



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 letter presumed to be May 7, 2026 - date emailed to facility.)

May 7, 2026

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

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

**RE: Unacceptable Plan of Correction #3
6th request for an acceptable POC
Annual Health Survey - Lic. #: TNPL 55264**

Dear Administrator:

The West Tennessee Regional Office of Health Facilities Commission has received and reviewed Plan of Correction (POC) #3 submitted to our office on **May 5, 2026**, for the deficiencies cited during the health licensure survey completed **February 10, 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 health facilities commission and submit a plan of correction for the commission's approval."

Based on one initial request for a POC sent on February 23, 2026; an additional request for a POC sent on March 6, 2026; and a request for a 2nd POC sent on March 19, 2026 following determination that POC 1 was unacceptable; and three subsequent requests for 2nd and 3rd POC sent on March 31, 2026, April 13, 2026, and April 24, 2026, a total of six requests for an acceptable Plan of Correction have been issued.

Please submit POC #4 to our office by **May 17, 2026**, prior to your appearance at the next Health Facilities Commission meeting on **May 27, 2026**. The POC will be forwarded to the board for review. The Commission's administrative staff will contact you regarding your appearance before the board on **May 27, 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.

Please submit a complete POC with all corrections and completion dates on one form.

For all tags, the date of completion must be by the 30th day following the survey (3/12/2026) as stated in the letter sent with the statement of deficiencies. There may be actions you will need to implement at a later date (i.e., flu clinic), but what are you doing presently to ensure that all deficiencies are corrected?

P 409 – Who specifically will be designated to ensure the completion of the medical screening for employees? Have all current employees received medical screenings to ensure they are free from communicable diseases? How will you monitor for compliance, how often will you monitor, and how will the monitoring be documented?

P 419 – How will the Clinical Services Manager use the tracking tool to ensure that the supervision of aides is completed? How often with the Clinical Services Manager monitor the documentation, and how will the monitoring be documented?

P 601 – When/what is the annual review period? How will the Clinical Services Manager use the tracking tool to ensure that the annual review is completed and sent to the attending physician? How often with the Clinical Services Manager monitor the documentation, and how will the monitoring be documented?

P 602 – When/what is the annual review period? How will the Clinical Services Manager use the tracking tool to ensure that the written plan of care is completed? How often with the Clinical Services Manager monitor the documentation, and how will the monitoring be documented?

P 621 – How will the process be monitored by HR, Clinical Services Manager and Compliance Manager? How often will the process be monitored, and how will the monitoring be documented?

How will the Sr. Director of Clinical Services monitor the process? How often will the process be monitored, and how will the monitoring be documented?

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