17/24, 10/7/24, 11/5/24, 11/12/24, 11/13/24, 11/13/24, 12/11/24, 12/23/24, 12/26/24, 1/13/25, 3/31/25

Life Safety Last Survey Date: 1/3/25 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): \_\_\_\_\_

Date(s) of Outstanding Complaint(s): \_\_\_\_\_

Approved: ✓ Denied: \_\_\_\_\_

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

Recommended CHOW Approval Date: June 1, 2025

[Signature]  
Regional Administrator Signature

4/3/25  
Date



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

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**DIVISION OF LICENSURE AND REGULATION MEMORANDUM**

DATE: September 24, 2025

TO: HEALTH FACILITIES COMMISSION

SUBJECT: CHOW OUT OF STATE VERIFICATION SUMMARY

To streamline the Change of Ownership Package(s) for Smoky Mountain Healthcare and Rehabilitation Center for the Commission's ratification, the following out of state verifications summary of results are listed below:

Ohio- In Compliance

North Carolina- In Compliance

8/21/2024



State of Tennessee  
Health Facilities Commission  
665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243  
www.tn.gov/hfc Phone: 615-741-7221

April 2, 2025

Sent Via Email

Chavi Kresch  
C/O Smoky Mountain Healthcare and Rehabilitation Center  
15 American Avenue, Suite 304  
Lakewood, New Jersey 08701

Dear Chavi Kresch:

This letter acknowledges receipt of the application and fee for a change of ownership for Smoky Mountain Healthcare and Rehabilitation Center, Nursing Home, license number 228, located at 415 Cole Drive, Pigeon Forge, Tennessee 37863.

A closing document showing the effective date of transfer to the new owner must be submitted to this office after the transaction is finalized. Prior to issuing a license the charter will be verified with the office of the Secretary of State in Tennessee to ensure that the legal entity is registered as a Limited Liability Company.

Your application and fee will be held in a pending status until your application is recommended by the regional office for a change of ownership. Once the recommendation for a change of ownership is received from the regional office you will be initially approved, and your application will then be presented before the **Board for Licensing Health Care Facilities** for ratification at the next regularly scheduled board meeting.

This application will only be good for one (1) year from the date of receipt. If the change of ownership has not occurred within that one (1) year period you will be required to submit a new application and fee, unless you have contacted our office in writing extending your application.

Should you have any questions or need further assistance please feel free to contact me at (615) 741-7539 or [niraj.soni@tn.gov](mailto:niraj.soni@tn.gov).

Sincerely,

*Niraj Soni*

Niraj Soni  
Phone: (615) 741-7539  
Fax: (615) 253-8798  
Email: [Niraj.Soni@tn.gov](mailto:Niraj.Soni@tn.gov)



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## MEMO

To: Debra Verna, East Tennessee Regional Office Administrator (emailed)

From: Niraj Soni

Date: April 2, 2025

Subject: CHOW

A change of ownership will be occurred on June 1, 2025 for SM Healthcare OP, LLC doing business as (d/b/a) Smoky Mountain Healthcare and Rehabilitation Center located at 415 Cole Drive, Pigeon, Tennessee 37863. This facility currently owned by Pigeon Forge TN OPCO, LLC d/b/a Smoky Mountain Post-Acute Rehabilitation Center.

Please review your files to determine if there has been a survey conducted within the last fifteen (15) months with no major deficiencies. If a survey has not been conducted due to the facility being accredited, please review the file to determine if there have been any complaints that would prevent a recommendation for approval of the change of ownership at this time.

If you are unable to approve this change of ownership due to the survey being beyond the fifteen (15) months, please schedule an on-site survey as soon as possible.

If you have any questions, please call me at 615-741-7539 or email me at [Niraj.Soni@tn.gov](mailto:Niraj.Soni@tn.gov).

**OFFICE OF HEALTHCARE FACILITIES, LICENSURE DOES  
NOT HAVE TO WAIT FOR AN APPROVED 855 TO MOVE  
FORWARD, IF APPLICABLE.**

## BILL OF SALE

PIGEON FORGE TN OPCO LLC, a Delaware limited liability company ("**Old Operator**"), in consideration of Ten and No/100 Dollars (\$10.00), receipt of which is hereby acknowledged, does hereby sell, assign, transfer and set over to SM HEALTHCARE OP LLC, a Tennessee limited liability company ("**New Operator**"), all of its right, title and interest in and to the following described personal property, to-wit:

All of the "Supplies" and other "Personal Property", as defined in that certain Operations Transfer Agreement ("**OTA**"), dated as of March 19, 2025, by and among Old Operator and New Operator.

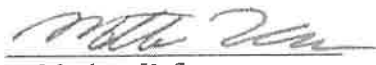
Old Operator hereby represents and warrants to New Operator that Old Operator is the absolute owner of said property that said property is free and clear of all liens, charges and encumbrances, and that Old Operator has full right, power and authority to sell said personal property and to make this Bill of Sale. Except as set forth in the OTA, all warranties of quality, fitness and merchantability are hereby excluded.

[SIGNATURES ON FOLLOWING PAGE]

**IN WITNESS WHEREOF**, Old Operator has caused this Bill of Sale to be signed and sealed in its name by its Authorized Person thereunto duly authorized this 1st day of June, 2025.

OLD OPERATOR

PIGEON FORGE TN OPCO LLC,  
a Delaware limited liability company

By:   
Name: Matthew Kafka  
Title: Authorized Person



**BILL OF SALE**

KNOW ALL MEN BY THESE PRESENTS THAT, PIGEON FORGE TN PROPCO LLC, a Delaware limited liability company (the "Seller"), for the sum of \$10.00 and other good and valuable consideration to it in hand paid by SM HEALTHCARE PC LLC, a Delaware limited liability company (the "Purchaser"), does by these presents, sell, assign, transfer and convey unto the Purchaser, all of Seller's right, title, and interest, if any, in and to the Personal Property (as such term is defined in that certain Asset Purchase Agreement dated as of March 19 2025, by and between Purchaser and Seller) AS IS WHERE IS. Seller hereby covenant that they will, at any time and from time to time upon written request therefor, execute and deliver to Purchasers, their nominees, successors and/or assigns, any new or confirmatory instruments which Purchasers, their nominees, successors and/or assigns, may reasonably request in order to assign and transfer to Purchasers their rights, title and interest in, the Personal Property.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has executed and delivered this instrument effective as of June 1, 2025.

PIGEON FORGE TN PROPCO LLC,  
a Delaware limited liability company

By: \_\_\_\_\_

Name: Matthew Kafka  
Title: Authorized Person

## SECOND AMENDMENT TO SECOND AMENDED AND RESTATED MANAGEMENT AGREEMENT

This Second Amendment to Second Amended and Restated Management Agreement (“Amendment”) is made as of the 1st day of June, 2025 (the “Effective Date”), by and between the licensed operators identified on **Schedule I** attached hereto (each individually, a “Licensee” and collectively, the “Licensees”) and **CCH Healthcare NC, LLC**, a North Carolina limited liability company (the “Management Agent”).

WHEREAS, on June 1, 2016, Licensees and Management Agent (the “Parties”) entered into a Management Agreement for the nursing facilities identified on Schedule I thereto (the “Management Agreement”); and

WHEREAS, on October 29, 2018, the Parties entered into a First Amended and Restated Management Agreement amending certain terms of the Management Agreement; and,

WHEREAS, on July 1, 2022, the Parties entered into a Second Amended and Restated Management Agreement amending certain terms of the Management Agreement; and,

WHEREAS, on December 29, 2022, the Parties entered into a First Amendment to Second Amended and Restated Management Agreement amending certain terms of the Management Agreement;

WHEREAS, on December 1, 2024, the Parties entered into a second First Amendment to Second Amended and Restated Management Agreement amending certain terms of the Management Agreement; and,

WHEREAS, the Parties desire to amend **Schedule III** to the Management Agreement as provided herein; and,

WHEREAS, each Licensee is, or as of the Effective Date, will be, the licensed operator of the long term care facilities (each a “Facility”, or collectively, the “Facilities”) listed on **Schedule I** to the Management Agreement.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants herein contained, IT IS AGREED AS FOLLOWS:

1. **Amendment.** **Schedule III** to the Management Agreement is deleted and replaced with the **Schedule III** attached to this amendment.
2. **Business Associate Agreement.** By means of its execution of this Amendment, Licensee agrees to the terms of, and to be bound to the Business Associate Agreement appended to the Agreement.
2. **Ratification.** Except as specifically set forth in this Amendment, all of the remaining terms and conditions of the Management Agreement shall remain in full force and effect.

3. **Amendment and Integration.** This Amendment may not be amended or modified except by an instrument in writing signed by all the Parties hereto. This Amendment constitutes the entire agreement between the Parties with respect to the subject matter herein, and the Parties acknowledge and understand that it shall be deemed to be made a part collectively of the terms and conditions of the Management Agreement and thereby amend the same. Defined terms used herein shall have the same meanings set forth in the Management Agreement.

4. **Counterparts.** This Amendment may be executed in any number of counterparts with the same effect as if the Parties hereto has signed the same document. All counterparts will be construed together and shall constitute one Amendment. Signatures transmitted by facsimile or e-mail shall have the same effect as original signatures.

5. **Governing Law.** This Agreement and this Amendment shall be interpreted, construed, and enforced pursuant to and in accordance with the laws of the State of North Carolina.

IN WITNESS WHEREOF, the parties have hereto caused Second Amendment to be duly executed, as of the day and year first above written.

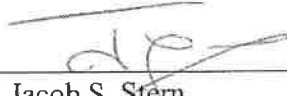
**LICENSEE:**

**SM HEALTHCARE OP LLC,**  
*a Delaware limited liability company*

By:   
Name: Jacob Stern  
Title: Manager

**MANAGEMENT AGENT:**

**CCH HEALTHCARE NC, LLC, a North Carolina limited liability company**

By:   
Name: Jacob S. Stern  
Title: Manager

**SCHEDULE III**

| <b>Licensee</b>                | <b>Landlord</b>  |
|--------------------------------|--|
| Ridgewood Healthcare LLC       | RIDGEWOOD PROPCO, LLC  |
| Pineville Healthcare LLC       | PINEVILLE PROPCO, LLC  |
| Greens at Cabarrus, LLC        | SMV CONCORD LLC  |
| Greens at Gastonia, LLC        | SMV GASTONIA LLC   |
| Greens at Hendersonville, LLC  | SMV HENDERSONVILLE LLC   |
| Greens at Viewmont, LLC        | SMV HICKORY 13TH LLC   |
| Greens at Hickory, LLC         | SMV HICKORY EAST LLC   |
| Greens at Lincolnton           | SMV LINCOLNTON LLC   |
| Greens at Maple Leaf           | SMV STATESVILLE MAPLE LEAF LLC   |
| Greens at Spruce Pine          | SMV SPRUCE PINE LLC  |
| Greens at Weaverville          | SMV WEAVERVILLE LLC,   |
| Valley Nursing Healthcare, LLC | BUNA PARKER LANE AND GLENNIS LANE<br>BOLDEN, TRUSTEES OR THEIR SUCCESSORS<br>IN INTEREST OF THE BUNA PARKER LANE<br>LIVING TRUST DATED JULY 22, 2020 |
| SM Healthcare OP, LLC          | SM Healthcare PC, LLC  |



03/31/2025

To Whom it May Concern,

Please be advised that on 06/1/2025, SM Healthcare OP LLC will be purchasing Smoky Mountain Post-Acute and Rehabilitation Center located at 415 Cole Drive, Pigeon Forge, TN 37863. The new owner will be operating the building effective 06/1/2025.

CCH Healthcare currently operates the following buildings:

| Facility Name:   | DBA:  | Address:  |
|--|---|---|
| Scarlet Oaks Nursing and Rehabilitation Center LLC     |   | 440 Lafayette Avenue, Cincinnati, OH 45220-1022         |
| CI Healthcare LLC                                      | Cedars of Lebanon Care Center                   | 102 E. Silver Street, Lebanon, OH 45036-1812            |
| Cv Healthcare LLC                                      | Cedarview Care Center                           | 115 Oregonia Road, Lebanon, OH 45036-1983               |
| Hp Healthcare LLC                                      | Harrison Pavillion Care Center                  | 2171 Harrison Avenue, Cincinnati, OH 45211              |
| New Scotland Healthcare LLC                            | Lincoln Crawford Care Center                    | 1346 Lincoln Avenue, Cincinnati, OH 45202               |
| Northcrest Acres Nursing and Rehabilitation Center LLC | Northcrest Rehab and Nursing Center             | 240 Northcrest Drive Napoleon, OH 43545,                |
| Countryside Manor Nursing and Rehabilitation LLC       |   | 1865 Countryside Dr, Fremont, OH 43420-8748             |
| Clovernook Healthcare LLC                              | Clovernook Healthcare and Rehabilitation Center | 7025 Clovernook Avenue Cincinnati OH 45231-5557         |
| Locust Ridge Healthcare LLC                            |   | 12745 Elm Corner Road, Williamsburg OH 45176-9621       |
| Sunrise Nursing Healthcare LLC                         |   | 3434 State Route 132 , Amelia, OH 45102-2012            |
| Meadowbrook Healthcare LLC                             | Meadowbrook Care Center                         | 8211 Weller Road, Cincinnati/Montgomery, Ohio 45242     |
| Flint Ridge Healthcare LLC                             | Flint Ridge Nursing & Rehabilitation Center     | 1450 West Main Street, Newark OH 43055 - 1825           |
| Twilight Healthcare LLC                                | Twilight Gardens Nursing & Rehabilitation       | 196 W Main Street, Norwalk OH 44857                     |
| Solon Pointe Healthcare, LLC (SNF)                     | Solon Pointe at Emerald Ridge                   | 5625 Emerald Ridge Pkwy, Solon OH 44139                 |
| Meadow Wind Healthcare LLC                             | Meadow Wind Healthcare Center                   | 300 23rd St NE, Massillon, OH 44646-4988                |
| Willow Ridge Healthcare LLC                            | Willow Ridge Rehabilitation and Living Center   | 237 Tryon Road, Rutherfordton, NC, 28139                |
| Carver Healthcare LLC                                  | Carver Living Center                            | 303 E Carver st, Durham, NC, 27704                      |
| Pineville Healthcare LLC                               | Pineville Rehabilitation and Living Center      | 1010 Lakeview Drive, Pineville NC 28134-7567            |
| Ridgewood Healthcare LLC                               | Ridgewood Living and Rehabilitation Center      | 1624 Highland Drive, Washington, NC, 27889              |
| Pinehurst OPCO LLC                                     | The Greens At Pinehurst Rehab and Living Center | 205 Rattlesnake Trail, Pinehurst NC 28374               |
| Greens at Cabarrus LLC                                 | The Greens at Cabarrus                          | 250 Bishop Lane Concord, NC 28025-2888                  |
| Greens at Gastonia LLC                                 | The Greens at Gastonia                          | 969 Cox Road, Gastonia, NC 28054-3455                   |
| Greens at Hendersonville LLC                           | The Greens at Hendersonville                    | 1870 Pisgah Drive, Hendersonville, NC 28791-3759        |
| Greens at Viewmont LLC                                 | The Greens at Viewmont                          | 220 13th Avenue Place Northwest, Hickory, NC 28601-2532 |
| Greens at Hickory LLC                                  | The Greens at Hickory                           | 3031 Tate Boulevard Southeast, Hickory, NC 28602-1455   |
| Greens at Lincolnton LLC                               | The Greens at Lincolnton                        | 515 South Generals Boulevard, Lincolnton, NC 28092-3656 |
| Greens at Maple Leaf LLC                               | The Greens at Maple Leaf                        | 1101 Maple Care Lane, Statesville, NC 28625-8406        |
| Greens at Spruce Pines LLC                             | The Greens at Spruce Pine                       | 218 Laurel Creek Court, Spruce Pine, NC 28777-3134      |
| Greens at Weaverville LLC                              | The Greens at Weaverville                       | 78 Weaver Boulevard, Weaverville, NC 28787-9322         |
| Valley Nursing Healthcare, LLC                         | Valley Nursing and Rehabilitation Center        | 581 Nc Highway 16 S Taylorsville, NC 28681-9103         |
| Weakley Healthcare LLC                                 |   | 700 W C Nursing Home Rd, Dresden, TN 38225              |

Thank you for your assistance and please reach out with any additional questions,

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