



State of Tennessee
Health Facilities Commission
West Tennessee Regional Office
295 Summar Drive, Jackson, Tennessee 38301
www.tn.gov/hfc Phone: 731-984-9684 Fax: 731-427-0407

IMPORTANT NOTICE - PLEASE READ CAREFULLY
(Receipt of this letter presumed to be April 24, 2026 - date emailed to facility.)

April 24, 2026

Ms. Paige Tyler, Administrator
CG of Tennessee
50 Directors Row
Jackson, TN, 38305

Via Email: paige.tyler@cg-idd.com

**RE: 2nd Plan of Correction Unacceptable
Health Survey - Lic. #: TNPL55264**

Dear Administrator:

An annual health survey was completed at your facility on **February 10, 2026**. The Plan of Correction (POC) submitted has been reviewed and found to be **UNACCEPTABLE**. Your response does not fully explain what you are doing to ensure compliance with state licensure regulations.

Please answer the below questions for each applicable tag.

- **P 409 - How will you implement the new HR management system to ensure that all employees are free of communicable diseases and who will be responsible for monitoring the process?**
- **P 419 - How will you ensure that the supervision of aides is completed in the future and who will be responsible for monitoring the process?**
- **P 601 - How will you ensure that the annual reports are completed and sent to the attending physician in the future and who will be responsible for monitoring the process?**
- **P 602 - How will you ensure that a complete written plan of care is completed in the future for all consumers and who will be responsible for monitoring the process?**
- **P 621 - How will you monitor that all staff receive education and are offered the flu vaccination or sign a declination and who will be responsible for monitoring the process? How will you ensure that an annual evaluation of the flu program is conducted and who will be responsible for completing the evaluation?**

Enclosed is a blank copy of the statement of deficiencies (State Form 2567) to submit a third plan of correction. The corrected Plan of Correction should be returned to this office within ten (10) days of the date of this letter **May 4, 2026**.

In order for your Plan of Correction (POC) to be acceptable, it should address the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.
- What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur.
- How the facility will monitor its corrective actions to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- The date that each deficiency will be corrected.
- Only titles may be used; no proper names.

An **acceptable Plan of Correction is required** in order for this office to recommend that your facility be licensed. If a Plan of Correction cannot be submitted and found acceptable, your facility will be brought before the Health Facilities Commission for failing to comply with state licensure regulations.

You may email your plan of correction to HFC.WTRO-POC@tn.gov. If you have any questions, please contact the West Tennessee Regional Office at 731-984-9684. For questions or concerns regarding the statement of deficiencies, please direct them to Donald Milam, Donald.Milam@tn.gov.

Sincerely,

Donald Milam

Donald Milam, RN
ACC Supervisor

DM/am

Enclosure: State Form 2567

CC: Kathy Zeigler – Regional Administrator