



State of Tennessee
Health Facilities Commission
West Tennessee Regional Office

295 Summar Drive, 2nd Floor, Jackson, Tennessee 38301
www.tn.gov/hfc Phone: 731-984-9684 Fax: 731-427-0407

IMPORTANT NOTICE - PLEASE READ CAREFULLY

(Receipt of this Notice is Presumed to be February 24, 2026 – Date Notice Emailed/Faxed)

February 24, 2026

Ms. Chanel Smith, Administrator
Walking Horse Meadows
207 Uffelman Drive
Clarksville, TN 37043

Via email: ed@walkinghorsemeadows.com

RE: 3rd Plan of Correction Unacceptable
Health Revisit Survey

Dear Administrator:

The Health Facilities Commission West Tennessee Regional Office has received, and reviewed Plan of Correction #3 submitted to our office on **February 19, 2026**, for the deficiencies cited during the health revisit survey completed **January 8, 2026**. **The State Agency finds POC #3 unacceptable.**

Please refer to the State of Tennessee T.C.A. §68-11-213(k)(1) & (2):

"After notification of deficiencies following a licensure or complaint survey, any facility licensed under this part has ten (10) days from the date of notification to submit an acceptable plan of correction. Should the facility submit a plan of correction that is deemed unacceptable by the department, then the facility has an additional ten (10) days from the date of notification that the plan of correction is unacceptable to submit an acceptable plan of correction. The department shall provide a facility with no less than three (3) opportunities to submit an acceptable plan of correction and provide clear guidelines so that the facility understands what a plan of correction must include to be deemed acceptable. If a facility is not able to submit an acceptable plan of correction after three (3) attempts, then a representative from the facility shall appear before the board and submit a plan of correction for the board's approval."

Please submit POC #4 to our office by **March 6, 2026**, prior to your appearance at the next Health Facilities Commission meeting on **March 25, 2026**. The POC will be forwarded to the commission for review. The Commission's administrative staff will contact you regarding your appearance before the Commission on **March 25, 2026**.

The following changes are required for an acceptable POC. The clarifications listed are not all inclusive and additional information may be requested after POC #4 is submitted and reviewed. Please indicate one completion date for each deficiency. You may include different dates steps were performed in the body of the POC but need to indicate your one final completion date.

Tag D720 and Tag D721

- **What does the behavior monitoring include? Who does the monitoring, how often, is this documented, what exactly is monitored, etc.?**
- **The safety checks 4 times per shift – is this an 8 hour or 12 hour shift? Who is responsible for conducting the safety checks? What does close supervision mean? Are these checks different than the 2 hour checks that memory care residents were placed on? Is Resident #11 on 2 hour checks or safety checks 4 times per shift?**
- **When was the Depakote 125 mg increased to 3 tablets TID?**
- **Environmental Services to perform weekly checks on all egress doors, locks and alarms – how will this be documented?**
- **How will you monitor these interventions to ensure that they are being done? Who will be responsible for monitoring to ensure they are completed?**
- **How will you monitor the HWD/designee to ensure that individualized interventions are developed and implemented for any resident showing increased confusion or exit seeking?**
- **What is the completion date for your plan of correction?**

Sincerely,

Rhonda G. Rogers

Rhonda G. Rogers, RN
Lead ACC Supervisor

RGR/sf

Enclosure: State Form 2567

cc: Kathy Zeigler, WTRO Regional Administrator