

**STATE OF TENNESSEE
BEFORE THE HEALTH FACILITIES COMMISSION**

In The Matter of:)	
)	
Stones River Manor, Inc.,)	
Assisted Care Living Facility,)	
License No. 142,)	Case No. 2025004281
)	
Respondent.)	
)	
Murfreesboro, 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 Stones River Manor, Inc. (“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 ACLK 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, Stones River Manor, Inc., 205 Haynes Drive Murfreesboro, Tennessee 37129, was licensed by the Commission as an ACLK, having been granted license number 142 on July 1, 1999, which currently has an expiration date of June 17, 2026.

9. On or about January 13, 2025, a survey of the facility was completed resulting in deficiencies being cited for the facility failing to ensure the safety of 5 of 9 (Resident #1, #2, #4, #7, and #11) sampled residents reviewed for falls.
10. On or about December 26, 2023, Resident #1 had a fall at the facility which resulted in hospitalization and significant injury.
11. On or about July 15, 2024, Resident #2 sustained an injury which resulted from a fall while in the facility.
12. On or about December 30, 2024, Resident #4 sustained an injury from a fall while in the facility.
13. On or about June 6, 2024, Resident #7 sustained multiple injuries from a fall while in the facility.
14. Resident #11 had two (2) falls with no reported injuries.

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.

15. The facts in paragraphs nine (9) through fourteen (14) are sufficient to constitute a violation of Tenn. Comp. R. and Regs. 0720-26-.07(7)(a)(2), the relevant portion of which reads as follows:

(7) An ACLF shall provide personal services as follows:

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

...

(2) Safety when in the ACLF.

IV. REPRESENTATIONS OF RESPONDENT

16. Respondent understands and admits the allegations, charges, and stipulations in this Order.
17. 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.
18. Respondent voluntarily waives these rights in order to avoid further administrative action.
19. 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.
20. Respondent agrees that facsimile/PDF copies of this Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.

21. 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.
22. 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:

23. Respondent shall be **placed on probation for a period not to exceed twelve (12) months** from the effective date of this Order.
 - a. During the probationary period, the facility **shall submit monthly reports to the Commission's West Tennessee Regional Office, on or before the 15th of each month**, with current proof of training program administered to staff and administration regarding falls.
 - 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.

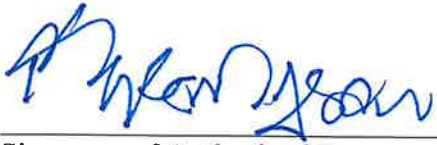
24. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of three thousand dollars (**\$3,000.00**). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07(7)(a)(2) for failure to provide safety when in the ACLF.
25. **The total assessed CMP amount is three thousand dollars (\$3,000.00).**
26. Payment shall be submitted to the following address within **thirty (30) calendar days** of the effective date of this Order.

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

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

27. 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:



Signature of Authorized Representative
Stones River Manor, Inc.
License No. 142
Respondent



Printed Name of Authorized Representative



Title of Authorized Representative

Vishan J. Ramcharan (BPR # 034403)
Senior Associate General Counsel
Health Facilities Commission
Office of Legal Services
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243
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Email: vishan.j.ramcharan@tn.gov

Approval by the Commission

Upon the agreement of the parties, and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Health Facilities Commission at a public meeting of the Commission and signed this _____ day of _____, 202__.

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, Stones River Manor, Inc., c/o Administrator, Kandie Dawn Smith, 205 Haynes Drive, Murfreesboro, Tennessee 37129, and Stones River Manor, Inc., c/o Registered Agent, Kirk Mason, 205 Haynes Drive, Murfreesboro, Tennessee 37219 by delivering same in the United States regular mail and United States certified mail, numbers **7020 0640 0001 4807 0915 and 7020 0640 0001 4807 0922** return receipts requested, with sufficient postage thereon to reach its destination. A copy was sent via electronic mail to: kirklandamason@comcast.net.

This _____ day of _____, 202__.

Vishan J. Ramcharan
Senior Associate General Counsel