



State of Tennessee

Health Facilities Commission

665 Mainstream Drive, 2nd Floor, Nashville, TN 37243

www.tn.gov/hfc

Phone: 615-741-7221

June 30, 2025

Sent Via Email

Harmony at Victory Station

c/o Kadeja Watts (kadeja.watts@egg.com)

171 17th Street NW, Suite 2100

Atlanta, Georgia 30363-1031

Facility Type: Assisted Care Living Facility

License Number: 453

Dear Kadeja Watts:

It is my pleasure to inform you that your application for change of ownership of Harmony at Victory Station located at 211 Fortress Boulevard, Murfreesboro, Tennessee 37128 has been initially approved effective June 24, 2025. The license number shall be 453. 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 July 23, 2025. **You are hereby authorized to commence operation pending the final decision of the Commission.** No further action is necessary on your part currently.

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,

Maddison Fauth

Maddison Fauth, ASA II

Health Facilities Commission

Phone: 615-741-7300

Email: Maddison.Fauth@tn.gov

cc: West Tennessee Regional Office



State of Tennessee

Health Facilities Commission

665 Mainstream Drive, 2nd Floor, Nashville, TN 37243

www.tn.gov/hfc

Phone: 615-741-7221

June 23, 2025

Sent Via Email

Harmony at Victory Station
c/o Kadeja Watts (kadeja.watts@agg.com)
171 17th Street NW, Suite 2100
Atlanta, Georgia 30363-1031

Dear Kadeja Watts:

License number 453 has been initially approved due to the change of ownership for Harmony at Victory Station pending completion and submission of the Bill of Sale; effective June 5, 2025. The previous owner of the facility was Murfreesboro Operations, LLC. The new owner of the facility is VOP Victory Station, LLC d/b/a Harmony at Victory Station.

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 phone number is 731-984-9711.

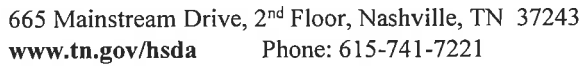
Please contact me if I can be of further assistance.

Sincerely,

Maddison Fauth

Maddison Fauth, ASA II
Health Facilities Commission
Phone: 615-741-7300
Email: Maddison.Fauth@tn.gov

cc: West Tennessee Regional Office





**CHANGE OF OWNERSHIP APPROVAL/DENIAL
(For Office of Health Care Facilities USE ONLY)**

Facility Type: Assisted Care Living Facility County: Rutherford

Facility Name: Harmony at Victory Station

Street Address: 211 Fortress Blvd

City/State/Zip Code: Murfreesboro, TN 37128

**Health Licensure Last Survey Date: 5/29/2025 Annual or Complaint (circle one) Survey

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): _____

**Life Safety Last Survey Date: 9/20/2022 Annual or Complaint (circle one) Survey

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: X Denied: _____

If denied, reason for denial: _____

Effective Date of Change of Ownership: 6/24/2025

Kathy Zeigler, RA/DPM 6/5/2025

Regional Administrator' Signature/Date

Division of Health Licensure and Regulation, Office of Health Care Facilities, 665 Mainstream Drive, Second Floor,
Nashville TN 37228-1254

Rev (11/19)



State of Tennessee
Health Facilities Commission

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

MEMORANDUM

DATE: December 11, 2024

TO: Debra Verna, East Tennessee Regional Administrator

FROM: Eddie J. Stewart, Health Facilities Program Manager

SUBJECT: CHOW

A change of ownership is to occur on or about February 2, 2025, for Harmony at Victory Station, located at 211 Fortress Boulevard, Murfreesboro, Tennessee 37128 (License 453). This facility is currently owned by Murfreesboro Operations, LLC. The change of ownership applicant is VOP Victory Station, LLC.

Please review your files to determine if there has been an annual survey conducted within the last fifteen (15) months with no deficiencies. Accreditation by a federally recognized accrediting body will stand for the annual licensure survey.

If an annual survey has not been conducted within the last fifteen (15) months, please schedule an on-site survey as soon as possible. If a complaint survey(s) has been conducted in the last fifteen (15) months, please determine if the complaint(s) would prevent recommendation for approval of the change of ownership at this time.

To complete the recommendation for change of ownership, use the Change of Ownership Approval/Denial form. A denial decision could include, but not be limited to the lack of a survey in the last fifteen (15) months, survey performance history, and the nature of complaints received and substantiated for the facility.

If you have any questions, please call me at 615-770-6922.



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

December 11, 2024

Sent Via Email

Kadeja Watts (Kadeja.watts@agg.com)
Harmony at Victory Station
c/o Arnall Golden Gregory LLP
171 17th Street NW, Suite 2100
Atlanta, Georgia 30363-1031

Dear Kadeja Watts:

This letter acknowledges receipt of the application and fee for a change of ownership for Harmony at Victory Station, Assisted Care Living Facility, license number 453 located at 211 Fortress Boulevard, Murfreesboro, Tennessee 37128.

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 **Health Facilities Commission** for ratification at the next regularly scheduled commission 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) 770-6922.

Sincerely,

Eddie J. Stewart

Eddie J. Stewart
Health Facilities Program Manager
Health Facilities Commission

MURFREESBORO OPERATIONS, LLC

December 11, 2024

Tennessee Health Facilities Commission
Division of Health Licensure and Regulation
Office of Health Care Facilities
Attn: Mr. Eddie Stewart
665 Mainstream Drive, Second Floor
Nashville, Tennessee 37243

**Re: Notice of Intent to Transfer Ownership of Assisted Care Living Facility
Harmony at Victory Station (Licensee No. ACL0000000453)**

Dear Mr. Stewart,

The purpose of this letter is to notify you of a proposed transfer of ownership of Harmony at Victory Station (the "Facility"), located at 211 Fortress Boulevard, Murfreesboro, Tennessee 37128. The change of ownership is anticipated to occur on or about February 2, 2025, or earlier if regulatory approval is received. Please accept this letter as confirmation of Murfreesboro Operations LLC's intent to transfer ownership of the Facility to VOP Victory Station, LLC. Thank you for your attention to this matter.

Sincerely,

MURFREESBORO OPERATIONS, LLC



Hunter D. Smith, Chairman Manager



ETRO
ITSD
PR
Emailed
12/11/24

RECEIVED DEC 06 2024

Lic #453
APP #16043

**ASSISTED CARE LIVING FACILITY
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 Harmony at Victory Station

Location of the Facility

Street 211 Fortress Boulevard City Murfreesboro

County Rutherford State Tennessee Zip 37128

Telephone Number (615) 624-9410 Fax Number (540) 774-6470

Twenty-four (24) Hour Emergency Telephone Number 540-369-6184

E-Mail Address info@harmonyatfallsrun.com

Total Bed Capacity 99

Does the facility have a secured unit? ☒ Yes ☐ No Number of Secured Beds 29

Administrator Information

Administrator Janet Brown

Certificate number or Nursing Home Administrator Number 4155

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 _____

Street _____

City _____ State _____ Zip _____

Ownership of Building

Name VTR Victory Station, LLC Telephone Number (502) 357-9000

Street 500 North Hurstbourne Parkway, Suite 200

City Louisville State Kentucky Zip 40222

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 X

Church Related _____ Government/County _____ Other _____

- b. Check One: X For Profit _____ Non-profit

- c. Legal Entity checked in 1.a:

Name VOP Victory Station, LLC Phone Number (502) 357-9380

Address 500 North Hurstbourne Parkway, Suite 200, Louisville, KY 40222

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

Please see attached Officer Listing

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 _____

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

2. a. In accordance with Rule 0720-26-.03, is this CHOW a lease of operation? Yes _____ No X

- 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 X Expiration Date _____

4. Is this facility chain affiliated? Yes _____ No X

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

Name HRM Opco Holdco, LLC (Direct Owner of the Licensee) Telephone Number (502) 357-9000

Address 500 North Hurstbourne Parkway, Suite 200, Louisville, KY 40222

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

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

Name _____ Phone Number (_____) _____

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? Yes _____ No X

b. If yes, list names and addresses of all such facilities:

8. a. Do you have a contract with a management firm to operate this facility? Yes X No _____

If yes, specify dates: From To Be Effective upon Licensure To November 7, 2029

b. If yes, please specify name of firm: Harmony Senior Services, LLC

Phone Number (843) 793-2551

4423 Pheasant Ridge Road SW, Suite 301 Roanoke VA 24014
Street City State Zip

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 (5.b.) above, OR the management firm listed in question (6.) above; been subjected to any of the following within the last (5) years:

a. Licensure

i) Denied a license? Yes _____ No X

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

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

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? 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

President of VOP Victory Station, LLC
Title

Date

11/26/2024

STATE OF ILLINOIS

County of COOK

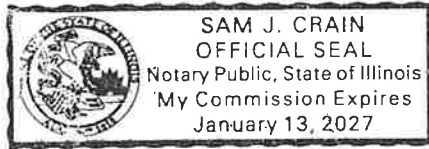
The above named applicant (print name) Christian N. Cummings, President of VOP Victory Station, LLC, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

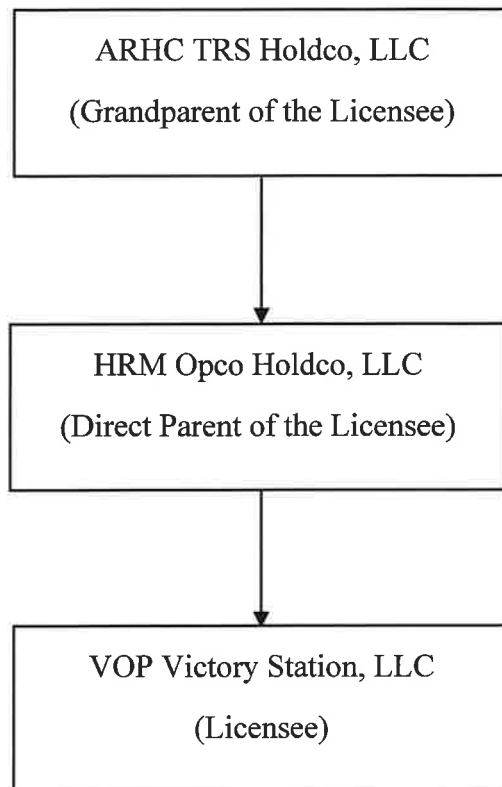
Subscribed to and sworn to on this 26th day of November 2024
Month Year

Notary Public:



My commission expires: 01/13/2027





*Indirect ownership information available upon request.

Entity Name: VOP Victory Station, LLC

Name	Title	Primary Address
Cummings, Christian N.	President	353 North Clark Street, Ste. 3300, Chicago, IL 60654
Baker, Dana J.	Secretary	500 North Hurstbourne Parkway, Suite 200, Louisville, KY 40222
Fry, Brian G.	Vice President	353 North Clark Street, Ste. 3300, Chicago, IL 60654
Smith, Michael A.	Chief Financial Officer	500 North Hurstbourne Parkway, Suite 200, Louisville, KY 40222
Wood, Brian K.	Vice President and Treasurer	500 North Hurstbourne Parkway, Suite 200, Louisville, KY 40222



Tennessee Department of Health
Cash Listing Report

Client: 5 - Board for Licensing Health Care Facilities

Batch #: 633

Receipt: 1

Total \$ Entered: \$ 1,820.00

Receipts Entered: 1

Origin: Deposit

Deposit #: 1655666

Total: \$ 1,820.00

Fiscal Year: 2025

Deposit Date: 2025-06-30

Status: Deposited

Receipt #	DLN	Received	Disp	Pmt	Bad Check?	Unassigned	Prof	Remitted By / Beneficiary	File #	License #	Assigned
2157	39141875	\$ 1,820.00	DEP	CHK		\$ 1,820.00	537	HARMONY AT VICTORY STATION	453	453	
Total:		\$ 1,820.00				\$ 1,820.00					

**** DUPLICATE ****



STATE OF TENNESSEE
Health Services and Dev Agency
Office: Andrew Jackson, Bt
12/6/2024 11:57 AM

Cashier: jeroa0322001
Batch #: 1655666
Trans #: 2

Health Care Facilities
Receipt #: 39141875
HAIS HCF
Payment Total: \$1,820.00
Transaction Total: \$1,820.00
Check 21 \$1,820.00

Thank you for your payment.
Have a nice day!

**** DUPLICATE ****

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

Arnall Golden Gregory LLP
MAIN ACCOUNT
171 17th STREET - SUITE 2100
ATLANTA, GA 30363-1031

SunTrust Bank of Georgia
Atlanta, Georgia

Check No:
170639
64-10/610

VOID AFTER 90 DAYS

Check Amount
\$1,820.00

Date: 12/4/2024
Pay: One thousand eight hundred twenty and 00/100 Dollars*****

To The Order Of: Tennessee Health Facilities Commission

502 Deaderick Street
Andrew Jackson Building, 9th Floor
Nashville, TN 37243

R. Carr

CONFIRMATORY BILL OF SALE, ASSIGNMENT AND ASSUMPTION AGREEMENT

FOR VALUABLE CONSIDERATION, receipt and adequacy of which is hereby acknowledged, as of the date hereof (the “**Effective Date**”), the undersigned, MURFREESBORO OPERATIONS, LLC, a Virginia limited liability company (“**Assignor**”), hereby sells, transfers, assigns and conveys to VOP VICTORY STATION, LLC, a Delaware limited liability company (“**Assignee**”), all right, title and interest of Assignor in and to the “Personal Property”, the “Occupancy Agreements”, the “Contracts” and the “Intangible Property”. In addition, Assignor hereby transfers to Assignee all of Assignor’s right, title and interest to the business Harmony at Victory Station, a senior living community located at 211 Fortress Boulevard, Murfreesboro, Tennessee.

Assignee hereby accepts the foregoing assignment as of the Effective Date and hereby agrees to assume and discharge, in accordance with the terms thereof, all of the burdens and obligations of Assignor under the Personal Property, the Contracts, the Intangible Property, and the Occupancy Agreements, to the extent the same arise or accrue on or after the Effective Date.

The provisions of this instrument shall be binding upon and inure to the benefit of Assignor and Assignee and their respective successors and assigns.

Said property is conveyed “as is” without warranty or representation, except as expressly provided in (and subject to the limitations of) any other agreements.


[signatures on following page]

IN WITNESS WHEREOF, Assignor and Assignee have executed this Bill of Sale, Assignment and Assumption Agreement as of June 24, 2025.

ASSIGNOR:

MURFREESBORO OPERATIONS, LLC,
a Virginia limited liability company

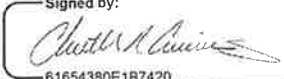
By: Smith/Packett Med-Com, LLC, a Virginia limited liability company, its manager

By: 
Name: Hunter D. Smith
Title: Chairman Manager

[Signatures continue on the following page]

ASSIGNEE:

VOP VICTORY STATION, LLC,
a Delaware limited liability company

Signed by:

By: 61654380E1B7420
Name: Christian N. Cummings
Title: President